



# FAANP Forum

Summer 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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**ALL FAANPS**

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See you in Denver

**CONGRATULATIONS**  
**AND DEEP APPRECIATION TO**  
**DR. MARY JO GOOLSBY**  
**FOR TIME AND EFFORTS ON BEHALF OF**  
**FAANP**  
**AND SERVING AS CHAIR FOR 2016-2018.**  
**THANK YOU, WE LOVE YOU.**  
**FAANP MEMBERS**





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## Greetings from *FAANP Chair*

*Mary Jo Goolsby, FAANP*



Dear Fellows:

Thank you for the privilege of serving as the FAANP Chair for the past two years. I have enjoyed working with the other remarkable elected members of the Executive Committee (EC) and other committees and work groups. I look forward to serving out my term as past-chair, in support of incoming Chair Janet DuBois' work—and joining the Past Chair Council. I hope to have many future opportunities to serve FAANP.

Over the past two years, FAANP has found direction in considering our stewardship of the NP role. As NP leaders, we each have an individual responsibility in this regard and the Fellowship certainly offers the means for collaborative efforts. While looking forward as good stewards, Fellows also have recognized the importance of looking backward in order to record and secure the history of FAANP. In the present, Fellows have continued to make significant contributions and some also have remembered to share these through the Accolades section of this newsletter. We individually continue to serve AANP in innumerable ways, from conference presenters and volunteers, abstract, and proposal reviewers, and supporters. The EC has heard from Fellows seeking more fulfilling ways to be engaged in FAANP and engagement is a major topic of discussion. A portion of each monthly EC call, annual "think tank" and Winter Meeting has been devoted to entertaining ways to engage the growing number of Fellows and we encourage you to continue to share how you would like to participate. Meanwhile, remember a significant value of FAANP membership is our opportunity to interact with one another and to find opportunities for collaboration. It is not uncommon for Fellows to propose formal FAANP statements on emerging issues, as part of our stewardship role. Sometimes our collective voice is limited, in deference to our standing as an important and prestigious program within AANP. When FAANP goes on record with a statement, it is as a cohort within our AANP. Alternatively, we each have the individual advantage of collaborating with other individual Fellows on manuscripts or presentations that reflect your perspective and are presented under your names, along with your FAANP designation. Please, do not underestimate the value of this benefit and do consider publishing in the JAANP Fellows Column or FAANP Forum!

In closing, I have enjoyed working with the FAANP EC and other volunteers on projects. We have tremendous talent serving FAANP in varied ways. We owe a huge debt to the expert, helpful staff members and AANP leadership for their ongoing support of FAANP. Finally, I thank each and every Fellow for the chance to serve as FAANP Chair—the highlight of my career! Please join me in congratulating Janet DuBois as she becomes Chair on July 1!

## Greetings from *FAANP Forum Chair*

***Mary B. Neiheisel, FAANP***



Dear Fellows:

Thanks to a number of hardworking Fellows this issue of the Forum is filled with interesting, professional information. Please, take time to read the various columns.

Congratulations, to the newly elected FAANP Officers and Committee Members:

Secretary: Mary Anne Dumas

Member-at-Large: Diane Seibert

Selection Committee: Kahlil Demonbreun, Mary B. Neiheisel,  
Terri Lynn Allison

Nomination Committee: Margaret O'Donnell and  
Shelley Hawkins.

Barbara Sheer has been busy interviewing charter members and this content is published in this issue (pp. 14-26). We have a few who have not been published. See table on page 26 compiled by Dr. Mary Jo Goolsby. These columns will add to the historical documents that are being collected. Thank you, Barbara, for your time and efforts in completing our charter members updates.

Please, see the tribute to Charon Pierson prepared by Dr. Mary Jo Goolsby (p. 4). Charon has served as Editor in Chief of JAANP for 18 years and deserves great credit for her successful publication of this journal for so long. Congratulations to Kim Curry as she takes this demanding role.

Each and everyone of the Forum committee members deserve so much credit and praise for the columns they continue to submit. Again, the staff at AANP are greatly appreciated for their efforts.

As FAANP membership grows we would like to hear your opinions, ideas, and suggestions for changes and types of articles in which you are interested. Please, let us hear from you.

As chair of the Newsletter committee, I am deeply grateful to each committee member for the timely, informative columns each quarter and especially to Mary Jo Goolsby for great assistance and critiquing.

Enjoy the annual 2018 annual meeting and submit your photographs and impressions for publication in the Forum.

**Charon Pierson**

**Mary Jo Goolsby**

**FAANP Salutes  
Charter Fellow Charon Pierson  
JAANP Editor-in-Chief  
January 2000—May 2018**

**A Tremendous Legacy**

**Over 1532 Articles**



**12,047 Pages**

**221 Issues**

**FAANP Congratulates Fellow Kim Curry  
JAANP's New Editor-in-Chief**

# ***CONGRATULATIONS***

## **DR. BARBARA RESNICK, FAANP**

The Fellows of the American Association of Nurse Practitioners (FAANP) offer sincere Congratulations to Dr. Barbara Resnick who is receiving the **LORETTA FORD AWARD FOR THE ADVANCEMENT OF THE NURSE PRACTITIONER ROLE IN HEALTH CARE**



Barbara Resnick, PhD, CRNP, FAAN, FAANP, AGSF, Past President of the American Geriatrics Society (AGS) and a pillar for geriatrics research, education, and clinical practice, recently received the David H. Solomon Public Service Award.

“Dr. Resnick has set the gold standard for public service in caring for older adults,” notes AGS President Ellen Flaherty, PhD, APRN, AGSF. “Her research interests in healthy aging have branched across her career to embrace mentoring for established and emerging colleagues and the care we all hope to receive as we age.” She holds the Sonya Ziporkin Gershowitz Chair in Gerontology at the University of Maryland School of Nursing. Dr. Resnick has achieved national and international renown for her research on exercise and mobility. Dr. Resnick’s career in higher education has spanned more than two decades. Her clinical work includes providing primary care to older adults across all long-term care settings, as well as work in senior housing to facilitate healthy aging. A researcher, clinician, faculty member, and mentor, Dr. Resnick is a steadfast champion for interdisciplinary research and practice, and for assuring that older adults receive the best care possible based on current evidence and clinical expertise.

Dr. Resnick is an exemplary model to be a recipient of the Loretta Ford Award. She is most deserving and we give her our heartiest congratulations.

(See Charter member interview pp. 14-16).



# **CONGRATULATIONS**

## **DR. WINIFRED V. QUINN, HONORARY FELLOW**

The Fellows of the American Association of Nurse Practitioners (FAANP) offer sincere Congratulations to **Dr. Winifred Quinn** who will be inducted as a FAANP Honorary at the Fellows induction in Denver.



Dr. Quinn co-leads a national campaign dedicated to improving health care through nursing, the Future of Nursing: *Campaign for Action*. She oversees a team that supports action coalitions in each state and the District of Columbia that work to implement the Institute of Medicine's recommendations from its landmark 2011 report, *The Future of Nursing: Leading Change, Advancing Health*. Dr. Quinn also assists with the Campaign for Action's diversity work to help ensure a more diverse nursing workforce, faculty, and leadership.

Dr. Quinn also works across AARP to help address public policies that intersect with consumer and nursing issues. She focuses on policy issues related to improving funding for nursing education and legal barriers that prevent all levels of registered nurses from practicing to the full extent of their education and expertise. Her federal policy work includes working on nursing education provisions within the 2010 Patient Protection and Affordable Care Act. She helped to initiate a national-level coalition that successfully moved Medicare to begin supporting graduate-level nursing education. Her state-level policy work entails organizing technical assistance to action coalitions and AARP state offices that are improving funding for nursing education or modernizing the scope of practice laws. Within this role, she places a strong emphasis on building coalitions and engaging stakeholders.

Congratulations, Dr. Quinn, and Welcome to the Fellows.

# ***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.

<b>Inductee</b>	<b>City and State</b>	<b>Inductee</b>	<b>City and State</b>
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

# ***Congratulations***

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<b>Inductee</b>	<b>City and State</b>	<b>Inductee</b>	<b>City and State</b>
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





## “Nursing’s Essential Role in Solving the Problem of Meaningless Use”

Ten-year anniversaries are often a cause for celebration, but I’m not aware of any plans to commemorate the Healthcare Information Technology for Economic and Clinical Health (HITECH) Act when it reaches that milestone early next year. Arguably the last product of bipartisan political action in Congress, the 2009 law awarded over 30 billion dollars to delivery organizations and caregivers as “incentives” for adopting electronic health records (EHR). The money was intended to reduce costs and improve quality through “meaningful use” of integrated information systems. EHR adoption was heralded as an essential foundation of health reform.

Actual results have fallen shamefully short of projections, hence the now-common reference to “meaningless use.” In economic terms, almost all participating providers lost money on HITECH because total costs of qualifying for the incentives exceeded the payments (often considerably). Mounting evidence shows that the program’s impact has also been negative from clinical perspectives. Physicians and nurses now spend more time interacting with computer screens than with patients—contradicting health reform’s focus on patient-centered care. Problems associated with the usability of EHRs are increasingly linked to patient harm, and caregivers’ displeasure with the technology are leading to unprecedented increases in job dissatisfaction, which are leading to early retirement and even suicides. All things considered, there’s nothing to celebrate on the upcoming 10<sup>th</sup> anniversary of HITECH.

In addition to caregivers, health services researchers and other industry observers generally believe that EHR-associated problems have grown to a level where they must be solved before they do irreparable harm to the entire system. Unfortunately, public discussions of the problem are focused on physicians’ roles in turning things around. The medical community absolutely must become more aggressively involved in EHR reform, following its passive acceptance of HITECH over the past decade. However, comprehensive and enduring solutions cannot occur until nursing is given an equal or even greater role in the process.

