



FAANP Forum

Spring 2018

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.

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See you in Denver
June 26-July 1,



Greetings from FAANP Chair

Mary Jo Goolsby, FAANP

Chair's message



Welcome to the March 2018 Forum--a lot happened since the last issue! As recently announced, the FAANP Selection Committee has completed its detailed and rigorous review of the material submitted by FAANP candidates and we now are able to share the list of Inductees joining our ranks in June. They hail from 29 States and South Korea. All have made substantial contributions that we will celebrate during the induction events.

Meanwhile, an Induction Planning Committee is hard at work. This year, AANP provided a generous gift to help subsidize a portion of the costs associated with attending the post-induction celebratory event. The committee will make the induction and celebration memorable and elegant! Please watch for details about Induction, which will come shortly.

The 2018 Winter Meeting is now behind us. The Winter Meeting Planning Committee, chaired by Diane Seibert, organized a highly interactive and productive meeting. On Saturday, we had 16 workgroups and the History Committee spread out across three rooms, proposing strategies on a variety of topics. Several group reports are included in this issue, to give you a taste of what they worked on. Their reports and recommendations will receive full attention of the Executive Committee. Amidst workgroup periods, we enjoyed hearing from three great speakers: Jerry Bridges, Jeff Bauer, Honorary Fellow and the 2017 Loretta Ford Awardee, Penny Kaye Jensen.

Thank you to all who volunteered to run for FAANP office. Shortly, you should receive emails informing you of the proposed amendments to our Operating Guidelines and the slate of FAANP nominees. Please be sure to review this material and to cast your vote. Hope to see all Fellows in June!

Congratulations

2018 FAANP INDUCTEES

The Fellows of the American Association of Nurse Practitioners (FAANP) announce with pride the *2018 Fellows*. The 2018 FAANP Induction Ceremony will be held during the AANP National Conference in Denver, CO, and will take place the evening of Thursday, June 28, 2018.

Inductee	City and State	Inductee	City and State
Amita Avadhani	Kendall Park, NJ	Kate Gawlik	Columbus, OH
Tina Bettin	Marion, WI	Safiya George Dalmida	Tuscaloosa, AL
Kimberly Broughton-Miller	Georgetown, IN	Wanda Gibson-Scipio	Detroit, MI
Linda Brown	Hialeah, FL	Patricia Given	Staten Island, NY
Helen Brown	Davidsonville, MD	Brian Coodroad	St. Paul, MN
Theresa Brown	Thousand Oaks, CA	Deborah Gray	Virginia Beach, MD
Kathleen Burkhart	Edison, NJ	Donna Gullette	Little Rock, AR
Terri Cavaliere	Plainview, NY	Mary Jane Hanson	Lehighton, PA
Mary Jo Cerepani	McKees Rocks, PA	Surani Hayre-Kwan	Santa Rosa, CA
Jill Cochran	Lewisberg, WV	Meredith Heyde	Simpsonville, SC
Patricia Daly	Tucson, AZ	Deborah Hopla	Florence, SC
Pamela Davies	Seattle, WA	Annette Jakubisin-Konicki	Putnam, CT
Melissa Davis	Mesa, AZ	Jennifer Kim	Brentwood, TN
Sharon Dudley-Brown	Aberdeen, MD	Tay Kopanos	Lummi Island, WA
Nancy Edwards	West Lafayette, IN	Beverly Lang	Marriottsville, MD
Kristie Flamm	Oro Valley, AZ	Robin Lawson	Tuscaloosa, AL

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Inductee	City and State	Inductee	City and State
Alicia LaPard	Gillette, WY	Lisa Roberts	Redlands, CA
Denise Lucas	Weirton, WV	Kelly Rosenberger	Rockford, IL
Paula McCauley	Manchester, CT	Gretchen Schumacher	Grand Rapids, MI
Teena McGuinness	Birmingham, AL	Laura Searcy	Smyrna, GA
Susan Mullaney	Needham, MA	Elizabeth Sloand	Baltimore, MD
Julianne Ossege	Brighton, KY	Mary Smania	Dewitt, MI
Jessica Peck	Friendswood, TX	Mary Smith	Starkville, MS
Danielle Pendergrass	Price, UT	Rhayun Song	Daejeon, S. Korea
George Peraza-Smith	Tampa, FL	Charlotte Thrall	Phoenix, AZ
Nicholas Perrino	New York, NY	Colleen Walsh-Irwin	East Northport, NY
Edward Poindexter	Elkridge, MD	Linda Watkins	Madison, MS
Louise Reagan	Vernon, CT	Georgann Weissman	Palm Beach Gardens, FL
Elizabeth Rende	Bahama, NC	Karen Whitt	Crozet, VA
Imelda Reyes	Atlanta, GA	Melosdy Wilkinson	Fairfax, WA
Kathleen Rhodes	Harvest, AL	Megan Williams	Milford, DE
Amy Roberts	Athens, TX	Edward Yackel	San Antonio, TX



Dear Fellow: When Did You Become a Leader?

I've been reading two of Daniel Pink's books: *Drive: The Surprising Truth About What Motivates Us* (2009) and *When: The Scientific Secrets of Perfect Timing* (2018). As I thought about what drives us and the concept of timing, this title question arose regarding when leadership emerges. I've long held the belief that leadership can emerge at any career stage and grows with time. And while one might be a leader among their work-team as they go about their day-to-day routines, there is some "special sauce" that triggers a person to have the confidence raise their hand and then step out into the traffic to begin a more public path to leadership. So, what was that for you?

Why is this important? you might ask (rather than *Why am I reading two books at one time?*). Each AANP Fellow has a well-established history of contributions to the NP role and demonstration of leadership. Our reflection and awareness regarding when we each became leaders and what influenced that emergence of leadership is important as we encourage growth in others. It's not something I can immediately answer and wonder how easy it will be for each of you. Regardless, stories such as these can serve as illustrative, inspirational narratives.

Discussing what drives people, Pink describes why external rewards are less motivating for individuals he calls "Type I's", whose behavior leads to stronger performance and well-being. Type I's are "made", not born—made as we seek autonomy, mastery, and purpose. In *When*, Pink discusses the science behind the start, mid-points, and ends of a range of events including naps, school days, projects, and careers. It was the following, included in the final chapter discussing time as it relates to tense, that triggered my question and prompted this column:

Taken together, all of these studies suggest that the path to a life of meaning and significance isn't to 'live in the present' as so many spiritual gurus have advised. It is to integrate our perspectives on time into a coherent whole, one that helps us comprehend who we are and why we're here. . . . The challenge of the human condition is to bring the past, present, and future together. p. 217.

So, we are repeatedly told that stories are important. For example, the FAANP History Committee has interest in recording the Fellows' stories for posterity. Our policy experts encourage us to use stories when advocating for health policy. And we should use stories to inspire the current and future generations of NP leaders.

