



FAANP Forum

Summer 2020

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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Dear Fellows,

During these extraordinary times, I have found comfort in spending virtual time with my family and friends, catching up on what's happening in their lives, and generally commiserating about the upheaval the pandemic has caused to our world. I have seen so much selfless dedication, determination, and resiliency in our fellow nurses and I am so honored to be part of such an extraordinary profession! So, like many of you, I am waiting to see what our future holds and what our "new normal" will be.

With that said, the Executive Committee is disappointed, as I'm sure everyone is, to have to forgo our wonderful Induction Ceremony and Fellows activities this month. We extend our CONGRATULATIONS to our 71 new Fellows and our Awardees. We do plan to have the 2020 new Fellows inducted next June (2021). We will celebrate our 20th year in 2021 as well. We hope it will be bigger and better than ever! The new Fellows will be able to use their credentials after June 25th, the original date of the 2020 Induction. Their medal, plaque, and official program will be mailed to them sometime in late June or early July. We will also be honoring our 2020 awardees at the 2021 Induction Ceremony, including the Legacy Awardees Dr. Lee Ford, Dr. Dr. Jan Towers, and Dr. Delia O'Hara (posthumously), the Honorary Fellows Catherine Rick and Barbara Stilwell, and the Loretta Ford Awardee Madrean Schober.

Our Winter Meeting is scheduled in January in Orlando and we will be honoring Dr. Loretta Ford on her 100th birthday. We hope to see you there. We are being very optimistic in planning the Winter Meeting in January, but we'll have a contingency plan should we have to change dates. Please be on the lookout for further information about our 2021 Winter Meeting.

We continue to work on our Mentorship Program and hope to have it solidified by the Winter Meeting. Please watch for the Winter Meeting survey that will be coming to you shortly and make sure you let us know if you're interested in helping on the Mentorship Committee. The survey helps us in planning the location, timing, and content of the WM so please be sure and fill it out.

Thank you for all you do for our profession and our patients! Stay safe and be well.

Warmest regards,

Janet



CONGRATULATIONS
AND DEEP APPRECIATION TO
DR. JANET DUBOIS
FOR COMMITMENT TO FAANP
AND SERVING AS CHAIR FOR 2018-2020.
THANK YOU,
FAANP MEMBERS



Greetings from *FAANP Forum Chair*

Mary B. Neiheisel, *FAANP*



“It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness, it was the epoch of belief, it was the epoch of incredulity, it was the season of Light, it was the season of Darkness, it was the spring of hope, it was the winter of despair.” Charles Dickens: *A Tale of Two Cities*. Has anyone else remembered this quote from Dickens during this pandemic that each of us is experiencing? It seems to be in my head often. As areas across the world note positive changes from the pandemic, the people in South America and on the Gulf Coast experienced the fear of a possible hurricane. What a scenario! Although Cristobal did weaken to a tropical storm, the damages still were considerable. We have experienced fake news, hope, loss, and have seen the Nursing profession pushed to the limits. We have many nurses to thank, as well, as many other professionals and nonprofessionals to thank for the positives in our world today. On behalf of the FAANP Forum, I pray that each of you in

our FAANP group have experienced many of the positives. Perhaps this will provide opportunities for each of us to be more competent in our profession and more alert to the needs of all people. Both Jeff Bauer and Kathy Wheeler have some thoughts on changes that are going to occur. Please, read their articles. I am reminded of another famous quote and famous person who said: If we don’t take our place at the table, someone else will (Ford). Lee Ford also frequently has said: “We have opportunities for nurses to be innovative, to be inquiring, to ask some really tough questions.” If there ever was such a time, that time is now. We have such quality in FAANP, and across the world as we have noted in the past few months. The challenges and opportunities are abundant and the history being made now will be monumental.