Nurses are at least as important as physicians in the digital transformation of health care because they are involved at least as much in collection and use of patient information. And as leaders within the nursing profession, nurse practitioners need to be actively involved in problem-solving and decision-making at the highest levels for four reasons:

- 1. Strengthening the IT-nursing relationship:** Because nursing provides the quality *and* cost foundations of patient care, nurses’ needs must be incorporated into the design, selection, implementation, and operation of IT systems. Some health care systems have exercised exemplary leadership in this area, particularly those with nurse-CIOs and CNIOs, but many provider organizations fall far short. (HITECH’s focus on physicians is part of the problem.) IT departments must ensure that nursing is involved in all their activities, from start to finish. If nursing’s first involvement in IT projects is implementation training, time and money are surely being wasted.
- 2. Creating actionable intelligence:** The EHR as it exists today holds an abundance of data to demonstrate compliance with government regulations linked to reimbursement, but not nearly enough information to help caregivers and managers make intelligent decisions for delivering cost-effective care (<https://www.trusteemag.com/articles/1343-creating-actionable-intelligence>). Nurses are the common denominator for success in both domains. They record and enter most of the required clinical data (e.g., vital signs, drug and fluid intake, patient actions), and they are better positioned than anyone else to document increasingly important non-clinical measures of quality (patient satisfaction, health awareness, social determinants of health). Anyone involved in cutting the waste out of health care—a precondition for financial survival in an era of declining revenue—should be working directly with nurses to identify, collect, and analyze the necessary data. The point was eloquently made by a sign I once saw on the front desk of a med-surg unit: “Do you want to talk to the doctor in charge, or the nurse who knows what’s really going on?”

**3. Reinventing the medical record:** HITECH anticipated problems with EHR connectivity and included several provisions to address them (albeit with minimal success over ten years). The bigger problem is that HITECH effectively endorsed the EHR as it existed when the law was passed—digitizing an historical document that had not been updated to reflect different information needs of 21<sup>st</sup> century care. HITECH was not aligned with accelerating shifts from inpatient to outpatient care, volume-based to value-based payment, or other changes to reduce costs and improve quality...including the growth of nurse practitioners as independent caregivers on a par with physicians! To make matters worse, a significant amount of information included in the EHR has no demonstrable value, and creating superfluous data incurs considerable costs. Nurse practitioners could surely help design a new and better medical record; they know what's really going on.

**4. Automating data entry:** The literature on EHR-associated problems highlights numerous costs of the time physicians and nurses spend entering data via keyboards. Indeed, the aggravations of data entry seem to be the “last straw” for many caregivers. This problem can be solved through the development of technologies to automate the process. For example, the digital output from a vital signs monitor can be transferred electronically from the measurement device to the EHR—eliminating not only the caregiver's time to read the value on a screen and type it into the record, but also eliminating errors that often occur in the process. (According to research I have conducted, the error rate introduced by manual data entry can be as high as 20%.) The nurse's time liberated by data entry automation can be used for patient care.

Some nurse practitioners might assume that solving the problems of HITECH is more important for other health professions, but the futurist in me believes that NPs have every reason to be actively involved in improving EHRs and IT. I know many physicians who wish they and their professional organizations had done more to shape the future of IT ten years ago. Nurse practitioners can avoid this fate by learning the lesson of its history. The futures of EHRs and NPs are intertwined.

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**AUTHOR:** Jeff Bauer, PhD, FAANP(H), is an internationally recognized, independent health futurist and medical economist with nearly 50 years in health care. He has published over 250 works that focus on ways to improve the medical marketplace. He can be contacted at [jeffreychbauer@gmail.com](mailto:jeffreychbauer@gmail.com) or (970) 396-3280, or [www.jeffbauerphd.com](http://www.jeffbauerphd.com)



### **“Choosing Wisely” in Clinical Practice: A National APRN Collaborative**

Advanced Practice Registered Nurses (APRNs) influence outcomes for patients in a number of ways, including promoting access to healthcare, better symptom management, reducing costs of care, and improving health. While demonstrating the outcomes of APRN care remains a priority area of focus to define impact, APRNs often cite lack of time or inability to track outcomes of their care. The Choosing Wisely® campaign represents an opportunity for APRNs to demonstrate impact in their roles. The American Board of Internal Medicine Foundation launched the Choosing Wisely® campaign in 2012 ([www.choosingwisely.com](http://www.choosingwisely.com)), initially targeting professional medical societies, to develop lists of tests, treatments and procedures that are often over prescribed. In an effort to promote high value care by all ordering providers, the Choosing Wisely® campaign adopted some of the initial marketing efforts to designate “Things Patients and Their Providers Should Question”, and began including professional nursing organizations in the campaign. Over 75 national organizations have signed onto the campaign and have developed lists of tests and treatments addressing specialty areas of practice that should be evaluated by clinicians and patients prior to instituting. Measures such as daily labs or x-rays for hospitalized patients, antibiotics for sinusitis, MRI for headaches, and other treatment measures that were once deemed “routine” are now part of the Choosing Wisely® campaign to alert clinicians and patients to question what measures are necessary for care and to adhere to recommended best practices.

As part of the Choosing Wisely® campaign, Vanderbilt University Medical Center (VUMC) launched an APRN-led initiative in 2015 in conjunction with an interdisciplinary committee to reduce unnecessary lab and diagnostic testing. Using educational materials, including promotional flyers, a slide presentation customized for individual and group presentations, and email communications, six APRN teams served as champions to reinforce reducing overuse of testing. For twelve months, the interdisciplinary committee that included medical, nursing, quality, lab, and data analysis staff, tracked lab and chest X-ray use in six intensive care units and several specialty units, reviewing key metrics, refining data collection, and analyzing results. Overall, the initiative resulted in increased clinician awareness and improved ordering practices with a decrease in unnecessary testing including lab and chest-xray use.

Funding received in June, 2017 from the American Association of Nurse Practitioners’ Fellows grant enabled the launch of a national collaborative in September 2017 for other APRN teams to develop and implement initiatives to reduce unnecessary testing for patients with a Choosing Wisely® project.

Monthly coaching video enhanced calls are held to connect the national APRN teams with APRNs from Vanderbilt who had participated in the 12-month pilot project aimed at reducing the use of daily labs and chest-x-rays in hospitalized patients. Strategies for implementing an APRN-led initiative are reviewed and teams report steps taken to track outcomes of various high value care initiatives.

To date, sixteen APRN teams from 13 states have joined the collaborative and during a 6 month time period, eight teams implemented a number of initiatives focused on inpatient and outpatient care including lab tests and imaging use, surgical pathways for enhanced recovery, and back pain management, among others. Teams are reporting impact with one cardiovascular ICU that once had a chest X-ray ordering rate of 130% reducing its facility’s costs by over \$50,000 per month; another team reporting development of an enhanced recovery after surgery program with a reduction in ICU admissions and decrease in length of stay; and another reporting development of a lab optimization committee and decrease in lab testing for post-operative cystectomy patients by “choosing wisely”.

## “Choosing Wisely” in Clinical Practice: A National APRN Collaborative

(continued from page 11)

The funding from the AANP Fellows grant was instrumental in facilitating the development and implementation of the APRN Choosing Wisely® national collaborative. For more information or to join the collaborative, visit the project website via Vanderbilt University Medical Center’s Office of Advanced Practice <https://ww2.mc.vanderbilt.edu/nursingaoap/49500>. =0

### Project PIs and Vanderbilt Team



Left to right, **April Kapu** DNP, RN, ACNP-BC, FAANP, FCCM Associate Nursing Officer, Advanced Practice, Vanderbilt University Medical Center Associate Professor, Vanderbilt University School of Nursing;

**Briana Witherspoon** DNP, ACNP-BC Director of Advanced Practice, Neuroscience Patient Care Center Neurocritical Care Nurse Practitioner Assistant in Division of Critical Care, Department of Anesthesiology VUMC;

**Lauren Oliver** ACNP-BC, CCRN, APN Team Leader, Cardiovascular ICU, VUMC;

**Ruth Kleinpell**, Assistant Dean of Clinical Scholarship, Independence Foundation Chair in Nursing Education & Professor VUSN, and

**Janet Myers** DNP APRN FNP/GNP-BC ADM-BC CDE NE-BC CLNC Director Professional Development VUMC, Instructor in Clinical Nursing, VUSN

### 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. Completed Applications are submitted in the spring. Full details are emailed in the early spring. An announcement will be sent early in 2019 for the next grant cycle. The 2018 recipient will be announced soon.



Dr. Tracy Klein and Dr. Teri Woo were granted one of the 2017 FAANP grants for research support. Their research builds up a long-term joint professional interest in prescribing and safe practices for nurse practitioners. Dr. Woo joined Dr. Klein on her initial AANP and Sigma Theta Tau grant study in 2014 to evaluate prescribing patterns for ADHD in children age 3-18 on Medicaid during a five-year time frame in Oregon. This research initially compared the practices of generalists and specialists and evaluated for differences in prescribing by NPs and MDs. Findings concluded that prescribing for ADHD is specific to specialty rather than functional or licensure role, and that NPs overall prescribe similarly to physicians without aberrant patterns noted.

Since this grant was received, there has been a second publication in the *Journal of Pediatric Pharmacology and Therapeutics* which confirmed high levels of off-label prescribing for children with ADHD, in particular for very young children (age 3-5) of clonidine, atomoxetine, and guanfacine (both IR and ER). A third publication has been completed and submitted in Summer 2018, focusing on use of sleep medications in children with ADHD. Using Medicaid prescriber data, researchers noted a high propensity of prescribing by both psychiatric physicians and nurse practitioners of trazadone, hydroxyzine, quetiapine and amitriptyline for children without FDA indication or appropriate diagnosis. Dr. Klein, who chairs the Oregon Pharmaceutical and Therapeutics Committee, presented initial findings to the committee with the goal of incorporating pharmacy edits and prescriber education to ensure safer use of these medications as well as provision of non-pharmacologic options.

Funding from this FAANP grant supported additional data collection and analysis of Medicaid records from 2013-2016, as well as travel for research collaboration. These records have been received from both Washington and Oregon state and will allow continued analysis of state prescribing patterns for children with ADHD. Recipients are grateful to AANP and to the Fellows for their ongoing support and this financial award.