My expectation is that few of us will have an immediate or final answer to the question of when we became a leader. I know I will have to turn off devices and find some quiet time to do it justice. Meanwhile, I hope that the question will trigger some enjoyable and nostalgic reflection on what and how you were started down the path that led you to our Fellowship—and when that happened. I further hope that you will use this heightened awareness as you inspire others!

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The Crystal Ball

Jeffrey C. Bauer, Ph.D., FAANP (Honorary Fellow)



“Stewardship as a Professional Opportunity for Nurse Practitioners”

I’ve given over a thousand keynote speeches about the future of health care since the 1970s. Program planners have always expected me to gaze into my crystal ball through the filters of cost, quality, and access—the constant goals of health reform across these five decades. Until now, I’ve never been explicitly asked to deliver a keynote focused instead on stewardship, the central theme of the 2018 Annual Meeting of the AANP Fellows held in New Orleans on February 24 and 25.

“*stewardship*: the conducting, supervising, or managing of something; the careful and responsible management of resources entrusted to one’s care; protecting and being responsible .” (Merriam-Webster Dictionary)

Forecasting the future from the perspective of stewardship may seem like a flimsy foundation for my regular **FAANP Forum** column. Doesn’t stewardship mean cutting costs, improving quality, and expanding access? Isn’t *stewardship* just a new word to describe the same old goals of health reform? I think not. The distinction is sufficiently important that stewardship should be separately addressed by anyone seeking to improve our population’s health. Therefore, NP Fellows deserve recognition for building an entire conference around stewardship and how its principles should shape the evolution of their profession’s role in allocating resources responsibly.

My analysis begins by highlighting a dramatic shift in resources available for health care and forces that dictate their flow through the medical marketplace. Until recently, the health sector of the American economy grew every year, from 4.5% of gross domestic product when Medicare and Medicaid were created in 1965 to almost 18% of GDP just five years ago. No other economic sector grew as consistently and substantially. Governments and employers financed between 80% and 85% of total spending throughout this period, leaving health plans to determine how the money would be distributed. Periodic efforts at health reform focused almost exclusively on reducing the increase in spending; none of the resulting laws or regulations succeeded. (In fairness to providers, most have known for some time how the delivery system should be transformed, but few have made the changes because health insurance wouldn’t pay for them.)

As a medical economist, I believe the medical marketplace began to shrink two to three years ago not because of reform, but because governments and employers finally reached the limits of what they were willing and able to spend on health care—especially when they finally realized that the US was spending almost twice as much on health care as 35 other industrialized countries that all had healthier populations. Political leaders and corporate executives also decided that consumers must have “skin in the game.” In other words, any overall increase in medical spending must henceforth come from consumers. Given that 90% of all Americans are no better off economically today than they were ten years ago (all net growth in income since the 2008 great recession has gone to 10% of the population!), you don’t need a PhD in economics to understand why health spending has dropped to 17% of GDP after growing for 50 years. The vast majority of Americans have less money to pay for health care.

From the perspective of economics, money for health care has become a scarce resource. Patients can no longer rely on Medicaid and Medicare or employer-sponsored health plans to cover rising costs of care, nor do they have sufficient disposable income to make up the difference. To add insult to injury, consumers generally don't have the expertise to know what health services to purchase, a decision made for them by a doctor when health insurance paid the bill. Therefore, consumers need a steward, someone with the professional knowledge to help them negotiate the evolving health system wisely and responsibly. Which health professionals could fill this role? I cannot imagine any group better qualified than nurse practitioners.

NPs will encounter strong resistance if they take on this new role. Stewardship directly challenges the long-standing assumption that health professionals do the right things in spite of distortions created by our unique approach to reimbursement. Stewardship compels us to step back and see if providers really are doing the right things, given a patient's concepts of health and financial limitations. It requires caregivers to help eliminate unnecessary care and reallocate wasted resources to productive use. My good French friend, Dr. Jean-Pierre Thierry, addresses this problem compellingly in his latest book, *Trop Soigner Rend Malade* (Too Much Care Makes You Sick). We need a comparable book in English to help embed stewardship in the American health care system.

Stewardship will need to be based on ethical protocols for helping consumers ask and answer difficult questions, such as: Do I really need this specific service now? Is there a less-expensive intervention that I can try instead? Can the decision wait until we see how my condition progresses? Who will be responsible for following and sequencing my care? Do potential benefits outweigh potential risks? What are the side-effects? Do I want to put up with the side-effects, even if I can afford the treatment? What is the success rate? From my perspective, is the treatment worse than the disease? (Choosing Wisely® provides good resources for developing this dimension of stewardship.)

Stewardship will often cause patients to make decisions that contradict caregivers' professional recommendations, as shown by the significant number of men who would not have undergone doctor-recommended care for prostate cancer, or women who would not have followed doctors' orders for breast cancer treatment, if they had understood all the risks and costs involved. The resulting conflict between informed consumers and health professionals will require corresponding reform of malpractice laws.

Above all, stewardship must change the way we manage health reform. Contrary to the conventional wisdom that reforms should cut costs, improve quality, and extend health insurance to more people, stewardship challenges us to confront the paradox that delivering less-expensive and higher-quality care to more people is a waste of money if patients' overall well-being is not improved in the process. Health professionals are not being good stewards if they cause patients to consume services they don't need, shouldn't have, or don't want—even if the care is inexpensive and safely delivered. Establishing stewardship as a specific goal of health reform will help resolve the paradox. Nurse practitioners have an excellent opportunity to lead this essential transformation because no other health profession has yet established stewardship as a core professional competency.

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Competency-Based Education

There is a paradigm shift in how to educate and evaluate learners. Learners are not only students but also include health care professionals in practice; learning and skill development occurs from the beginning of one's educational program through to retirement along a continuum. According to the Macy Foundation (2017) report, "Learners are successful when they transition through different stages and different practice environments based not on their performance on an exam after spending a specific time in formal education, but on their ability to demonstrate measurable competence in the requisite set of behaviors needed to succeed at the next level or stage of performance" (p. 5). The speed with which a learner progresses is based on mastery of identified competencies that are measureable. Conference attendees (8 of 38 were nurses) met in June 2017 came to a consensus and made the following five recommendations to move toward a "competency-based, time-variable educational model" for all health professions across the continuum of their careers, post haste. The explanation for Recommendation I is listed.

I: System Redesign

Curricula, learning environments, and faculty development require systematic redesign to achieve a successful competency-based, time-variable health professions education system. (Macy Foundation, 2017, p. 11)

II: Creating a Continuum of education, training, and practice

III: Implement a Robust Program of Assessment

IV: Enabling Technologies

V: Outcomes Evaluation

Based on these recommendations, the American Association of Colleges of Nursing (AACN) convened a special APRN Competency-Based Education for Doctoral-Prepared APRNs Work Group. Participants from 25 nursing organizations representing education, licensure, certification, and accreditation. The group identified common competencies for doctoral-prepared advanced practice registered nurses foundational to all four roles. The competencies "are not intended to replicate previously identified competencies for advanced practice, but rather to demonstrate the utility of a consistent framework that fosters both intraprofessional and interprofessional communication" (2017, p. 2). Eight domains were identified; there are 3-6 competencies in each domain; examples of a competency in two domains are listed. Competencies are observable by the learner, faculty, and preceptors; realistic, and measureable by progression indicators at Time 1 (beginning of student's clinical experiences) and Time 2 (completion of APRN student's doctoral education or graduation).