Congratulations to our FAANP recipients of the coveted: Loretta Ford (Madrean Schober, Towers Pinnacle (Sheldon Fields), Sharp Cutting Edge (Mary Jo Goolsby, and Legacy Awards (Loretta Ford, Jan Towers and Delia O’Hara }posthumously}). Congratulations and welcome to our 2020 Honorary Fellows and the prestige they bring to our FAANPs. Congratulations also to the continuing and newly elected officers and committee members of FAANP and AANP. Thank you for accepting this responsibility and leading our organizations.

The Forum committee members also express their deepest sympathy to the families of Adrienne Berarducci and Michelle McGarry.

Personally, I want to extend thanks to the Forum committee members who provided valuable assistance and columns for this Newsletter.

We will all experience loss this year without our annual conference for the networking, socializing, the gaining of knowledge, and to promote and support Nurse Practitioners.

Please submit your achievement and articles to the Forum. We want to hear from you.

God Bless each of you.

Madrean Schober-FAANP's 2020 Loretta C. Ford Award

for Advancement of the NP Role in Health Care



Congratulations, Dr. Madrean Schober -- FAANP's 2020 Loretta C. Ford Award for Advancement of the NP Role in Health Care recipient! Madrean, a Charter Fellow, has influenced the nature of healthcare delivery in many countries, while making the NP role available to many. She has devoted years to promoting NP/APN role development beyond the U.S., while contributing to healthcare policy development in a number of countries. Moreover, she was a driving force in the creation of the International Council of Nurses (ICN) NP and APN Network (INPAPNN). Around our globe, Madrean has earned a reputation for excellence for her expertise in International Health Policy and contributions in over 40 countries.

Madrean has been invited to consult on healthcare policy considerations in several countries. There, she has identified healthcare challenges and opportunities to enhance the role of nursing by creation of an NP or APN role to be successfully integrated within the individual countries' systems. She has worked with healthcare leaders around the globe to clarify the NP/APN role and to establish the role through educational programs. She has co-written scopes of practice at the international level, refining the role within specific countries and cultures. Award support statements from two of Madrean's international colleagues described her influence in the role development in North America, Europe, and Asia. Another supporter described her as "Mother of these roles internationally".

She is the 1999-2000 Virginia Henderson Fellow for the International Council of Nurses (ICN) in Geneva, Switzerland. Her fellowship involved a two year, six country study of family health, family nursing and family nurse practitioners, resulting in an ICN monograph and family nursing competencies. She was the International Relations Liaison for AANP for 20 years, serving from 1994 - 2014. Madrean served as the inaugural chair of the INPAPNN from 2000 to 2004. In 2013, she earned a PhD from Sheffield Hallam University in the UK, completing an ethnographic study of the development of advanced practice nursing in Singapore.

Her efforts have been sustained in improving health of many through introduction of the NP/APN role as broadly as possible, ensuring a culturally appropriate and sound educational and practice approach. She frequently has disseminated information relevant to international advanced practice roles through books, chapters, articles, and presentations. Madrean was the lead author of the *ICN Guidelines on Advanced Practice Nursing, 2020*. This resource, published during the Year of the Nurse, is one with which we should all become familiar.

Dr. Madrean Schober has undeniably made significant and sustainable contributions consistent with the ideals and standards exemplified by Dr. Loretta Ford. The breadth of her contributions in advancing the NP role in healthcare globally are unsurpassed. We congratulate Madrean!

ICN (2020). *Guidelines on Advanced Practice Nursing, 2020*. https://www.icn.ch/system/files/documents/2020-04/ICN_APN%20Report_EN_WEB.pdf

Mary Jo Goolsby, FAANP

INAUGURAL LEGACY AWARDEES

CONGRATULATIONS

Dr. Loretta (Lee) Ford



Dr. Jan Towers



Dr. Delia O'Hara (posthumously)

Honorary Fellows Inducted



CONGRATULATIONS

2020 Honorary Fellows Catherine Rick has been selected as a 2020 Honary Fellow. The Honorary Fellow is a non-nurse practitioner who has demonstrated outstanding leadership in at least one of the following areas of importance to nurse practitioners: Practice, Education, Policy and Research. The 2020 FAANP Honorary Fellows are: Catherine J. Rick and Barbara Stilwell