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## **Celebration of Charter Fellow**

### **Barbara Resnick**

Barbara Resnick, PhD, CRNP is a Professor in the Department of Organizational Systems and Adult Health at the University of Maryland School of Nursing, co-directs the Adult/Gerontological Nurse Practitioner Program and the Biology and Behavior Across the Lifespan Research Center of Excellence, holds the Sonya Ziporkin Gershowitz Chair in Gerontology, and does clinical work at Roland Park Place. Her research program is focused on optimizing function and physical activity among older adults, facilitating healthy behaviors among older adults across all settings of care, exploring resilience and genetics on function and physical activity, and testing dissemination and implementation of interventions in real world settings. This work has been supported by the National Institutes of Health, Agency for Health Care Quality, and Foundations such as the Helen and Leonard

Stulman Foundation and the Robert Wood Johnson Foundation. Dr. Resnick has over 250 published articles, numerous chapters in nursing and medical textbooks, and books on Restorative Care and Resilience in Older adults. She has held leadership positions in multiple organizations including the American Academy of Nurse Practitioners, Gerontological Advanced Practice Nurses Association, the Society of Behavioral Medicine, Omnicare Pharmacy and Therapeutics Advisory Board, Gerontological Society of American and the American Geriatrics Society.

**BLS:** It has been 20 years since we first discussed the concept of a fellowship. Since you were instrumental in developing the Program, what were your hopes for the fellowship?

**BR:** We developed the fellowship at a time when NPs who were not PhDs and were not doing research could not generally get accepted in FAAN. We wanted a home and a way to recognize NPs. I was already an FAAN and combined clinical work and research and so pulled from the model of FAAN to do the same for NPs. Our second hope for the fellowship was that we would not just be a social club but that we would be a group that would work as well-the focus being on mentoring and expanding the role and known outcomes of NPs.

**BLS:** What do you think has changed since the development of the fellowship in 2000?

**BR:** Our numbers have grown but I am glad to see that the work has continued. I think it is important to stay true to criteria for entry into FAANP. I am not certain how decisions about focus and work get made. I would like to see us continue to acknowledge work that addresses clinical expertise and leadership as an advanced practice nurse, innovative research activities and teaching. Further, I hope we can continue to acknowledge those that incorporate clinical work, teaching and research into their daily lives.



## **Celebration of Charter Fellow**

### **Barbara Resnick**

**BLS:** What do you see are the pivotal moments in the past years?

**BR:** The size of the fellowship has grown which impacts the group greatly. That being said I think what is terrific is the continued focus on mission and meeting goals- doing some work which FAAN still does not do. I believe the focus on mentoring is critically important and would like to see us do more of that... particularly mentoring around the ability to hold academic positions and do clinical work and research as well as teaching. We have a responsibility as well to help individuals make decisions about going on for PhDs either following or instead of a DNP if they want to engage in the development of new knowledge.

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

**BR:** I believe my greatest impact on the NP movement is working with interdisciplinary members of the team clinically and in organizations and leadership roles. This has helped to explain the role and increase trust in our skills and ability to provide care to older adults.

**BLS:** is there anything you would change if you had it to do over again?

**BR:** Yes, I would have us work more with other members of the health care team. I spend a good deal of my time working for and with my physician colleagues and colleagues in physical therapy, pharmacy, social work and other areas. This is critically important in geriatrics but also important in making sure we all understand the role we play in the health care arena. I believe we need to work together as a team to provide the most cost effective, accessible care possible. We are better together than individually.

**BLS:** This is so true. Back in the beginning we were focused on NPs. We went to conferences and supported each other. I was thinking how there were about 100 of us belonging to AANP, NONPF, going to NPACE, the NP symposium, NAPNAP, AWHONN, and GAPNA conferences. We were focused on our clinical skills but at the same time we were preaching to the choir politically. Perhaps we should have been more active in the hospital associations, insurance conferences etc. Several years ago, Rosemary Goodyear and I represented ICN at a health conference. There were ministers of health, insurance companies, hospital administrators and one nurse. We asked why there was only one nurse speaking and the response was that it was unclear what nurses had to offer to the big picture. You have made a significant impact in the interdisciplinary arena related to older adults.

**BS:** What advice would you give to yourself in 2000?

**BR:** To continue to work as a member of the interdisciplinary team. I do not always agree with the statements that come out of AANP related to independent practice of NPs and do not believe that we are equal to our physician colleagues. We need to celebrate our differences and demonstrate that together we provide affordable, high quality care.

**Celebration of Charter Fellow**

**Barbara Resnick**

**BLS:** How would you like to be remembered?

**BR:** I would like to be remembered as a founding member of FAANP but more importantly for care related to older adults and helping to maintain and optimize function and physical activity. For the past 30 years I have studied the factors that influence motivation in older adults to engage in function and physical activity and developed what was first referred to as the res-care or restorative care intervention and later we changed to be function focused care. This is a philosophy of care that changes how staff / caregivers provide care to older adults. The goal of function focused care is to optimize what the older adults are doing with regard to functional tasks and physical activity during all care interactions. Examples include such things as having an older adult ambulate or self-propel to the dining room; having him or her ambulate to the bathroom rather than use a bedpan; going to exercise classes; or washing their upper body during a shower.

**BLS:** What advice do you have for the present fellows?

To stay focused on the work at hand....to work as a group of experts to address reasonable scope of practice issues, lead research in advanced practice care and serve as role models and mentors for the next generation.

**BLS:** What advice would you give to new nurse practitioners/

**BR:** I would advise new nurse practitioners to work with the interdisciplinary team and to work to advance scope as appropriate but remember that we are different than physicians. Also, I think it is important to make sure we use the regulations that we have/work to our full scope. For example, I just got my license to prescribe medical marijuana, as nurse practitioners can do that in Maryland. I have yet to use this but....am proud to have gone through the process as it is a problem that insufficient providers are getting these licenses.

**BLS:** What do you see in the future?

**BR:** I believe scope will be expanded to address the remaining issues in many states and issues around things such as first visits in nursing homes and ordering of home health care. Change will come as it always has based on demand/need. What the baby boomers want and need in aging may drive changes!

**BLS:** Is there anything else you would like to add?

**BR:** I think again just making sure to be a part of the time but not think that we as advanced practice nurses can be the only team player. I also believe we need to be cautious and careful to raise scope of practice issues, billing issue and/or interdisciplinary issues at the right time and in the right place.

## **Celebration of Charter Fellow**

### **Wendy Thon**



Wendy Thon, MSN, FNP-C, FAANP currently holds a clinical position within a private practice group. She worked closely with the Alaska Board of Nursing on passing prescriptive drug regulations and controlled substance prescriptive privileges for NPs, as well as legislation related to insurance coverage for NPs. As the Maternal Child Health Coordinator for the State of Alaska, Ms. Thon wrote regulations for direct entry midwives and regulations for payments for low income pregnant women outside the Medicaid reimbursement schedule. Ms. Thon has held many positions in the Alaska Nurse Practitioner Association from President, Vice President, Secretary and Conference Coordinator for four years. Ms. Thon has been a board member on the Academy for several terms, and was on the American Academy of Nurse Practitioner Certification Program from conception until 2013. She was appointed to the Nurse Practitioner position for the Alaska State Board of Nursing by Governor Bill Walker for 2016-2020 term.

**Introduction:** Wendy was a charter member of FAANP. Having worked together as board members of AANP, we shared some of those early experiences. In the early days the board meetings were at Jan Towers farm, where we crammed around the table being lucky to have committed members traveling to Pennsylvania from Alaska for a weekend. During conferences we arrived early, had board meetings, put together conference materials, and often presented and acted as moderators during the meetings. After the conference many of us stayed to participate in test construction and item writing. Since funding was limited we shared rooms and became good friends as well as colleagues. Wendy said she was so fortunate to meet so many wonderful, dedicated and inspiring women and men through her experience.

**BLS:** How did you feel when you were notified that you were selected as a Charter Fellow?

**WT:** I was very honored by my selection into the first group of FAANP inductees. With a young family and difficulty spreading out my time with family, private practice and professional obligations, I had to choose in which professional organizations I could continue to participate. I chose the AANPCP and for 23 years was on the board for the AANPCP. I remain very proud of my contribution to the AANPCP and AANP. I am now on the AK BON and finding a different way to impact NP practice and nursing in Alaska.

I was fortunate to meet so many wonderful, dedicated and inspiring women. It was intimidating being with so many PhDs and east coast connections, but we westerners are an independent lot and wanted to make an impact. I was grateful to have been selected for my clinical expertise.

**BLS:** In 2000 you were selected as a charter fellow what has changed since then?

**WT:** Our profession is changing fast with so many avenues for Nurse Practitioners to expand their practices. There is more mobility for NPs among states in which to practice, and tele-health that will expand our reach to patients. I think the growth of NPs in the US and abroad is exciting, for providing health care to more and more communities.

## **Celebration of Charter Fellow**

### **Wendy Thon**

**BLS:** What do you see are the pivotal moments in the past years?

**WT:** My caution for NP practice is the opioid epidemic. I have seen more and more NPs who are finishing their initial programs signing on to pain management programs/clinics and even those NPs who have had many years experience. There are many NPs who have taken courses on pain management, but I have seen few who knew how to titrate patients off their meds or to even titrate before surgery. The developing NP “pill mill” practices, mean we are not immune to deleterious practice. In the *Journal of Nursing Regulation*, vol 8, issue 2, July 2017, in TN, 35 of the top 50 opioid prescribers were NPs. After much education and enforcement of regulations, that figure dropped 20% by 2015, but it is a sobering statistic. Now that I am on a state Board of Nursing, I am temporarily in regulation mode.

The other pivotal moment for health care was the passage of the Affordable Care Act (ACA). I have been waiting for this to occur since I was a Junior in nursing school and President Nixon proposed a plan for universal health care. I guess if you live long enough you will see change.

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

**WT:** I have had the privilege to mentor NP students in my practice over the years. I have also had the opportunity to be involved in the NP movement in Alaska since 1984 when our NP act was passed. Those early years we were defining our practices, gaining independence, acquiring prescriptive privileges and insurance reimbursement. I have worked at the state level in program management and written regulations for direct entry midwifery practice and the regulations for the beginning of the expanded Medicaid program for pregnant women. I have held every position in the Alaska NP Association. I advanced to AANP state Representative, to Region 10 Representative and on to the Secretary of the AANP Board for 2 years. -I joined the Jan Tower vision quest for the certification program and it was a high-speed train ride for many years. I feel that I have been very lucky to be in the right place at the right time and I so appreciate the many experiences I have had through the Academy and my association with the many NPs I have met over the years. While I was not among the first NPs to start practicing, I have been able to participate in the development of this profession from near the beginning and it's been an incredible experience.