Domain 1: Patient Care

Competency	Time 1	Time 2
1) Performs a comprehensive, evidence-based assessment.	Performs a focused- assessment of a patient with only 1-2 presenting problems, using a template and under mentored guidance.	Demonstrates competent and efficient assessment of patients with multiple comorbidities and undifferentiated condition(s).

(APRN Work Group, 2017, p. 4)

Domain 2: Knowledge of Practice

Domain 3: Practice-Based Learning & Improvement

Domain 4: Interpersonal and Communication Skills

Domain 5: Professionalism

Domain 6: Systems-Based Practice

Competency	Time 1	Time 2
1) Collaborate in the development, implementation, and evaluation of systems level strategies to reduce errors and optimize safe, effective healthcare delivery.	Identifies systems-level quality improvement strategies, including use of population data to improve cost-effective care outcomes	Identifies systems-level quality improvement strategies, including use of population data to improve cost-effective care outcomes

(APRN Work group, 2017, p.8.)

Domain 7: Interprofessional Collaboration

Domain 8: Personal and Professional Development

The AACN document is only the beginning and the developers realize it will take time to obtain buy-in from all stakeholders and reliable evaluation tools have yet to be developed. The common competencies were developed with consideration of the AACN *Essentials* and the Interprofessional Educational Collaborative (IPEC) competencies. The conversation about transition from time-based education and clinical experiences to standardized competency-based education should start now among faculty in nursing schools that have or are planning to start a Doctor of Nursing Practice program. Education and training of faculty, preceptors, and others will be necessary. We must embrace change that improves patient care and health outcomes. Read both of these documents to learn more.

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FAANP Around the World



International

Rosemary Goodyear, FAANP



The Emergence of the Nurse Practitioner Role in France

This issue's news shares information about the NP/APN role in the nation of France. Madrean Schober, a Fellow and colleague, has been working with the nurses to move the role forward, and has shared the latest news of what currently is evolving in France.

Nursing's role in this nation has been closely aligned, and monitored by medicine for many, many years. It was only recently that nurses were allowed to function as a professional, and carry out nursing duties without a written order from a physician. In 2009 the MSN in clinical nursing was begun, and is a forerunner of the current APN in France. As in many nations the progress to establish the role of NP/APN has not been smooth. Programs have been started and then closed due to a lack of financial support or lack of policy or regulations to support the new role.

The history of nurses' efforts to advance and enlarge their role has been captured by two authors addressing the challenges: L. Jovic et.al and G. Bonnet. These authors attempt to clarify what has preceded the current state of affairs, and point out what changes must occur for the role to be established.

Jovic explored the favorable and unfavorable opinions of nurses and physicians in Emergency Rooms, Public Health Centers, and private clinics. A portion of the nurses in these settings saw the NP/APN role as taking on more work and responsibility when they are already short staffed and over worked. Physicians see the potential for this role if nurses are properly prepared. Nursing's role was first entered into law in 1978 with the stated activities to provide care and comfort to the patient. Today the nurse's activities are by prescription of the supervising physician, or by formal prescriptions such as protocols, or retroactive authorization of action carried out as in an emergency situation. The type of care delivered is always under medical authority.

Bonnel focused on the changes in professional education which evolved following the 1999 Bologna Declaration. This document has attempted to establish 3 levels of professional education across the member nations in the European Union. The increase of the aging populations within nations and the potential shortage of physicians are other points Bonnel addressed in her article. She presents an international review of the literature that addresses the APN role in other nations, and outcomes within their respective position in health care. Similarities of national health care systems, and the challenges faced by nurses in the APN role were seen as helpful in addressing the issues facing France today.

Madrean reports that In December 2017, nurses in France held the First French APN conference in Paris with approximately 200 attending. Nurse leaders, policy makers, and healthcare authorities eagerly anticipated this meeting and time will tell the outcome.



FAANP Around the World



International

Rosemary Goodyear, FAANP

There has been an increase in chronic disease noted in France, and a scarcity of health services in some regions as well as a lack of health professionals in several areas of the nation. Since 2003, pilot projects and working groups have been looking at the educational needs of the APN, tasks being redefined among health professionals, all with the goal of improved health care for the people. In 2016 a public health law was introduced and voted on by the French Parliament that would protect the APN title however, the law still awaits implementation. Perhaps the successful first conference of APNs will move this forward.

During the conference the need for clinical leadership for nursing in the nation was stressed. Panels of nurses who have been innovative in establishing roles in palliative care, mobile clinics, complex chronic illness care, shared their positive experiences, but also identified the restrictions to practice that they faced.

It is the hope of the nurses in France that the APN role will be accepted, that legislation will be enacted to support and protect their practice, and thus they will be able to make meaningful contributions to resolving some of the health problems in their nation.

Contributions by Madrean Schober

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HAPPY EASTER, EVERYONE



Improving the Reporting of Qualitative Research

Systematic reviews of quantitative research form the underlying structure for evidence-based practice and clinical guidelines. Inclusion criteria for systematic reviews are well described in statements such as the PRISMA statement (<http://www.prisma-statement.org/>), the Joanna Briggs Institute model (<http://joannabriggs.org/jbi-approach.html>), or any one of a number of evidence-based practice institutes throughout the world. Systematic reviews of qualitative research may be ignored as part of the evidence pool because there is little consensus on how to assess confidence in qualitative reports.

A new series of papers addresses this issue and is freely available in a supplement from the open access journal *Implementation Science* (<https://implementationscience.biomedcentral.com/articles/supplements/volume-13-supplement-1>). The title of the supplement is “Applying GRADE-CERQual to Qualitative Evidence Synthesis Findings.” The entire supplement, consisting of seven papers, is worth including in NP graduate

school suggested or required reading lists or as an addition to our own explorations for professional development. Nursing is one of the disciplines that does value qualitative research even though it is not always reported in a robust manner. Systematic reviews (or integrative reviews, which are similar) of qualitative research suffer from a failure to assess the studies reviewed for “1) methodological limitations, 2) coherence, 3) adequacy of data, and 4) relevance” (Lewin et al., 2018, p. 6). Unless students or researchers are exposed to a robust course in qualitative analysis, the conduct and dissemination of their own primary studies could suffer from these same faults. The perception that qualitative studies are “easy” to do is false and may lead to further devaluing the qualitative approach to understanding human phenomena.