Catherine J. Rick, RN, NEA-BC, FAAN, FAANP(H) served as the Chief Nursing Officer for the Department of Veterans Affairs (VA), where she was responsible for the development, implementation and evaluation of national policy and strategic planning activities that support the missions of the Veterans Health Administration (VHA). Catherine Rick was appointed Senior Advisor for Leadership with Jonas Center for Nursing and Veteran Healthcare

2014-2015. Now, as an AvaSure Board member and healthcare consultant, her focus on healthcare transformation continues. (FAANP)

Nominator's and Supporters' comments about Catherine Rick:

Cathy is truly an advocate for the NP profession and has made a historical and sustained contribution to NP practice by setting in motion a practice model where FPA can be found at VA facilities in every state of the nation. This monumental achievement will surely lead to FPA outside of VA in every state as lawmakers recognize the quality and safety of care being provided under the VA FPA statute.

I additionally witnessed her commitment to APRN's in her role as Senior Advisor to the Jonas Center for Nursing and Veterans Healthcare. In this role, she continually fought for the advancement of APRN's through doctoral preparation and through engagement with critical nursing issues at the national level. She knew the important role that APRN's provided to the national healthcare scene and was never willing to stop short of having them professionally engaged to practice within the full scope of their educational and professional abilities. She has been one of the strongest APRN advocates in our nation and is clearly deserving of being recognized for her many accomplishments by induction as an Honorary Fellow in the AANP.

She is a visionary nurse leader and through her leadership nursing practice has been transformed on many levels. Ms. Rick served as the Chief Nursing Officer for the Veterans Health Administration (VHA) from 2000-2014. As Chief Nursing Officer, she was responsible for the development, implementation and evaluation of national policy and strategic planning activities that support the missions of the VHA: clinical care, education, research, backup to the Department of Defense and emergency preparedness. One of the most significant policy initiatives she led in VHA that affected the nurse practitioner profession nationally was the implementation of full practice authority (FPA) for all VHA advanced practice registered nurses (APRNs). The implementation of FPA has been a long and arduous journey which began in 2009 and finally in 2020 all VHA medical centers and community-based outpatient clinics will have implemented FPA. Ms. Rick had the foresight to acknowledge that the variations in State nursing practice acts caused lack of standardization of APRN practice across the national VHA healthcare system and national VHA healthcare system and negatively affected access to care for Veterans.

Congratulations and Welcome to FAANP, Catherine Rick.

Honorary Fellows Inducted

CONGRATULATIONS



2020 Honorary Fellows Barbara Stilwell has been selected as a **2020 Honorary Fellow**. The Honorary Fellow is a non-nurse practitioner who has demonstrated outstanding leadership in at least one of the following areas of importance to nurse practitioners: Practice, Education, Policy and Research.

Barbara Stilwell, PhD, RN, FRCN, FAANP(H) was one of the first nurse practitioners in the UK, who has since held various high-level positions with the World Health Organization (WHO), co-authoring the WHO's 2006 Health Report. Dr. Stilwell has practiced in underserved areas of Africa, Australia and the Caribbean, increasing her global expertise in the areas of health systems, improved health service quality, capacity building, maternal and child health, reproductive health, HIV/AIDS. In 2018, Dr. Barbara Stilwell was appointed Executive Director of Nursing Now.

I met Barbara Stilwell in 1989 at the Keystone Conference in Colorado. She was embarking on the development of nurse practitioners in the UK. The program was a continuing education program through the Royal College of Nursing. Although she believed education should be at a higher level, she felt this was the most appropriate way to introduce the concept. For the students to understand the role she was able to obtain funding for the first cohort to attend the Keystone Conference in the US and see firsthand the role in action. We worked together to gain UK support by hosting the first UK/US conference in London. AANP was involved in supporting subsequent conferences which began a truly international movement. Australia and other countries became involved leading to the ICN NP/APN Network. Barbara was a leading force expanding her expertise to the World Health Organization as the only nurse employed by the organization. Throughout the years she held various positions including technical office, scientist and team coordinator with WHO. In 2006 she became senior advisor for IntraHealth in Chapel Hill, establishing links with USAID. She has worked with ministries of health in multiple countries changing the face of healthcare and supporting nurses and advanced practice nurses as a formidable addition to the workforce.