**BLS:** Is there anything you would change if you had it to do over again?

**WT:** I would change nothing. I have been blessed. My journey to being an NP started in the winter of 1979 when I was in Chicago snowed in, without a car for 6 weeks because it was buried in snow. I made a commitment to go to graduate school in a temperate climate and haven't looked back since.

**Celebration of Charter Fellow**

**Wendy Thon**

BLS: What advice would you give to yourself in 2000.

WT: To keep moving and learning; be open to ideas and people.

BLS: How would you like to be remembered?

WT: I want to be remembered as someone who helped others and did no harm.

BLS: What are your hopes for the fellowship?

WT: I hope that it continues to honor and award NPs for outstanding practice and contributions.

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

WT: Just because you can do something or prescribe something doesn't mean you should.

Learn to say no – not only to bosses and higher ups, but also to patients.

And, remember, sometimes you are not the best provider for a particular patient; you need to know when to refer on.

BLS: What do you see in the future?

WT: I hope to see NPs run for political office at the local, statewide and national levels. We are the best spokes-people for our profession and advocates for health care.

## **Celebration of Charter Fellow**

### **Elias Provencio-Vasquez**



Elias Provencio-Vasquez, PhD, RN, FAAN, FAANP is Dean and Professor at the School of Nursing, University of Texas at El Paso. Over the past 30 years, Dr. Provencio-Vasquez has been a clinician, educator, administrator, and researcher. He is the first Hispanic male in the United States to receive a PhD in nursing and is well known nationally and Internationally for his work with "at risk women" and their families. Dr. Provencio-Vasquez is an experienced neonatal and pediatric nurse practitioner. His background and expertise is primary care and developmental assessments of HIV and drug exposed infants, children and adolescents. Dr. Provencio-Vasquez is a pioneer in creating innovative nursing approaches (home intervention) for mothers with substance use disorders and their children. He has published over 50 papers and presented in numerous nursing, community and interdisciplinary forums. He was the principal investigator on two funded research projects: Packaging Project SEPA: A Proven HIV Behavioral Intervention for Use with Latinas at Highest Risk of

Acquiring HIV (CDC) and Project VIDA (Miami): Violence, Intimate Relationships, and Drugs among Latinas (NIH). Dr. Provencio-Vasquez is currently the principal investigator for Project VIDA II (El Paso): Violence, Intimate Relationships, and Drugs among Latinas/os (NIH) and was the principal investigator of the Hispanic Health Disparities Research Center funded by at the National Center on Minority Health and Health Disparities (NIH). Over the past 15 years he has been a researcher in communities of color where health disparities abound. As the former principal investigator of the Hispanic Health Disparities Research Center (HHDRS) and Dean of the School of Nursing at the University of Texas at El Paso, he was uniquely qualified to oversee the activities of the HHDRS, a \$6 million dollar Center of Excellence. His leadership experience includes being the former President for the Academy of Nurse Practitioners; Director of the Neonatal Nurse Practitioner program at the University of Texas-Houston and University of Maryland-Baltimore; Associate Dean for Academic Affairs at the University of Miami. Dr. Provencio-Vasquez was a Fellow with the Robert Wood Johnson Nurse Executive Program. This leadership development program is designed to prepare a select cadre of registered nurses for influential roles in shaping the U.S. health care system of the future. Dr. Provencio-Vasquez served on the Task Force on Education and Regulation of Professional Nursing Practice for the American Association of Colleges of Nursing and the National Advisory Council on Nurse Education and Practice, Health Resources and Services Administration. He holds "fellowship" status in several prestigious national organizations: United States Public Health Service Primary Care Policy Program; Robert Wood Johnson Foundation in Developing Leadership and Reducing Substance Abuse; American Association of Colleges of Nursing Leadership for Academic Nursing Program; American Academy of Nurse Practitioners and American Academy of Nursing.



## **Celebration of Charter Fellow**

### **Elias Provencio-Vasquez**

**BLS:** In 2000 you were selected as a charter fellow what has changed since then?

**EPV:** The fellowship has gained recognition and prestige since 2000. At the time of the induction I was a practicing neonatal nurse practitioner, had a PhD and was an assistant Professor at University of Texas in Houston. I was president of the American Academy of Nurse Practitioners, but it was early in my professional career. I was proud to be included in the first cohort for my practice. The fellowship has grown considerably since 2000 with the first cohort of 20. Throughout the years the fellowship has become a prestigious accomplishment and is recognized by colleges of nursing as well as the nurse practitioner community.

**BLS:** What do you see are the pivotal moments in the past years?

**EPV:** When I became a neonatal nurse practitioner in the 70s I had an associate degree. Throughout the years the educational requirements have increase from AD/diploma to BSN, then MSN. Today we are looking at the DNP as an entry point.

The scope of practice and prescriptive authority continues to evolve with more and more states moving toward full practice authority. Nurse practitioners are making a significant impact in the health care in the US and are becoming more visible.

There have been changes in the practice of neonatal nurse practitioners. In the early day they were employed by the hospitals. Later they joined neonatology group practices. This afforded them higher salaries. The current trend is moving back toward hospital employment as more and more physicians are electing to be hospital employees. It is moving full circle. Neonatal nurse practitioners were the first to establish the role in acute care and are highly valued. In larger cities Acute Care Nurse Practitioners are doing an amazing job. In smaller cities the role is still evolving, and they are not utilized to the maximum of their scope. This will change in the future as their value is recognized.

**BLS:** How have you been able to impact the nurse practitioner movement? You were the first NNP to earn a PhD.

**EPV:** As a dean I have made a difference in nursing education and I have been instrumental in providing the faculty with the resources they need. The faculty are the clinical experts. Resources have enabled them to increase enrollment. At UTEP we currently have 500 students in our graduate program, which is 100% online and has a 90% first time pass rate. The additional resources I have provided, as Dean, has given the faculty the opportunity to attend educational conferences to maintain their skills and expertise, and incorporate Evidence Based Practice into the curriculum.

**BLS:** Is there anything you would change if you had it to do over again?

**EPV:** My initial education was at the associate degree level then the Neonatal Nurse Practitioner Program. That was the standard in the 70s. It would have been an advantage to have additional education earlier on, but the profession was just beginning to evolve. I have not practiced in 15 years and feel that I missed out by not having a higher degree earlier to enhance practice.

## **Celebration of Charter Fellow**

### **Elias Provencio-Vasquez**

**BLS:** You were a minority in those early days? There were not many men in nursing, did you encounter any challenges?

**EVP:** Initially I felt that people prejudged me until they got to know me. When I applied and was accepted for an academic position, one faculty member told me I was the “token” male. I found this hurtful and was not sure if it was an insult or just a statement. That was many years ago and I have not experienced any unusual challenges. We all have challenges and learn to surmount them.

**BLS:** As a neonatal nurse practitioner how were you treated?

**EVP:** In the neonatal unit or going to codes I was treated as a valued member of the team and respected for my contributions.

**BLS:** How would you like to be remembered?

**EVP:** I would like to be remembered for my contributions to nursing education, as a dean and director of neonatal nurse practitioner programs. As a dean I develop talented faculty. In my practice I was able to save lives. That is an important legacy.

**BLS:** What advice would you give to new nurse practitioners?

**EVP:** Not to be satisfied with the status quo. We have come a long way since the 70s. It’s important to look at the progress that has been made along the way. It is critical to keep moving forward. Advanced Practice Nurses have so much potential, and it is important for new nurse practitioners to build upon the past and change the future.

**BLS:** What do you see in the future?

**EVP:** I see nurse practitioners having more authority and being more influential in health care. They are valued now but will become more powerful and influential in the health care arena. New specialties have emerge in the acute care settings such as emergency room and trauma ARNP’s. Primary care will continue to very important. I think there will be more emphasis on primary care in the BSN curriculum and will be reflected in the NCLEX exams. There will be a new wave and new types of nurses. The future is bright for nurse practitioners. It has been an interesting journey.



## Celebration of Charter Fellow

### Susan Wysocki

**Susan Wysocki**, RNC, WHNP, is president and chief executive officer of the National Association of Nurse Practitioners in Women's Health. Ms. Wysocki is editor of *Clinical Challenges in Women's Health: A Handbook for Nurse Practitioners*, editor-in-chief of *Contemporary Nurse Practitioner*, and contributing editor to *NP World News*. Ms. Wysocki also serves on several editorial boards for NP and Women's Health publications. Ms. Wysocki served as chair of the National Alliance of Nurse Practitioners and was the founding president of the American College of Nurse Practitioners. Ms. Wysocki has had a major influence on NP practice testifying before Congress, the FDA, and CDC regarding women's health issues as well as the role of NPs.

### Introduction:

Susan is now living at Martha's Vineyard, continues to consult and has activities taking her to Washington DC regularly.

**BLS:** Many years have passed since 2000 and it has become apparent that most of our early NP leaders have not really retired but have moved onto other related activities. What are your interests now?

**SW:** I continue to consult on issues related to women's health. My background in women's health taught me that gender makes a difference in how health care is accessed and provided. Recently, that brought me to the Partnership for Male youth. Just as we identified that women had unique needs in the 80s, male youth have unique needs. Further, males got left behind in many ways in the wave of the focus on women, which was very necessary at the time. Whereas, females transition from a pediatrician to care for women's health issues, males do not have a transition to a HCP for wellness visits after they leave the pediatrician's care. There are also unique health related needs for males. Young males are more likely to die than females in their age group. Many of those deaths are related to violence and trauma including suicide, homicide, and accidents. Yet, many males are essentially on their own away from services that might prevent early tragic deaths. Many young males become disconnected, even from the friends they had as children. The masculine norms of being strong and manning up can lead to emotional isolation with few solutions. In June 2018, the Partnership will be holding a summit to discuss males unique health needs, and strategies to reach males and help them connect with each other and help they might need. The Partnerships website has a video library that illustrates what males face. [partnershipformaleoyouth.org/videos](http://partnershipformaleoyouth.org/videos)

**BLS:** In 2000 you were selected as a charter fellow what has changed since then?

**SW:** When I moved to Capitol Hill in 1987, a handful of us, myself, Delia O'Hara, Nancy Sharp, Jan Towers, Marilyn Edmunds and a few others, would meet weekly on the important issues affecting the profession. It was as informal as you could imagine. We were all volunteers at the time. But we were committed advocates. We visited Congressional offices often just to educate staff and members about what NPs could do. Very few policy makers had ever heard of NPs. Today nurse practitioners are a household word.