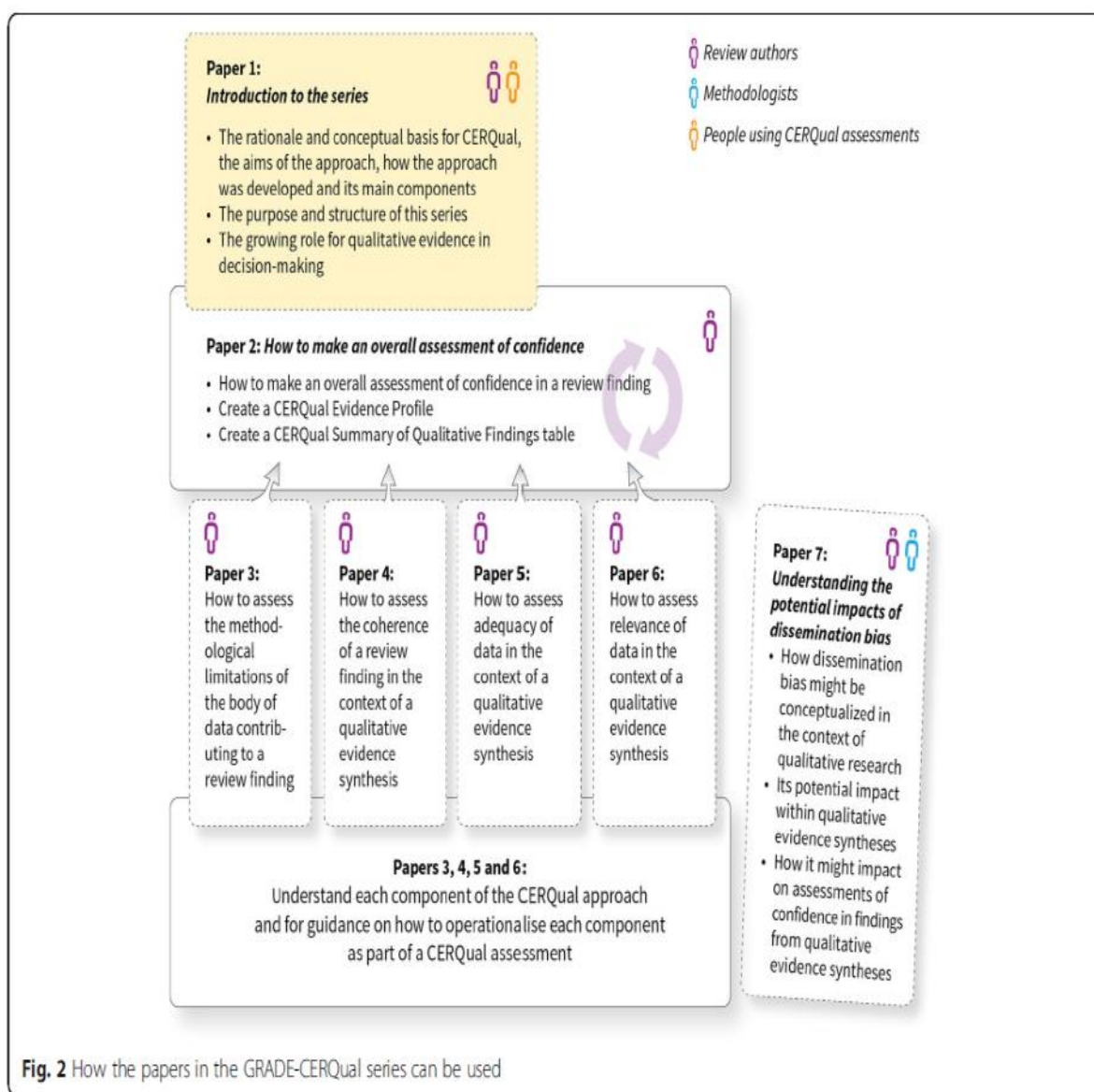
Systematic reviews of qualitative studies are an attempt to more fully describe or represent a phenomenon of interest; in many situations, phenomena of interest cannot be quantified and therefore qualitative data are the only option to advance scientific knowledge. An overview of the seven papers in the series is presented on page 12-(Figure 2). There is so much useful information in this series we can use in teaching or in improving our own understanding of the contribution of qualitative research to the larger picture of understanding phenomena in our world. Practice guidelines should present the best quantitative evidence for making diagnostic or treatment decisions, but our strength as NPs is reflected by our incorporation of informational and relational aspects of patient care, many of which have been explored in qualitative studies.

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Improving the Reporting of Qualitative Research

Figure 2: Overview of the Seven Papers





Policy Implications from Global Comparisons

A new global study compares care in the United States (US) with that of other high-income countries, and may have implications for health policy in the US. Conducted by a team of researchers at the Harvard School of Public Health and led by Dr. Ashish Jha, the Director of the Harvard Global Health Institute, the study compared US data on health care delivery systems, utilization of services and social spending with similar data for ten of the highest-income countries in the world (Papanicolas, Woskie & Jha, 2018). The findings were very surprising, with implications not only for the US healthcare system but for nurse practitioners as well.

The driver behind the study was the recognition the US spends twice as much on medical care as the comparison countries, had the lowest life expectancy and highest infant mortality of the eleven countries, and that health reform has had minimal effects on health outcomes and costs (Papanicolas et al., 2018). The countries included in the study were the United Kingdom, Canada, Australia, Japan, Sweden, France, the Netherlands, Switzerland, Germany and Denmark. Some countries were single payer markets, such as the United Kingdom and Canada, and some were private insurance markets, such as Switzerland and the Netherlands (Sanger-Katz, 2018). Researchers looked primarily at 2013-2016 data from the Organisation for Economic Co-operation and Development (OECD). Where there was no such data, country-specific data was used (Papanicolas et al., 2018).

Prior to the study many believed the US to be wasteful with patients receiving too many services and too much fee-for-service, etc (Sanger-Katz, 2018). The study demonstrated the US actually has comparative rates for the following: utilization rates in terms of primary care vs. specialty care, use of fee-for-service (many countries have comparative rates), number of hospitalizations, number of office visits, number of nurses and number of physicians (Papanicolas et al., 2018). Social spending outside of health care, such things as education and housing, was also comparative (Sanger-Katz, 2018).

But, there were several differences. The prices of many medical services were substantially higher in the US, namely, physician salaries, costs of hospitalizations, costs of prescription drugs, costs of office visits, and administrative costs. The US did have higher utilization rates for expensive scans, such as magnetic resonance imaging and computed tomography, and did have more hip replacements, knee replacements and coronary artery bypass graft surgeries. Aside from overall affordability, rates of insurance coverage and choice about participation in insurance, there were differences in terms of access to care because of large US land mass, and a corresponding rural population (Papanicolas, 2018).

Another significant area of difference was that the US had higher rates of obesity, and corresponding rates of diabetes. In terms of obesity the US reported 70.1% of adults were overweight or obese, compared to obesity rates ranging from 23.8% to 63.4% in the other countries. Interestingly, the US was second from the bottom in terms of smoking at 11.4% compared to a 16.6% mean for all eleven countries (Papanicolas, 2018).