Currently she is the Executive Director Nursing Now Global Campaign. Throughout her career she has been an advocate for nurse practitioners. She has demonstrated a lifetime of leadership at an international level. Assisting ministries of health and nursing organizations.

Through her policy work on the international level she has made a difference in the global arena. She has demonstrated to the global community that nurses have a significant stake in global healthcare making the WHO goal of "Health for All" more attainable.

Barbara Sheer PhD, FNP, PNP, FAANP

Congratulations and Welcome to FAANP Barbara Stilwell.

MARY JO GOOLSBY, FAANP

AANP 2020 SHARP Cutting EdgeAWARD



CONGRATULATIONS

The Sharp Cutting Edge Award was created in 1996 in honor of Nancy J. Sharp, MSN, RN, FAAN, a strong supporter of the NP role and a leader in national nursing organizations. Recipients of the Sharp Award have shown leadership through innovative services, technologies or advocacy activities that advanced NP practice and patient care on a national level.

Mary Jo Goolsby, EdD, MSN, NP-C, FAANP, is the recipient of the 2020 Sharp Cutting Edge Award. Goolsby has held a variety of professional practice, administrative and teaching positions, leveraging all opportunities to increase awareness of the NP role and challenge barriers to full practice authority. Her latest innovative and entrepreneurial endeavor was the establishment of the Institute of NP Excellence (INPE), which promotes excellence in NP practice and outcomes that are based on evidence and research. Assuming the

leadership role of INPE, and educating the NP to achieve their best practices, Dr. Goolsby has had to undertake multiple tasks as a website developer, online learning management system director, conference planner, accreditor, “think tank” convener, and program planner/evaluator just to name a few.

During her 11 years on staff with AANP, Goolsby created the AANP Fellows (FAANP) mentorship program, as well as the FAANP Forum Committee, both of which have been very active and have impacted hundreds of NPs. An emphasis on the technology, innovation and advocacy needed to impact and advance the NP role is evident in her more than 60 research projects, publications (three books, more than 30 articles and more than 100 presentations) and positions as a practitioner, educator, leader, researcher, mentor and national officer. Goolsby’s critical research has been conducted, analyzed and published, leading to improvements in NP-provided patient care.

Comments from nominator and supporters:

She is accomplished and highly respected among her peers. What particularly stands out to me are the advances made for the organization and the NP role during her tenures as Vice President of Research, Education, and Professional Practice and Chair of the Fellows of AANP. Her leadership in instituting many initiatives in the general AANP membership and the Fellows have contributed significantly to AANP’s current position as the largest professional organization for NPs in the United States. Dr. Goolsby is a role model for both novice and expert NPs. Her innovative thoughts and actions have facilitated the path to success for many, evidenced by the variety of activities associated with her current Institute for Nurse Practitioner Excellence. She is committed to giving back to the profession and ensuring that the next generation has the solid foundation and internal motivation that have sustained her during her career.

The first entrepreneurial enterprise she started, was a company to provide Continuing Education for NPs, earlier in her career. Her second entrepreneurial enterprise was the establishment of the Institute of NP Excellence (INPE) which has as its mission to promote excellence in the practice of the NP and outcomes that are based on evidence and research. Mary Jo is now on the threshold of facilitating mentoring groups. She has been an outstanding mentor for years and shall excel at this as is her pattern. Mary Jo has an outstanding ability to remember people-their names and interesting facts about each person. Undoubtedly, because she is such a caring person who is interested in NP success and not her own. As such, however, she has been a very successful individual and Nurse Practitioner and is so deserving of this award.