## Celebration of Charter Fellow

Susan Wysocki

NP organizations were small as was the membership, because the number of NPs was also very small in comparison to today. Our “kitchen table” group represented most if not all of the organizations at the time. Our informal group facilitated communications to our respective organizations. To communicate important actions and issues, we initiated telephone trees to pass messages along. Each representative was assigned two other people to call. There were so few of us it was an effective way of communicating. We later had fax machines and our colleague Delia had one of the first computers. Today, the power we have in numbers would not be as effective without instant communication to get the word out instantly with the push of a button.

There have been other changes as well such as basic educational requirements. In the beginning programs, an RN with experience was a pre-requisite. Because there were so few NPs, physicians were faculty and preceptors. I think that because most of the NP programs were in schools of medicine it probably served us well earning the respect of our physician colleagues. The physicians who taught us and supported us deserve the profession’s thanks. The profession would not have emerged if it hadn’t been for physicians like Dr. Henry Silver. Organized nursing, at the time, was not supportive of this new nursing role expressing that we had sold out to medicine. That obviously has changed over time.

I was in Maine when I became an NP in 1975. When I think about it, we practiced under the radar managing patient care, many of us largely on our own with consultation when needed, but not direct supervision of an MD. There were no prescriptive privileges for NPs, but somehow, we figured out ways to get medications patients needed to them.

The profession was a disruptive innovation. In part, why we have succeeded. Clayton Christensen, who coined the term disruptive innovations, described the disruption NPs caused as similar to when personal computers (PC) took over much of the work of mainframe computers. PCs, like NPs, made health care more accessible, user friendly, as well as less costly care.

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

SW: There have been significant changes in women’s health. In my lifetime, providing contraception to unmarried women was illegal as was pregnancy termination for any women. As an NP, I have been through a time when often the “go to” contraceptive was a diaphragm, contraceptive pills prescribed were all high dose pills, and intrauterine contraception (IUC) was seen as far safer. Then IUCs were no longer marketed because of one device with a poorly designed string that acted like a wick for bacteria causing pelvic infections, infertility and even death. Currently, IUCs as well as newer long acting reversible contraceptives have the highest use ever and diaphragms are rarely used. As an early NP, chlamydia had not been identified, herpes was new enough to make the cover of *Time* magazine, and HIV had not been identified.

I have been through many battles to ensure women continue to have choices consistent with their own needs and beliefs, including access to contraception. I have seen attempts to stifle any discussion about reproductive choice. In the 1990s, for example, there was an attempt to prevent any Title X (federal family planning) providers from providing options counseling, coined the “gag rule”. Under my leadership, my organization filed an amicus brief for the Supreme Court suing then HHS Secretary Sullivan to prevent this rule. Among other arguments used to prohibit options counseling was that NPs, who by then, were the clinicians in many Title X clinics, were not qualified to provide the counseling. We won the case.

## **Celebration of Charter Fellow**

**Susan Wysocki**

SW: There have been continued threats throughout the years including an attempt to carve out universal access to contraception from the Affordable Care Act. Today, the global gag rule or “Mexico City Policy” has been reinstated to prohibit Non-Governmental Organizations (NGOs) from receiving funding if they provide information about pregnancy termination. In these countries, health services including family planning and HIV testing, has been impacted by funding cuts.

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

SW: I am certain those early kitchen table meetings had an impact. Another important contribution I believe I’ve made is to keep women’s health as a recognized focus of NP education. At one point, there was strong sentiment within nursing to put women’s health under the umbrella of adult health. I felt very strongly that expertise in women’s health demanded distinct knowledge and a nuanced skilled set that required a concentration of study. If we lost the specialty, we would have also lost those NPs who would teach women’s health content for the next generation of NPs.

Another contribution was that early on I saw ways in which NPs could work with the pharmaceutical industry to help promote the profession. For example, language for ads on TV and print always stated, “only your doctor” can... At every meeting I attended with industry and my MD colleagues I stressed that it wasn’t only doctors. I was a broken record. After a while, I didn’t have to say anything, my colleagues would say it for me. It took months, if not years, to see the fruits of my effort. Then one night a commercial for oral contraceptives marketed by one of the companies I had worked with specifically about this issue came on. I prepared myself to hear the “doctor only” language. Instead, for the first time, the tag line was changed to “ask your healthcare professional”. I cheered out loud.

BLS: What do you see in the future?

SW: Patients now have unprecedented access to website information as well as advertisements for common and uncommon conditions. There is a positive side to having health information so accessible. For example, in the past urinary incontinence was a topic few women would discuss or bring up. It was thought to be something a woman had to live with. Focused advertising about incontinence brought this common condition out of the closet. So women know they aren’t alone and can get professional advice and appropriate treatment. On the downside, marketing for drugs means the drug is new and more expensive than an off patent, not marketed, cheaper alternative that might be just as effective for many patients. The availability of self-diagnostic tests is positive as well. Early pregnancy tests, for example, afford women the opportunity to know the results in private so they can access care earlier. Products that have moved from prescription to OTC status have also been helpful in terms of access to treatments. On the downside, web information can lead to the individual self-diagnosing based on limited information that can result in inappropriate self-treatment.

## Celebration of Charter Fellow - Susan Wysocki

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

SW: Join and be active in your NP organization. There is more strength in numbers when individuals act. Contribute to the organization by participating in activities that impact the profession and pay dues. Don't expect others to pay for or do the lifting for you. Advocate for the profession keeping the patient's best interest first. In states that have high morbidity and mortality and restrictive practice acts, if everyone put the patient first they would be recruiting busloads of NPs to offer accessible care. Unfortunately, many of these states are also states with the most restrictive NP regulations.

BLS: Is there anything else you would like to add?

SW: Back when I was arguing for keeping the women's health focus for NP education, I argued against the category being called "gender based care" versus a category only for women's health. Now, with my experience with the Partnership for Male Youth, I have a different perspective. Gender norms, biology, and other factors affect health in many ways across the spectrum of gender identities.

Lastly, I have a new fun experience. I have never acted or been involved in the theater, but I auditioned for the *Vagina Monologues* and won a leading role. I've been struck by how impactful and thought provoking the play is as a medium for getting messages across. Who knows what I will make of that insight? TBD.

## Reference

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The table, prepared by Dr. Mary Jo Goolsby, indicates the charter members interviewed and the issue of the Forum in which the content is published.

Charter Fellow	Forum Issue	Charter Fellow	Forum Issue
Elizabeth Abel	Feb 2010	Barbara Sheer	Mar 2015
Leanne Busby	June 2010	Madrean Schober	Sept 2015
Mona Counts	April 2011	Elias Provencio-Vasquez	Jun 2018
Judith Dempster	July 2011	Barbara Resnick	Jun 2018
Zo Demarchi	Oct 2011	Wendy Thon	Jun 2018
Peg Fitzgerald	Feb 2012	Susan Wysocki	Jun 2018
Denise Laine	Sept 2012	Jan Towers	PENDING
Judith Lynch	Mar 2013	Joan Gregory	PENDING
Ellen Lemberg	Sept 2013	Loretta Ford	PENDING
Marie-Eileen Onieal	Mar 2014	Delia O'Hara	Memorium
Charon Pierson	Dec 2014		





# FAANP Around the World



## International

Rosemary Goodyear, FAANP



### **NP/APN Role, Reflection and Research: Providing a Model for Long Term Care Workforce in an International Community**

The Nurse Practitioner (NP) role in the USA has passed the mid-century mark, and this role has had positive repercussions throughout the globe. We read about nation/states beginning NP programs to improve the health care within their boundaries, regardless if it is in the 'out-back' where NPs use a plane, or tiny islands where they visit their patients by boat. Our role has also influenced policy development related to the nursing role and its expansion, but also within the health delivery system of these nation states. This is the case for consideration – how the NP role, reflection of evolving change, and past and current research, facilitates the building of a workforce for a Long Term Care (LTC) program in an international community.

Taiwan is a small nation, by landmass standards, with a harmonized culture of the majority of the population of 23.5 million residents. This nation has tracked and been guided by the World Health Organization's standards and goals to improve the health of their citizens. A single payer health system is in place, supported by 99% enrollment, and built with the consultation of Uwe Reinhardt, a health care economist, from the USA<sup>1</sup>. Several nurse leaders with vision and wisdom, who received graduate education in our nation, began influencing policy change related to the NP/APN role in the 1990s with language to assure title protection and role for the NP. This is the background for the introduction and emergence of a Long Term Care plan to provide health and social services for a rapidly increasing aging population in Taiwan.

Initially the national government challenged communities to undertake programs to support the aging populations through health department projects which encouraged collaboration among support professionals and resource agencies. The emphasis was on sustainability, workforce, and program quality. Following project completion communities were identified that achieved the goals, and their outcomes provided ideas and examples of workable projects to facilitate aging in place. Nurse leaders with a background in community health, and knowledgeable of the rapidly aging populace, identified elements that were critical if programs were to remain sustainable. They suggested an increase of community social activities, nutrition education, competent and safe caregivers, day care centers and an increase of dementia care programs.

The blue print of the LTC program shows a community based integrated LTC services that link to medical care, inpatient and outpatient services, transportation, home care and, a management center. A flow plan could begin on discharge planning from the hospital or from the community with a visit to an LTC management center. There, an assessment of the client's and family's needs are identified. That is followed with care plan establishment and ratification, service arrangements and a system of monitoring for quality control. Categories of clients who could receive services may be handicapped people with disabilities, frail elderly, patients with dementia, and aged people with chronic and comorbid illnesses and/or disabilities. Services available would include care services (home, daycare), transportation, meals, home nursing care, rehabilitation, respite care, dementia care, family care support, health promotion, preventive care, and indigenous group care. Plans for over 20 LTC management centers and over 100 branches are planned to serve the nation's aged population.



# **FAANP Around the World**



## ***International***

**Rosemary Goodyear, FAANP**

The LTC program funding is government and tax supported. An additional support service to help clients is planned to build an Information Cloud for LTC where support services can be accessed. The workforce demand for the LTC management centers include positions for manager, supervisor staff, and assistants with a projection for 2020 of 1,613 personnel.