So, what does this mean for NPs? Certainly NPs need to make it known all of the above issues are areas where they are champions. Access to care is one area where NPs have the clear advantage because of their willingness to serve the underserved and those in rural areas. New research shows NPs practice significantly more in low income and rural areas as compared to physicians and physician assistants (Davis, Anthropolos, Tootoo, Titler, Bynum, & Shipman, 2018). Imagine what those statistics would look like if NPs were free of practice barriers?

NPs generally have the advantage when it comes to costs to the system as well. Though many seek parity in terms of reimbursement and pay, at the present time NPs often have lower reimbursement rates and significantly lower salaries. But that means little to the overall system if NPs are ordering more of the expensive meds, ordering more of the expensive tests, or jeopardizing quality of care. They are not. Once again, research supports the work of the NP as being cost effective (<https://www.aanp.org/images/documents/publications/costeffectiveness.pdf>) and providing high quality care (<https://www.aanp.org/images/document/publications/qualityofpractice.pdf>). Additional research has specifically looked at scans and medications. A large Kaiser study showed NPs ordered fewer of the expensive scans and fewer of the expensive medications (Robin, Hangsheng, Cromwell, Robbins, Robinson, Auerbach & Mehrotra, 2017). Practicing NPs need to continue to pay particular attention to diagnostics and therapeutic choices, and schools and CE programs need to continue to emphasize this material as well.

Winning the battle on obesity is perhaps a tougher task, though certainly better tackled by NPs rather than other providers because of their willingness to serve in areas of need as well as their skills in patient education in chronic disease. However, according to Angie Golden, Former President of the American Association of Nurse Practitioners, as a chronic disease and one that requires sustained medication, the fact that three of the five treatment medications are controlled substances, makes it difficult for NPs to be as useful to the process as they could be (personal communication, March 16, 2018).

NPs interested in augmenting their skills in obesity management may also want to take advantage of some of the things AANP is offering: programs in the AANP CE Center, the new Certificate in Primary Care Obesity Management (<https://www.aanp.org/press-room/press-releases/173-press-room/2018-press-releases/2175-new-certificate-in-obesity-management-to-be-available-to-nps-and-pas>), and the Obesity Specialty Practice Group (SPG). Schools, continuing education programs and practicing NPs need to continue to emphasize this issue as well.

As policy makers start to absorb the implications of the Harvard study it becomes clear NPs need to do many things in order to affect the needed changes. Of course they need to continue the research on cost effectiveness and quality of care, but they also need to be vocal about professional successes and skills in all these areas. They also need to think broadly about needed policies, and how they can be part of the change process.

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Blast from the Past

If you are a football fan you know that the Philadelphia Eagles, the underdog, won the super bowl. This was followed by a parade in Philadelphia that attracted over a million fans. When interviewed the players, organization and fans all said they would remember this day forever. Many said it was the best week of their life. There were lines at the tattoo convention the following week. Most getting eagle related tattoos to remember the event. There is momentum and the event will be remembered today but most probably will be forgotten this time next year. I wonder how many tattoos will be removed later.

There are similarities with nurse practitioners by many considered the underdog in health care. A group that delivers competent affordable cost-effective health care to a variety of populations. There have been many super bowl moments in our careers. Throughout our careers we have had monumental moments, celebrated and moved on to the next challenge.

As fellows we have all experienced special moments. Take some time to think about those times. Your story can inspire those who come after us and lend to the history of our profession.

The history committee offers the opportunity to share these moments. There are currently 3 ways to share your stories. It can be a short piece included in the newsletter, or a more formal manuscript suitable for the journal or our proposed book. The formal stories should focus on an event and be between 1000-1500 words.

The committee continued to refine projects during the winter meeting but since we are dealing with history the projects will be ongoing. All fellows are invited to participate. AANP has set up a survey to assist in this process.

https://www.surveymonkey.com/r/FAANP_History

Now that you are thinking about the past, what do you have in your files. The committee is beginning to identify historical documents in private collections. So, before you do that spring cleaning, check on those old files. Are there newspaper clippings, programs, notes, photos or anything else that may be of historical significance. Let us know if you think you have anything of interest. Currently, we are not collecting documents but want to know what is available.

In looking at the FAANP induction photos we found in the beginning we had group photos but as groups were larger group photos were not continued. You never know what you will find.

I hope all of you will enjoy looking back at what has been accomplished. As a group we have changed the face of health care both nationally and internationally. We need to have our history preserved. Many of the fellows shared inspiring stories during the winter meeting. I hope that all of you will submit your stories and inspire others to do the same.



Criteria for Legacy Stories

The history committee is compiling legacy stories to preserve our history. Many years ago, we attempted to collect stories and received a variety of formats ranging from a paragraph to 10 pages. The history committee offers an opportunity to utilize our historical stories in a variety of formats. Some short stories may be included in the newsletter, others for eventual inclusion in a book format or manuscripts for journal publication.

All fellows are leaders, so we encourage you to begin your story and send them or bring them to the winter meeting. As nurse practitioners evolve it is important to put the evolution into an historical perspective. It is up to us to accomplish this.

Some general guidelines for inclusion in the book or journal:

Each story should have a beginning, a middle and an end. The word count between 1000-1500 words. The stories will be useful, interesting and informative if the focus is on a message to be conveyed or a lesson learned, or otherwise structure the story around a seminal event/concept you conceive as a legacy to pass along.

The intent is not to provide a short synopsis of a career trajectory, but to note key events and people that have shaped nurse practitioners and made us what we are today.

Focus on a key point or seminal event

Context

Challenges

Opportunities

Supporters

Resolution

Lessons Learned

FAANP History Committee

Purpose:

The FAANP History Committee is an appointed team of Fellows dedicated to securing, organizing, honoring, and disseminating the History of FAANP and its members. The Committee will collaborate with the Executive Committee to promote awareness of the historical activities of FAANP and the Fellows. The Committee will collaborate with any group that may be convened in the future by AANP that is similarly dedicated to historical work.

Membership:

The Chair of the Committee shall be appointed by the FAANP Chair. Membership of the FAANP History Committee will be appointed by the FAANP Chair in concert with the Committee Chair to be representative of the FAANP membership interested in the Committee's purpose. The Committee membership will consist of at least ten Fellows, including the Chair. Committee members are expected to actively participate in committee communications, meetings, and other activities identified by the Committee chair.

Meetings:

Committee meetings will be held on an as-needed basis, with at least two meetings per year. Meetings can be held via phone, web technology, or in person.