Sheldon D. Fields, FAANP

AANP 2020 Towers Pinnacle Award



CONGRATULATIONS

The Towers Pinnacle Award was initiated in 2013 in honor of Jan Towers, PhD, NP-C, CRNP, FAAN, FAANP, a long-time health policy expert. The award is presented annually to an individual who, through policy, practice or education, has made outstanding contributions resulting in increased national recognition for NPs and increased opportunities for NPs to provide care to patients.

The 2020 Towers Pinnacle Award recipient is Sheldon D. Fields, PhD, RN, FNP-BC, AACRN, FAANP, FNAP, FAAN, for his long-term work as a front-line family nurse practitioner (FNP) in the fight against HIV/AIDS. In 2009, Fields was the first male nurse chosen to be a Robert Wood Johnson Health Policy Fellow. He worked as a health care policy advisor for Senator Barbara Mikulski, whose office played a key role in the passage of the Affordable Care Act (ACA). As a nurse leader, Fields' work with the Association of Nurses in AIDS Care (ANAC) — the world's largest HIV nursing organization — demonstrates his strong commitment to nursing research and practice. Fields' work as an NP and scientist transcends both behavioral and clinical trials, and he was recently selected as a co-investigator on a large, multi-site Phase IIb/Phase III clinical trial (HIV Prevention Trials Network [HPTN] 083) investigating an injectable medication for HIV prevention. His work continues to move the field of culturally tailored prevention science forward while increasing awareness of NP-led clinical trials and scientific excellence both within the HPTN, as well as in the global field of HIV. (AANP)

Comments from nominator and supporters:

Sheldon Fields' contribution as an HIV/AIDS prevention scientist is the generation of groundbreaking scientific evidence focused on Black men who have sex with men (BMSM), a highly at risk stigmatized group. His interdisciplinary program of research has transformed the narrative of HIV/AIDS treatment and prevention programs.

His research is used by treatment/prevention advocates, community-based organizations, and clinicians to guide their advocacy work on diverse BMSM populations. His work has prepared future interdisciplinary scientists in HIV prevention, including the HIV Prevention Trials Network scholars program funded through the National Institute of Allergy and Infectious Disease.

Dr. Fields' research with BMSM has provided evidence to support the advocacy and policy work of NBGMAC, BGRG, NASTAD, ANAC, NBNA, and YBGLI to garner and redistribute resources impacting the HIV/AIDS treatment cascade for BMSM. As one of a very small cadre of nurse scientists in the U.S., he collaborates with an interdisciplinary audience of researchers, policymakers, and community outreach professionals to advocate treatment for BMSM.

As a nurse, policy advocate, scholar, consultant, and board member his research has improved the health of HIV positive marginalized BMSM and those at risk for HIV. He publishes in peer-reviewed nursing and interdisciplinary journals and has been invited to share his expertise with key policy groups including the White House's Office of AIDS Policy. He was selected as an RWJ Health Policy Fellow and he received the Gerald A. Ludd Lifetime Award for Excellence in Support of HIV/AIDS and Community Service from NAESM, Inc.