The current nurse leader is Dr. S. F. Tsay RN, PhD Director General of Nursing and Health Care, in the Ministry of Health within the national government's health care delivery system. She has noted that the NP role is the best prepared professional for management and supervisory positions within the LTC program. This position demands they possess professional assessment nursing skills, leadership ability to improve care, and can demonstrate the supervisory role.

At this time 81% of nurses work in medical institutions and 19% in the community. The present challenge is to recruit nurses into the field of home and community care nursing. It has been the NP role from the USA, the research of quality and effective health care delivery, and reflection of the accomplishments of NPs working within the ambulatory care setting that has emboldened the leader to take this approach in developing a sustainable workforce of NPs for the LTC program.

A plan to develop a Home Care Nurse system that includes identification of core skills, initiation of training strategies, consideration of international exchange studies, and expansion of the NP workplace are all under consideration. Dr. S. F. Tsay recognizes the depth and breadth of this challenge, but understands the NP/APN role and is continuing to promote the NP as lead facilitator in the LTC program for the aged in Taiwan.

If anyone has added interested in this let me hear from you.

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1. Robertson, S., Nov. 15, 2017. Uve Reinhardt, 80, Dies; A listened-to Voice on Health Care Policy, New York Times



### Following the Rules – or Coloring Inside the Lines

As I retire from my position as Editor-in-Chief of the *Journal of the American Association of Nurse Practitioners (JAANP)* this month, I am making one last plea to authors to follow the author guidelines when submitting a manuscript to any journal. We call them author guidelines, but they are actually the rules for proper manuscript development and submission. All journals have them. Many authors ignore them. They are like the lines in the coloring book you had when you were five years old. Do you remember your parents and teachers telling you, “Don’t go outside the lines”? You weren’t rejected for coloring outside the lines at age five, but your manuscript may be rejected from a journal if you don’t follow the rules.

Editage (<https://www.editage.com/insights/top-10-avoidable-mistakes-as-an-author>) has a lovely infographic showing the top 10 avoidable mistakes made by authors you can print and post on your wall or add it to your course resources. The list resulted from a survey of editors. Not surprisingly, the number 1 mistake is *Ignoring the journal’s instructions for authors*. Reviewing all ten top mistakes, I suggest that several of the them are included in good author guidelines; others are deficiencies in written expression. Here is the list of top ten avoidable errors; more detail about each is available on the infographic.

1. Ignoring the journal’s instructions for authors
2. Presenting inconsistent data
3. Ignoring a journal’s reference citation policy
4. Revealing participant identity
5. Presenting exaggerated conclusions
6. Making punctuation and style errors
7. Leaving footnotes unexplained
8. Submitting incomplete or incorrectly filled forms
9. Engaging in duplicate submission
10. Not understanding the copyeditor’s changes

Submitting manuscripts that violate the above “rules” can result in automatic rejection without review. In my nearly 30 years of editing experience, papers that do not follow the author guidelines or referencing and citation policies, and that are full of errors in spelling, punctuation, grammar and syntax, leave a very negative impression on editors and reviewers. Yes, errors can be corrected by editors or pointed out by reviewers, but shouldn’t that be the job of the author? And what if the errors lead to misinterpretation by readers? If I as the editor am required to correct many errors in a paper, am I going to miss something? Probably yes. Am I like to misinterpret something, or worse, introduce another error because of my misunderstanding? Definitely. I have experienced this personally, not once, but repeatedly.

I think following the rules is like coloring inside the lines. It may be appropriate at times to color outside the lines, but the lines are there to frame the picture. Getting too far outside the lines could change your picture from a horse to an elephant. For editors and reviewers looking for a horse, they may not be pleased to receive an elephant.



### Prepping for the Silver Tsunami

A *Silver Tsunami* is coming to the United States (US). Though considered a somewhat controversial term most nurse practitioners (NPs) know it refers to the influx of baby boomers into the economy and the health care system as boomers retire. By 2050 people over age 65 will represent more than 20% of the US population, with 40 million patients added to Medicare roles (Gill, 2017). Aside from concerns about the increased need in the capacity and skill to manage patients with complex and chronic disease, there are specific concerns about Alzheimer's disease. Unless a cure is found for Alzheimer's, that one disease alone could break Medicare in the coming years (Perry, 2017). Sharona Hoffman, a law professor at Case Western Reserve University, recently stated (2018, p. 1):

If American society does not prepare for the tens of millions of baby boomers who will become elderly in the coming years, the consequences will be grave in terms of suffering, costs and lives lost.

So, how should NPs involved in direct and indirect care of older Americans prepare? Some preparation has started by enriching educational programs to include content pertaining specifically to the management of care of older Americans, such as issues of falls, confusion, incontinence, polypharmacy and disability (Gill, 2017, p. 1). There also is a trend to include clinical experiences in specialty care for NP students. More and more NPs are moving to working in specialty care, such as endocrinology, rheumatology, cardiology and neurology. Even in primary care, because of their expertise in health promotion and clinical education, more and more NPs are managing patients with chronic disease.

But the issues and healthcare problems seniors cope with are significantly broader than simply the illnesses they face. There are social determinants of health NPs should affect in order to improve the circumstances for older Americans. Hoffman, the Case Western Reserve professor mentioned above, recommends the following (2018, p. 1):

Encourage the media and advocacy organizations to educate the public and policy makers about the challenges older Americans face and make these policy changes a priority.

Increase incentives to health care professionals so they enter the geriatric field. These incentives could include education loan repayment and higher payments for Medicare.

Improve working conditions of professional healthcare workers who serve the geriatric population. These incentives could include higher wages, better health benefits and sick leave.

Improve transportation systems and make them affordable so seniors can live more independently once they stop driving.

Make long term care (including use of home care aides, nursing homes and assisted living) affordable and plentiful. This could be done by making long term care insurance reasonable, such as by government subsidies.

Others have related recommendations, such as:

Affordable housing that offers a variety of options and that is accessible (Searles, 2017).

Work arrangements that recognize and utilize the experience of seniors but which assists with their unique and changing needs (ADP, 2018)

Exercise programs that help elders participate in long-term physical activity (Gill, 2017).

No doubt baby boomers will continue to have profound effects on society, just as they have always done. They will continue to be vocal advocates for their own needs. However, they will not be capable of directly providing all that is needed. Now is the time to develop and deliver effective strategies to counter the economic and healthcare issues the US and these seniors will experience from this wave. As patient advocates NPs can and should be highly involved, and highly effective.

## References

ADP. (2018). Preparing for the silver tsunami. Retrieved from <https://www.adp.com/spark/articles//2017/03/preparing-for-the-silver-tsunami.aspx>

Gill, T. (2017). What the 'silver tsunami' means for U.S. health care: An interview with Thomas Gill of the Yale Center on Aging. Retrieved from <https://rxfilm.org/problems/silver-tsunami-united-states-healthcare-thomas-gill-yale-center-on-aging-interview/>

Hoffman, S. (2018, May 14). Preparing for the 'silver tsunami'. Retrieved from <http://www.scienceDaily.com/releases/2018/05/180514083917.htm>

Perry, P. (2017). Can the world sustain 9 billion people by 2050? Retrieved from <http://bigthink.com/philip-perry/can-the-world-sustain-9-billion-people-by-2050>

Searles, P. (2017, September). The silver tsunami: Baby boomers' impact on senior living developments. Retrieved from <http://www.smith-howard.com/resources/articles/silver-tsunami-baby-boomers-impact-senior-living-developments>



### Preserving our Legacy

I recently visited The Adams Houses in Quincy, MA, where letters written by Abigail and John Adams are archived. Since they were apart much of the time they communicated by letter almost every day. These letters are preserved as part of their legacy. We can gain insight into the political events and to the significant role of women during those times. Abigail stayed at home raised the children and managed two farms and provided council to John Adams although she had no independent rights and could not vote. She did remind John not to forget the ladies. Abigail's daughter in law, Louisa moved her family and furniture from Russia to London during the Napoleonic war to meet up with John Quincy Adams who had been transferred to London. These are stories that would have been lost if there had not been a record.

Interviewing charter members this quarter has brought back so many memories. The first proposal for the fellowship was dated February 26, 1996. It was to create a new division of the "Academy" called the Institute for Nursing Advancement or the Institute for the Advancement of Nursing. The proposal was the result of attending a futures meeting sponsored by the Academy of Nursing. The original proposal called for fellow recognition, a leadership program and a mentorship program. The rationale was that there was not a forum to tap leadership ability in a more philosophical framework. The structure of all the NP organizations at that time focused on action, usually political, and education. Although the proposal was not accepted by the board in 1996 it was resurrected by Marie-Eileen and Barbara Resnick in 1999. Together we worked the proposal and it culminated in the selection of the charter members in 2000.

In the interview with Susan Wysocki we reminisced about the communication systems we developed in the early days. We used the telephone, developing telephone trees, and mail. Frequently there were fed-ex packages arriving the day of a telephone meeting. Delia O Hara another charter member, had one of the first fax machines, then a computer which had a significant impact on communications. Although it seems archaic now the telephone trees did work. Once at a medical society meeting the executive director said that any physician married to a practicing NP should be censured. Within hours of the meeting most of the NPs in the state were aware of the gaffe. Many physicians working with NPs threatened to resign from the medical society as a result.

Barbara Resnick, this year's Loretta Ford award recipient, recalled the years before the fellowship. If it had not been for her persistence, there may not be a fellowship. She served as chair and kept records of our meetings. When she took the minutes, we had them in hand the next day. This she accomplished while sitting at the meeting analyzing research data. She remains the champion multitasker.

How can those who grew up with social media understand the persistence of the early leaders. There is a need to tell our story.





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

**Congratulations!**

#### **Gale Adcock, FAANP**

**Honor:** Gale Adcock received the Barbara Thoman Curtis Award from the American Nurses Association in recognition for her significant contribution to nursing practice and health policy through her political and legislative activities.

#### **Judith Berg, FAANP**

**Honor:** Judith Berg received the Anna Shannon Mentorship Award at the annual Western Institute of Nursing Conference: Communicating Nursing Research in April 2018 in Spokane, WA.