Committee Charge for 2018:

Catalogue FAANP materials held within the AANP/FAANP archives

Identify and secure copies of additional FAANP-related materials held in private collections

Record and verify key stories of early FAANP Founders and subsequent members

Develop options for disseminating information regarding the FAANP Historical Documents and Narratives

Continue exploration of Legacy Award, initially identified as a means of honoring deceased or retired Fellows and their legacies

Submit written reports quarterly to FAANP EC and annually to FAANP membership through the FAANP Forum

Propose funding needs for maintaining FAANP historical archives and projects

Greetings from *FAANP Forum Chair*

Mary B. Neiheisel, FAANP



Annual Winter Meeting, New Inductees, and New Visions

The FAANP annual meeting was again a huge success with even more attendees and more accomplishments. The committees/work study groups which were organized and planned prior to meeting were well attended with great discussions. Some of the committee reports follow this column. Please, read for information about planning, hopes, and dreams for the future of FAANP. The Selection committee members were, of course, the usual exciting decision making group. The results are published on pp. 2-3. Jerry Bridges our first speaker prompted the group to share earlier experiences about mentors and meaningful moments as Nurse Practitioners. Dr. Jeff Bauer has followed his presentation on Stewardship with a column in this issue of the Forum (pp.). On Sunday, we were rewarded with the 2017 Loretta Ford award recipient, Dr. Penny Kaye Jensen's comments. Please, read the following committee group work study reports.

FAANP COMMITTEE REPORTS

FAANP WINTER MEETING, 2018

Leadership Development Committee

Doreen Cassarino, FAANP, Chair

Topic- Support leadership development among FAANP members through linkage to mentorship activities already underway.

The group began by considering what is the problem: is it related to newly inducted Fellows and need to engage, is it to continue the sponsor and new Fellow relationship or is it about expectation of all Fellows in the realm of leadership? After a lively discussion the group decided to focus on leadership expectation of all Fellows and determined that FAANP should develop a Leadership Program based on a needs assessment of the entire membership. Areas to include in the needs assessment surround determining involvement, desire for leadership training and specific leadership educational needs. Needs assessment survey is currently under development.

The group brainstormed regarding current leadership educational programs that are available and are in the process of developing a document comparing length of program, strengths and weaknesses related to advanced practice nurses and course content outline amongst other domains.

FAANP COMMITTEE REPORTS

FAANP WINTER MEETING, 2018

HISTORY COMMITTEE

Barbara Sheer, FAANP, Chair

The history committee had a long discussion about the legacy award which is a potential award. Reasons for the award discussed as being different from the Loretta Ford Award. This award has been under discussion for a few years prior to the inception of the history committee. The Loretta Ford Award is a specific contribution that could be accomplished over a shorter period. The Legacy Award is for a career of accomplishments leaving a sustained and profound impact on the profession and the NP roles. The award could be awarded to a living person or posthumously.

Decision: Mary Neiheisel will revise the document.

Discussion of Historical Research Grant.

Criteria clear but question raised regarding funding. Suggestion that this should be postponed and a recommendation for looking into budget resources. Questions were raised regarding the right tax designation.

Members continued discussion on wording of legacy award in session two and made revisions.

Decision: Suggestions forwarded to Mary Neiheisel for inclusion in the revised document which will then be forwarded to the Executive committee.

Archive Project:

Agreement with committee charge. Need to prioritize these and use subcommittees. There is a big box of photos with no names that need to be identified. They are in Austin, with Nancy. Per Mary Ellen, some of the original /early fellows need to identify these.

Plot the fellow's timeline against other timelines of history e.g. Omnibus budget reconciliation act. The first step should be to create a timeline of our existence. We have a timeline of the 20/40 anniversary in the blue book. Then examine the archives in Austin. Organize our timeline by decade.

Session 3 was cancelled and the agenda was not completed but will be continued in emails. Committee needs to identify specific areas of interest and develop subcommittees to accomplish goals.

To do list includes: Catalogue materials in dropbox, Identify materials needed to be archived, Complete interviews of charter members, Solicit stories from FAANP founders and subsequent members, Identify materials held in private collections, Propose funding needs.

Student Support

Melanie Logue, FAANP, Chair

Summary: Create strong criteria based on capacity/availability of institutional resources; identify strengths and weaknesses of the student and the fit with the program; identify readiness for online learning; manage student needs early on and integrate it into the curriculum to create personalized education; deny student whom you cannot support; criteria not prescribed but individualized per academic institution; scoring of writing to be done by writing center or objective persons; use standardized assessment tools for reading and arithmetic and require remediation to be built into education program. Renee has done some research in the area related to ESL students and plans to publish. Could be broad benefit to all students. Need to be good stewards of resources and use technology, where able, to improve efficiency and effectiveness; communication technology; simulation and skills to replace clinical and reduce faculty and preceptors, where able; distance and ground resources; simulation for competency checks and remediation. Conduct educational research and disseminate (not much evidence); compile a list of current best practices for NP education; develop a repository of NP best practices research in implementation for student success; lack of implementation research; pre-formed ideas of their own learning styles; customized learning approach. Personalized education; cultural barriers of students when caring for patients; helping students to identify own biases and learn awareness; identify resources; international students having difficult touching patients. Develop or propose innovative financial aid models/financial support opportunities for students.

FAANP COMMITTEE REPORTS

FAANP WINTER MEETING, 2018

Interest and Involvement Report

Anne Thomas, FAANP, Chair

A committee and/or task force was convened and began to explore the following, which were initially reported to the FAANP Executive Committee:

The group will create a working definition/explication of “involvement” in the organization in each of the four categories that are included in the Fellows application. Examples will be provided within the categories with expected deliverables, which should be electronically linked to strategic initiatives or priority projects of the organization. While there is an FAQ section on the FAANP website, it can be optimized as noted above.

In tandem with the first goal, the group will develop a list of priority initiatives based on the FAANP strategic plan.

Project list would include timetables, resource requirements, intersections with AANP projects, time requirements, and deliverables as well as potential intersections and work from other FAANP subcommittees, task forces, etc. Fellows need to understand the priorities of the organization and this work will assist in recruiting new fellows, helping applicants understand what initiatives are available in which to participate, and facilitate sponsors to engage their fellows in the organization. It will also assist members to “share the FAANP story” as they conduct their work and disseminate their contributions to the NP profession and the organization. Links and/or update regarding Fellows involvement to AANP media would also enhance awareness and impact of the Fellows.

One sub-group will consider recommendations for FAANP website optimization. If available, they will analyze current metrics regarding the “hits” and “time spent” and use this data to determine programmatic needs as appropriate. Other considerations involve recommending a multiple option search function for members as the system currently allows search one key term at a time. Other potential optimizations would allow numerous search terms beyond field of expertise and for AANP members (non-Fellows) to search the FAANP member database. Finally, creation of a “breaking news” or “updates” section would potentially drive members to the website to see what activities are occurring.

Other opportunities to enhance involvement involve activities during the AANP Conference. One consideration would be integrating Fellows informational sessions during the AANP Conference. These sessions could be offered at multiple times during the conference so that potential fellows and new fellows can learn about involvement opportunities and application processes. Next, involvement and ongoing work would be enhanced by having an open meeting room available to FAANP workgroups, task forces, etc, so that they can work on organization projects. A dedicated space can also serve as another touch-point for fellows that cannot attend the winter meeting and still want to be engaged in activities. They can “meet” with other fellows to work on the fellow applications, discuss professional projects, showcase recent events, etc.

Remembering David LaFevers, FAANP

1962-2017



William David LaFevers, clinical assistant professor at the University of Missouri-Kansas City School of Nursing and Health Studies and an advocate for his profession, died Feb. 15 after a sudden, brief illness. He was 55. David was active in AANP and NONPF. He was inducted as an AANP Fellow in 2016.

A memorial was held 1:30 to 3:30 p.m. March 10 at the University Plaza Hotel and Conference Center, Nebraska Room, in Springfield, Missouri. The UMKC School of Nursing and Health Studies is holding a memorial from 11 a.m. to noon March 14 at Diastole Scholars' Center.

LaFevers joined UMKC in 2010, and since 2016, he served as director of the school's Master of Science in Nursing (MSN) program. He received a diploma in nursing from Burge School of Nursing, Bachelor of Science in Nursing from Southwest Baptist University, and MSN and Doctor of Nursing Practice from UMKC School of Nursing and Health Studies.

"Dave was a kind, gentle person who was willing to take on any task," said Ann Cary, dean of the UMKC School of Nursing and Health Studies. "Students loved him, as did the faculty and staff at the school. He was equal parts nurse practitioner-clinician, published scholar, educator, collaborator and policy advocate for nursing practice and patients. We will miss his 'can-do' attitude at the school and university."

LaFevers was recognized with national and state nursing awards. In 2015, the American Association of Colleges in Nursing chose him as one of eight nurse educators nationally for its Faculty Policy Intensive cohort. In 2014, he received the American Association of Nurse Practitioners State Award for Excellence for Missouri. He also was selected as a Fellow in the American Academy of Nurse Practitioners.

LaFevers served in leadership positions in the Missouri Nurses Association, including chair of the Advanced Practice Registered Nurse Special Interest Group and chair of the Northwest Region.

LaFevers is survived by his wife, Jan, an adjunct faculty member in the UMKC School of Education, and their daughter, Abby LaFevers Ayers.

"He felt that everyone was family and every moment was a teachable moment," Jan LaFevers said. "Bringing value to any situation was his purpose."

Our sincere condolences to the LaFevers family. David, we will miss you.



What's Happening Now?

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

Congratulations!

Susan M. Beidler, FAANP

Honor: Susan M. Beidler received the Distinguished Faculty Scholar Award at Briar Cliff University

Amanda Chaney, FAANP

Appointment: Amanda Chaney was appointed as the Chair of the Advance Practice Provider Subcommittee, Mayo Clinic Florida.

Honor: She also received the 2018 AANP State Award for Excellence from the state of Florida.

Maria Colandrea, FAANP

Publication: Pynnonen, M., Gillespie, B., Roman, B., Rosenfeld, R., Tunkel, D., Bontempo, L., Brook, I., Chick, D., Colandrea, M., et al. (2017). Clinical practice guideline: Evaluation of the neck mass in adults. *Otolaryngology-Head and Neck Surgery*, 157(25), S1-S30.

Kahlil Demonbreun, FAANP

Publications: (1) Demonbreun, K. A. (2018). Foundational documents of nursing. American Nurses Association: Scope and Standard of Nursing Practice (3rd ed.) Special Series: Article One. *The South Carolina Nurse*, 25(1), pp. 6-7. (2) Gold, M., A. & Demonbreun, K. A. (2017). Adherence to guidelines for universal screening of sexually active adolescents and young adults: A guide to solutions and strategies. *Contemporary OB/Gyn*, 1-6. (3) Gold, M., A. & Demonbreun, K. A. (2017). Adherence to guidelines for universal screening of sexually active adolescents and young adults: A guide to solutions and strategies. *Contemporary Pediatrics*, 1-6.

Kristene Diggins, FAANP

Presentation: Diggins, K. (2017). Advanced Practice Registered Nurse (APRN)/PharmD Collaboration Model of Outpatient Practice for Improved Clinical Outcomes. Podium presentation for the Duke University 7th Annual Pursuing Radical Transformation Conference. Durham, NC: March 30-30m 2017.

Stephen Ferrara, FAANP

Honor: Stephen Ferrara was elected as a Distinguished Fellow of the National Academies of Practice (NAP) in Nursing.

Shelley Y. Hawkins, FAANP

Promotion: Shelley Y. Hawkins was promoted to Executive Associate Dean of Academic Affairs.

Linda J. Keilman, FAANP

Promotion: Appointed as Director of the Adult/Gerontology Primary Care Nurse Practitioner Program in the College of Nursing at Michigan State University.

Lee Moss, FAANP

Presentation: Moss, L. (2017). Know Them Before you Need Them. Podium presentation for the AANP Health Policy Conference (HPC), Washington DC: February 26-28, 2017. Lee Moss's state representative Rebecca Chavez-Houck, joined her in this presentation.

Panel Moderator: Moderated a panel of congressional staffers at the AANP HPC, Washington DC: February 26-28, 2017.

Appointment: Appointed adjunct faculty for the University of Utah College of Nursing

Mary B. Neiheisel, FAANP

Honor: Mary B. Neiheisel received the Sarah Brabant Trailblazer Award from the Women's Leadership Council at the University of Louisiana at Lafayette for dedication and contributions to the advancement of women.

Patricia F. Pearce, FAANP

Presentation: (1) Pearce PF, & Ferguson LA (2017). How to move your presentation to a publication in a few easy steps. Podium presentation for the Louisiana Association of Nurse Practitioners (LANP), New Orleans, LA. October 29, 2017. (2) Pearce PF, & Christian BJ (2017). Couch Potato Kids: Measuring Physical Activity in Middle-School Adolescents through Accelerometry and Self-Report Questionnaire. Podium presentation at the National Academies of Practice Annual Forum, Philadelphia, PA: March 2017. (3) Pearce PF (2017) Professionalism in Nursing: The Spectrum of Impact. Keynote presentation (60 minutes) for the Mississippi State Nurses Association Annual Conference. Biloxi, MS: Oct. 20, 2017.

Promotion: Promotion to Professor, effective January 1, 2018.

Publication: Pearce PF, Ferguson LA (2017). How to write abstracts for manuscripts, presentations, and grants: Maximizing information in a 3-s sound bite world. *Journal of the American Association of Nurse Practitioners*, 29(8), 452-460. doi: 10.1002/2327-6924.12486.

Madrean Schober, FAANP

Consultant: National University for Medical Sciences, Armed Forces, Pakistan (Rawalpindi, Islamabad, Kahore, Karachi, Quetta). Consultation for country-wide strategic planning for nursing and development of framework and curriculum for advanced nursing practice, March 1-30, 2017.