#### **Maureen Boardman, FAANP**

**Publication:** Maureen Boardman is a co-author of: A longitudinal study of advanced practice nurses implementation of screening intervals for cervical cancer screening. *Journal of the American Association of Nurse Practitioners*.

#### **Lorraine Bock, FAANP**

**Appointment:** Lorraine Bock has a new academic appointment as an Assistant Teaching Professor in the College of Nursing, Penn State University.

#### **Doreen Cassarino, FAANP**

**Appointment:** Doreen Cassarino was appointed to be the Chair of the Florida Center for Nurses.

#### **Denise Coppa, FAANP**

**Grant Award:** Denise Coppa was awarded a US Health and Human Services (HRSA) Academic-Clinical Partnership award a 4 year grant extension.

**Publications:** (1) Hanley MA, Coppa D, Shields D. (2017). A practiced based theory of hearing, through therapeutic touch. *Journal of Holistic Nursing*. DOI: 10-1177/089801011. (2) Coppa D, Winchester SB, & Roberts MR. (in press). Home based nurse practitioner faculty demonstrate reductions in re-hospitalizations and emergency department visits through an academic clinical partnership. *Journal of the American Association of Nurse Practitioners*.

## Member News Column

Pat Alpert, FAANP

### Anne Derouin, FAANP

**Honor:** Anne Derouin received the Duke AHEAD Interprofessional Educator Excellence Award in October, 2017. This award is given annually to an educator within the Duke Health system.

**Presentation:** Derouin A. Cultivating effective pediatric academic-practice partnerships. (Podium Presentation). National Association of Pediatric Nurse Practitioners (NAPNAP) Annual Conference, 2018. Chicago, IL.

### Karen Devereaux Melillo, FAANP

**Appointment:** Karen Devereaux Melillo has been appointed the Interim Dean of the Solomont School of Nursing and Vice Dean of the Zuckerberg College of Health Sciences, University of Massachusetts Lowell, Lowell, MA.

### Toni DiChiacchio, FAANP

**Appointment:** Toni DiChiacchio was appointed to the West Virginia Department of Health & Human Resources, Bureau of Public Health, Public Health Advisory Council.

**Publication:** Constantine LA, Dichiacchio T, Falkenstine EC, Moss AH. (2018). Nurse practitioners' completion of Physician Orders for Scope of Treatment forms in West Virginia: A secondary analysis of 12 months of data from the state registry. *Journal of the American Association of Nurse Practitioners*, 30(1), 10-16.

### CAPT James L. Dickens, FAANP

**Appointment:** CAPT James Dicken was elected as the new AANP Region 6 Director.

**Honors:** (1) CAPT James L. Dickens received the 2018 Texas Tech University Health Sciences Center Distinguished Alumni. (2) He also was the recipient of the Excellence in Clinical Care Award.

(3) CAPT Dickens was awarded the Towers Pinnacle Award in 2018 for his exemplary command of health care teams and the NP role, while globally contributing to improve health outcomes in maternal and infant mortality rates and for policy development leading to equity for all racial and ethnic populations.

### Mary Anne Dumas, FAANP

**Presentations:** (1) Dumas MA, Hawkins S, Boucher J, & O'Sullivan A. Pre-conference session for new NP Program Directors. National Organization of Nurse Practitioner Faculties (NONPFP Annual Conference, 2018. Indianapolis, IN. (2) Dumas MA. Newly constructed clinical evaluation form: The Dumas-Hofstra Northwell Novice to Expert Developmental Clinical Evaluation, to evaluate NP students.

**Other:** Mary Anne Dumas retired as Senior Associate Dean for Academic Affairs and NP Chair, at the Hofstra Northwell School of Graduate Nursing, after establishing this academic partnership in 2015. The program admitted their first class in September 2015 and hosted their CCNE site visit in October, 2018. As a semi-retiree, she will continue to engage in clinical practice as a an NP in primary care at the Northport Veteran's Medical Center, Long Island, NY.

### Joy Elwell, FAANP

**Honor:** Joy Elwell received the Pace University 2018 Dean's Alumni Award for outstanding professional contribution.

### Laurie Anne Ferguson, FAANP

**Appointment:** Laurie Anne Ferguson was appointed as the Dean of the College of Nursing and Health at Loyola University New Orleans.

### Valerie Fuller, FAANP

**Publication:** Andrist, Davis & Fuller. (Eds.)(2018). *DNP education, practice and policy: Mastering the DNP essentials for advanced nursing practice*. 2<sup>nd</sup> Ed. New York, NY: Springer Publishing. ISBN 13 9780826140180.

## Member News Column

Pat Alpert, FAANP

### Debra Hain, FAANP

**Honor:** Debra Hain received the Helen Feigenbaum Award for the Promotion of Excellence in Nephrology Nursing from the American Nephrology Nurses Association. This award recognizes a qualified nurse each year who demonstrates the commitment to excellence in nursing that Helen Feigenbaum embodied in her approach to clinical practice and quality care, leadership, collaboration, education and research.

### Beth Haney, FAANP

**Appointment:** Beth Haney was unanimously appointed by the Orange County Board of Supervisors to the OC Waste Management Commission. It is an important commission that deals with landfills, environmental issues, recycling, equipment modernization, and organic recycling in the county.

**Honor:** On March 22, 2018 Beth Haney was given the California Association for Nurse Practitioners Nurse Practitioner of Distinction award for her work in furthering the NP profession through legislative and education efforts.

**Presentations:** Beth Haney did seven podium presentations in four different state and national conferences beginning in January 2018 to the present. Topics included: menopause, running for office, skin infection and aesthetics.

**Publication:** Haney B. (2018, May). I'll take full practice authority for 500, Alex! *Journal of Nurse Practitioners*.

### Jenni L. Hoffman, FAANP & Mary Lee Barron, FAANP

**Grant Award:** Jenni Hoffman was selected for the Eastern Michigan University Interprofessional Education (IPE) Grant for the 2018-2019 academic year.

**Presentation:** Hoffman JL. SOS (Help!) for student and new NPs. (Podium presentation). National Organization of Nurse Practitioner Faculties (NONPF) Annual Conference. 2018. Indianapolis, IN.

**Publication:** Hoffman JL. (in press). Evaluating the effectiveness of survival guide among student and new nurse practitioner. *Nursing Education Perspectives*.

### Marianne H. Hutti, FAANP

**Presentation:** Hutti MH. Women's health update: Advanced knowledge for advance practice. Association of Obstetric, Gynecologic, Women's Health and Neonatal Nursing (AWHONN). June 23, 2018. Tampa, FL.

**Publication:** Hutti MH, Myers JA, Hall LA, Polivka BJ, White S, Hill J, Grisanti M, Hayden J, & Kloenne E. (2018). Predicting need for follow-up due to severe anxiety and depression symptoms after perinatal loss. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 47, 125-136. <https://doi.org/10.1016/j.jogn.2018.01.003>.

**Other:** AWHONN in conjunction with ITN Production Company interviewed Marianne Hutti regarding her research on perinatal loss. This is a new initiative aims to highlight the commitment of the AWHONN community to work towards solutions on the most pressing health issues facing women and newborns. This interview will be aired at the AWHONN 2018 Convention held June 23-27, 2018 in Tampa, FL.

### Denise G. Link, FAANP

**Election:** Denise Link is qualified for the ballot as a candidate for the Arizona state House of Representative in Legislative District 24.

**Honor:** Denise Link received the 2018 AANP Nurse Advocate for Arizona.

### Kenneth Lowrance, FAANP

**Promotion:** Kenneth Lowrance was promoted to the rank of Professor of Professional Practice at Texas Christian University's Harris College of Nursing and Health Sciences where he is Director of the post-master's DNP and CNS programs.

## Member News Column

Pat Alpert, FAANP

### Millicent Malcolm, FAANP

**Honor:** Millicent Malcolm received an awarded the Innovation in Advanced Practice in May 2017, Middlesex Hospital, Middletown, CT.

**Promotion:** Millicent Malcolm was promoted to Associate Clinical Professor at the University of Connecticut, School of Nursing beginning August 2018.

**Publications:** (1) Malcolm M, Shellman J, Elwell J, Rees C. (2017). GOT! Care: Preparing the Emerging Healthcare Workforce for Interprofessional Collaborative Practice: A Pilot Study. *Health and Interprofessional Practice* 3(2):eP1116. Available at: <https://doi.org/10.7710/2159-1253.1116>

(2) Malcolm M, Shellman J, Rees C. (2017). Innovation for geriatric care with an academic-practice model. *Geriatric Nursing*. Available at: DOI: <https://doi.org/10.1016/j.gerinurse.2017.03.006>

### Kathleen McCoy, FAANP

**Appointments:** (1) Kathleen McCoy redesignated as the 2018 Edmond J. Safra Visiting Nurse Faculty Scholar for Parkinson's Disease, Parkinson's Foundation, Birmingham University Hospital, Birmingham, AL. (2) Kathleen McCoy is appointed to the Board of Directors: I-Help Foundation, Los Angeles, CA 04/2018.

**Presentations:** (1) McCoy KT. Identifying and Treating a Growing Concern: Intermittent Explosive Disorder. International Society of Psychiatric Mental Health Nursing Annual Psychopharmacology Institute. April 10, 2018. Tempe AZ. (2) McCoy KT, Soucy MD. Optimizing the Border Health Psychiatric Mental Health Provider Workforce through Community Engagement. International Society of Psychiatric Mental Health Nursing Annual Conference. April 13, 2018. Tempe AZ.

**Publication:** Costa CB, McCoy KT, Tran J. (2018). Case Challenge: A 22-Year-Old Woman with Chronic Daily Headaches. *Journal of Nurse Practitioner*, (14)1:e21-e22, e27-e29. Retrieved from <https://doi.org/10.1016/j.nurpra.2017.09.01>

**Research:** 01/2018-6/2018 (current): CCTS Clinical and Translational Science (CTS) Program Trainee, University of Alabama, Birmingham. 05/2018-present: Board of Directors: I-Help Foundation, Los Angeles CA.

### Michelle McGarry, FAANP

**Honor:** Michelle McGarry was awarded the Pioneer of the Year Award from the Rocky Mountain Chapter of the National Association of Pediatric Nurses and Practitioners for her accomplishments over 26 years as a PNP including starting the first PNP owned pediatric sub-specialty clinic in 2007. She received this award for her contribution to the expansion or improvement of pediatric health care and the advancement of the profession of Pediatric Nurse Practitioners at the local and national level.

### Patricia C. McMullen, FAANP

**Honor:** Patricia C. McMullen was selected as a "Rock Star Author" by the Journal of Nurse Practitioners.

**Publication:** Patricia McMullen co-authored. Telephone Triage for Obstetrics & Gynecology (3rd ed.). Philadelphia: Wolters Kluwer.

### Dianne Morrison-Beedy, FAANP

**New Position:** Dianne Morrison-Beedy joined the Ohio State University in 2018 as the Chief Talent and Global Strategy Officer and Centennial Professor of Nursing. In 2016-17 she was a Fulbright Scholar in Scotland, UK and was recently listed on the Fulbright Specialist roster and had a Senior Administrator Fulbright Award (France). Previously Dianne Morrison-Beedy served as Dean and professor of nursing, public health and global health, and Senior Associate Vice President of USF Health, at the University of South Florida and Endowed Chair in Nursing Science and Assistant Dean for Research at the University of Rochester.

## Member News Column

Pat Alpert, FAANP

### Whitney Nash, FAANP

**Recognition:** The Kentucky Racing Health Services Center was the focus of an article "Health Heroes" in the May's "O" Magazine (Oprah Winfrey). The article detailed the history of the clinic and featured myself as the founding director and Dr. Sara Robertson, DNP.

**Publications:** (1) Nash W., Hall L., Ridner, S. L., Hayden, D., Mayfield T., Firriolo J., Hupp, W., Weathers C., & Crawford, T. (2018). Evaluation of an interprofessional education program for advanced practice nursing and dental students: The oral-systemic connection. Nurse Education Today, March 20. <https://doi.org/10.1016/j.nedt.2018.03.021>. (2) Schapmire T., Head, B., Nash W., Yankeelov P., Furman C., Wright B., Gopalraj R., Gordon B., Black K., Jones C., Hall-Faul M., & Faul A. (2018). A curriculum plan for promoting IPE in gerontology education. Advances in Medical Education, 9:109-118. <http://doi.org/10.2147/AMEP.S149863>.

### Jamie Newland, FAANP

**Other:** Jamie Newland completed a 3-week Fulbright Specialist project in Lithuania on May 6, 2018. The project was ongoing consultation for the advanced nursing practice program at Lithuanian University of Health Sciences, Nursing and Care Department.

### Nancy O'Rourke

**Honor:** Nancy O'Rourke received the Lifetime Achievement Award from the Massachusetts Coalition of Nurse Practitioners for contributions to practice and policy.

### Elizabeth Partin, FAANP

**Honor:** Elizabeth Partin received the Ellen Bailey Share the Light Award for emulating Ellen's style of quiet leadership, clinical excellence, community involvement, service to the profession and quality patient care.

### Patricia Pearce, FAANP

**Publication:** Pearce PF, Hicks R W, & Pierson CA. (2018). Keywords matter: A critical factor in getting published work discovered. Journal of the American Association of Nurse Practitioners, 30(4), 179-181. doi: 10.1097/JXX.0000000000000048.

### Richard Pessagno, FAANP

**Honors:** (1) Richard Pessagno was award the Hospice and Palliative Care Nurses Association 2018 Certified Perinatal Loss Care Nurse of the Year. This award recognized Rick's contributions to the field of perinatal loss. Richard Pessagno has provided both individual and group psychotherapy relative to bereavement and loss to parents impacted by perinatal loss, as well as support and education programs to nurses and other professionals working in this practice area. (2) Rick Pessagno was also awarded the 2018 Practice Award from Association for Death Education and Counseling (ADEC) at their 40th annual conference in Pittsburgh this April. This national award recognized Rick's contributions at the state and national level the field of thanatology.

### Vanessa Pomarico-Denino, FAANP

**Degree Completion:** Vanessa Pomarico-Denino received her Ed.D from Southern Connecticut State University on May 17, 2018. She successfully defended her dissertation entitled: Transgender education in nursing: A qualitative study investigating faculty beliefs.

### Susanne Quallich, FAANP

**Honor:** Susanne Quallich was the recipient of the 2018 Sigma Theta Tau, Rho Chapter "Excellence in Nursing Practice" award.

## Member News Column

Pat Alpert, FAANP

### Lynn Rapsilber, FAANP

**Honor:** Lynn Rapsilber DNP APRN ANP-BC FAANP was honored by Hearst Publishing/ Media Group as a 2018 Salute to Nurses winner. Lynn Rapsilber was among 10 top CT Nurses honored at a reception where she received a crystal heart and an article about the winners was featured in the Sunday supplement to coincide with Nurses Week. She was nominated by her husband and sons.

**Presentation:** Lynn Rapsilber did several presentations at the CT APRNS conference in April. Presentation topics included: (1) Health Care Fraud: Do You Look Good in Stripes? (2) The Value of NPs in Valued based Reimbursement: Never a Better Time to Start Your Own Practice, and (3) Conception to Reality: Be Part of the Legislative Process with former State Representative Theresa Conroy APRN.

**Publication:** Rapsilber L. (in press). Reimbursement for nurse practitioner services. In Stewart JG, DeNisco SM (Eds.). *Role Development for the Nurse Practitioner*, 343-366 (2<sup>nd</sup> Ed.). Burlington, MA: Jones and Bartlett Learning

### Jo Lynne Robins, FAANP

**Other:** Jo Lynne Robins was selected as an Integrative Nurse Faculty Fellow at the University of Arizona. The fellowship will take place May, 2018-June, 2019. The focus is to develop process and strategies for incorporating integrative therapies into the undergraduate and graduate programs at the Virginia Commonwealth University School of Nursing.

### Alicia Gill Rossiter, FAANP

**Presentations:** (1) Manzi K. & Rossiter, A. G. Navigating change: Transforming challenges into opportunities in military and veteran education. (Podium presentation). Council of Colleges and Military Educators. March 2018. San Diego, CA. (2) Morrison-Beedy D. & Rossiter AG. Next set of orders: Best practices for colleges to ensure student success and military/veteran focus. (Podium presentation). Council of Colleges and Military Education. March 2018. San Diego, CA.

**Publications:** (1) Oerther, S., Hallowell, S., Rossiter, A. G., & Gross, D. (2018). The American Academy of Nursing Jonas Policy Scholars program: Mentoring future nurse leaders to advance health policy. *Journal of Advanced Nursing*. DOI: 10.1111/jan.13689. (2) Morrison-Beedy, D. and Rossiter, A.G. (2018). Next set of orders: Best practices for academia to ensure veteran student success and military/veteran focus. *Nurse Education Today*, 66, 175- 178. <https://doi.org/10.1016/j.nedt.2018.02.041>. (3) Rossiter, A. G., Wilmoth, M. C., Patrician, P. A., Dumas, M. A., Ling, C. G., & Johnson, H. M. (2018, January). I Serve 2: A Pocketcard for Healthcare Providers Caring for Military Children. Copyright 1-5850941961.

### Susan D. Ruppert, FAANP

**Appointment:** Susan Ruppert was appointed as the holder of the PARTNERS Endowed Professorship in Nursing at the Cizik School of Nursing at the University of Texas Health Science Center at Houston.

**Other:** Susan was invited to be a member of the external Visiting Committee to evaluate the research and academic programs at the Chinese University of Hong Kong Nethersole School of Nursing.

### Carol Savrin, FAANP

**Honor:** Carol Savrin was recognized as a Distinguished Fellow of the National Academies of Practice in April 2018.

### Kate Sheppard, FAANP

**Honor:** Kate Sheppard received the Suzanne Van Ort Peer Award for teaching, Advanced Nursing Faculty from the University of Arizona, College of Nursing.



## Member News Column

Pat Alpert, FAANP

### Susan Smith, FAANP

**Presentation:** Smith SL, Smith HG, Cheatham ML, & Rainey AL. The impact of hurricanes on the mechanisms of burn injuries. (Podium presentation). American Burn Association 50<sup>th</sup> Annual Meeting. 2018, April. Chicago, IL.

**Publication:** Zennoni, S. & Smith, SL. (March, 29, 2018). Perioperative hypothermia in burn patients. <http://www.surgicalcriticalcare.net/Guidelines/Hypothermia%20in%20burn%20patients%202018.pdf>.

### Julie G. Steward, FAANP

**Presentation:** Stewart, J. Interpersonal Violence. Oral Presentation at CTAPRNS Annual Conference. April 26, 2018. Hartford, CT.

**Publications:** (1) Stewart, J. & DeNisco, S. (2019). Role of the Nurse Practitioner, 2nd ed. Burlington, MA. Jones & Bartlett. (2) Stewart, J, editor. Atlas of Pathophysiology, 4th ed. Wolters Kluwer publications. (3) Buttaro, T., & Trybulski, J. (2017). Sexual Assault. In Primary Care: A collaborative practice, 5th ed. New York, NY: Elsevier.

### Barbara Todd, FAANP

**Honor:** Barbara Todd was awarded the 2018 Outstanding Nurse Practitioner Educator Award from the National Organization of Nurse Practitioner Faculties (NONPF) at their 2018 annual conference. Indianapolis, IN.

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### 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/](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

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

**Fellows Schedule of Events—June 28, 2018**

- **Fellows Business Meeting**
  - 9:45 a.m. - 11:15 a.m.
  - Location: Mile High Ballroom 3A
- **New Fellows Orientation Luncheon (New Fellows Only)**
  - 11:15 a.m. - 12:45 p.m.
  - Location: Mile High Ballroom 1D
  - No Cost to Attend - RSVP
- **Fellows Induction Ceremony**
  - 6:00 p.m. - 8:00 p.m. (Inductees should arrive at 5:30 p.m.)
  - Location: General Session Room, Exhibit Hall A
  - No Cost to Attend - RSVP
- **Fellows Induction Reception Dinner**
  - Immediately Following Ceremony
  - Location: Four Seasons Ballroom 4

Tickets Required

**Fellows Column in JAANP—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.

# FAANP OFFICERS AND COMMITTEES

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Chair:

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

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We welcome contributions from our members for the Forum. Please, send your topics  
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