Presentations: Schober, M. (2018). Introduction to Advanced Nursing Practice. Key note speaker for the International Council of Nurses (ICN) Nurses Practitioner/Advanced Practice Nursing Network 2018 Conference. Rotterdam, Netherlands, August 29, 2018. (2) Schober, M. (2018). International nurse practitioner/advanced practice nurse role development: Implications for faculty. Plenary Session to be held at the 44th Annual National Organization of Nurse Practitioner Faculty (NONPF) Meeting. Indianapolis, IN, April 21, 2018. (3) Schober, M. (2017). Clinical leadership in promoting advanced nursing practice. 1st French Advanced Practice Nursing Conference. Paris, France, December 1, 2017. (4) Schober, M. (2017). Advanced nursing practice: International reference frameworks. Keynote speaker for the Advanced Practice Nursing Conference. Lille, France, November 25, 2017. (5) Schober, M. (2017). Understanding the complexities of introducing advanced practice nursing. Nurse Practitioner Conference Delegation. Zurich, Switzerland, September 11, 2017. (6) Schober, M. (2017). A growing presence: Variance in advanced nursing practice development. Podium presentation at the 3rd Advanced Nursing Practice/Advanced Practice Nursing Conference. Freiburg, Germany, September 9, 2017.

Publication: (1) Schober, M. (2018) Global perspectives on advanced nursing practice. In L. Joel (Ed.) *Advanced practice nursing: Essentials for role development*. 4th Edition. (pp. 54-89). Philadelphia: PA:FA Davis. (2) Schober, M. (2018). Health policy for advanced practice registered nurses: An international perspective. In KA Goudreau, MC Smolenski (Eds). 2nd Edition. *Health Policy and Advanced Practice Nursing: Impact and Implications* (pp. 389-402). New York, NY: Springer Publishing Co. (3) Ladd, E. & Schober, M. (in press). Nurse prescribing from the global vantage point: The intersection between role and policy. *Policy, Politics, & Nursing Practice*. (4) Schober, M. (in press). The global emergence of nurse practitioner/advanced practice nursing roles. FAANP column for the *Journal of the American Association of Nurse Practitioners*. (5) Schober, M. (in press). An international perspective of advanced nursing practice. In P. McGee; Inman, C (Eds). *Advanced Nursing Practice*, 4th Edition. Oxford. (6) Schober, M. (2017). *Strategic planning for advanced nursing practice*. Zurich, Switzerland: Springer International Publishing AB.

Victoria Soltis-Jarrett, FAANP

Grant Awards: (1) Soltis-Jarrett, V. (2017) Partners in practice, engagement, & education in rural NC: Preparing Nurse Practitioners for Behavioral Health Integration in Primary Care (PEER NC: NP-BHI/PC), HRSA ANEW Grant T94HP30882. (2) Soltis-Jarrett, V. (2017) Family Nurse Practitioners Taking the Lead in North Carolina: Interprofessional Practice, Education, Integration of Care, HRSA NEPQR-IPCP: BHI Grant UD7HP29869 (2nd continuing year).

Publication: Soltis-Jarrett, V., Shea, J., Ragaisis, K., Shell, L & Newton, M. (2017). Integrated behavioral healthcare: Assumptions, definition and roles: Position paper from the International Society of Psychiatric-Mental Health Nurse. *Archives in Psychiatric Nursing*, 31, 433-439.

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: http://aanponline.com/survey_fellows_achievements/. Your accomplishments will appear in the Forum, our fellow's newsletter. (Note: we reserve the right to edit your entry to conform to allotted space).

ANNOUNCEMENTS

Fellows Column—We Want YOU to Submit!

The Fellows Column has now been revived! The column review committee includes Fellows Nancy Dirubbo, Debra Hain, Pat Kelley, Gary Laustsen, and Leslie Faith Morritt Taub. The first 2018 entry in this recurring column appeared in the March issue of JAANP--Sophia Thomas' description of an NP's influence in the aftermath of hurricane Katrina in, "Care of Louisianans in Hurricane Katrina, Lessons Learned". Five other manuscripts are now in queue for publication and we invite YOU to contribute.

Relevant columns should provide thoughtful, scholarly discussions of topics such as high priority trends and strategies relevant to clinical competency, academic and clinical education, workforce development and regulation, policy and legislation, accreditation and certification, and emerging trends and challenges. Each column manuscript should be approximately 1500 words long.

This is an opportunity to share your knowledge and expertise in in the areas of NP practice, policy, research, and education. To submit a manuscript, select "Fellow's Column (Invitation Only)" as your article type in the JAANP editorial system.

2018 FAANP Grant Program

A \$3,000 grant award is available to Fellows in good standing who are scheduled to complete a project within a 12-month period that falls within one of the four categories of the 2015 FAANP Research Agenda. Applications due Friday, April 13, 2018, 5:00 pm CST. Email announcement with full details sent out on 3/27.

**AANP national conference is in Denver
Convention Center, Denver, Colorado
June 26-July 1, 2018**

**Fellows Induction is
Thursday, June 28, 2018**

FAANP OFFICERS AND COMMITTEES

Executive Committee

Chair: Mary Jo Goolsby, EdD, MSN, NP-C, FAAN, FAANP

Chair-Elect: Janet Dubois, DNP, RN, APNC, FAAN, FAANP

Secretary: Lorraine Reiser, PhD, NP-C, FAANP

Treasurer: Ken Wysocki, PhD, FNP-BC, FAANP

Members-at-Large: Diane Seibert, PhD, CRNP, FAANP

Denise Link, PhD., NP, FAAN, FAANP

Selection Committee Chair: Katherine Kenny, DNP, RN, ANP-BC, FAANP

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

Selection Committee

Michelle Beauchesne, DNSc, CPNP, FAANP

Susan Beider, PhD, MBE, ARNP, FAANP

Donna Hallas, PhD, PNP-BC, CPNP, FAANP

Katherine Kenny, DNP, RN, ANP-BC, FAANP, Chair

Mary B. Neiheisel, EdD, FNP-BC, CNS, BC, FNAP, FAANP

Charon Pierson, Ph. D., GNP, FAAN, FAANP

Sophia Thomas Riviere, APRN, FNP-BC, PPCNP-BC, FNAP, FAANP

Alicia Rossiter, Lt Col, USAFR, NC, DNP, FNP, PNP-BC, FAANP

Valerie Sabol, PhD, ACNP-BC, GNP-BC, FAANP

Lorna Schuman, PhD, NP-C, ARPN-BC, FNP, ACNP, FAAN, FAANP

Barbara Sheer, PhD, PNP, FNP, FAANP, CPNP, FAANP

Nomination Committee

Theresa Campo, DNP, APRN, FNP-C, ENP-BC, FAANP

Debra Hain, PhD, ARNP, ANP-BC, GNP-BC, FAANP

Diane Pace, PhD, APRN, FNP-BC, NCMP, FAANP

History Committee

Chair:

Barbara Sheer, PhD, PNP, FNP, FAANP, CPNP, FAANP

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Kathy Wheeler	Policy	kjwheeler@roadrunner.com

We welcome contributions from our members for the Forum. Please, send your topics
to
Mary B. Neiheisel at mbn8682@louisiana.edu