***Newly Elected and Continuing Officers and
Committee Members for FAANP
2020-2021***

CONGRATULATIONS

**Continuing and Newly Elected officers and
Committee members of FAANP**

Mary Anne Dumas (Incumbent) - Secretary

Laurie Anne Ferguson (Incumbent) - Member-at-Large

**Michelle Beauchesne (Incumbent), Kathleen Burkhardt, Alison Mitchell,
Joan Zaccardi - Selection Committee**

Mary Neiheisel and Veronica Wilbur - Nomination Committee

Continuing and Newly Elected Officers of AANP

Sophia L. Thomas – President

April Kapu – President-elect

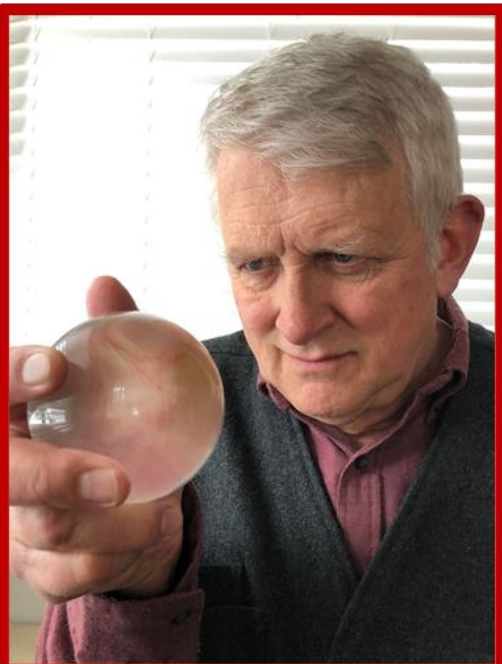
Kathy Wheeler – Treasurer

Gretchen Schumacher – Recording Secretary

**Thank you for your commitment,
dedication and service to
FAANP and AANP.**

The Crystal Ball

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



“Taking Advantage of Disaster: Reinventing vs. Restoring”

If I’ve learned one thing for sure from 50 years as a health economist, it’s that identifying a problem does not soon lead to solving it. Thanks to monopoly power and political rigidity, inefficiencies in the medical marketplace persist long after they are revealed, and responsive “health reforms” don’t generally improve the system-wide allocation of resources or methods of production. A French truism captures this American reality: the more things change, the more they stay the same.

The inertia of tradition is a major disappointment for those of us who studied economics in college in the sixties. We believed back then that enlightened inquiry would make the world a better place and that economic policy would eliminate market failures by respecting the lessons of history. However, it wasn’t long before we realized that political decisions are not based on rational economics and that progress is incremental at best. Resistance to change is the paradox of American exceptionalism. Creative destruction can lead us forward, but *very* slowly under normal circumstances. Only a major disaster (e.g., war, revolution, earthquake) seem to produce significant changes in relatively short periods of time.

What does my consternation here have to do with this column’s usual focus, the future of nurse practitioners? Well, the coronavirus pandemic is a major disaster. The health care delivery system will not be in any position to return to normal once it has passed. Like a city ravaged by a hurricane, it will need to be rebuilt. Covid-19 may therefore be just what we need to make changes suppressed by monopoly and politics. However, progress will occur only if *reinventing* health care is the explicit goal of recovery—something completely different from *restoring* it to the way it worked before the pandemic.

Elevating advanced practitioners to full scope-of-practice authority is indisputably an excellent solution for a major pre-pandemic problem—along with routinizing telemedicine, minimizing fee-for-service reimbursement, restoring public health, and integrating mental and physical care. We must make these changes because the old (pre-2020) system wasted at least 30% of every dollar spent on health care. So, do we want a better deal, or just the same mess for less? How could we not want to implement solutions that are proven to improve efficiency and effectiveness? I see it as imperative because the pandemic’s economic fallout will significantly reduce money available for medical care.

The good news is that all evidence supporting direct access and full-practice authority for advanced practitioners is overwhelming and consistent. My latest (2020) edition of Not What the Doctor Ordered contains hundreds of citations to peer-reviewed publications that demonstrate how advanced practitioners are *at least* as efficient and effective as physicians within their defined scopes of practice.¹ Extensive literature searches conducted for me by two professional librarians didn’t find a single research-based article to the contrary. Defenders of monopolistic practices in health care’s labor markets simply don’t have any science-based, peer-reviewed publications to support restoring the pre-pandemic hierarchy (i.e., physician supervision of advanced practitioners).

The Crystal Ball

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

“Taking Advantage of Disaster: Reinventing vs. Restoring”

The bad news is that monopolists fight hard to retain their dominance. They will continue to barrage legislators and regulators with anecdotal scare tactics, not scientific studies. Nurse practitioners must therefore make the case for change directly to consumers, employers, health plans, and others on the demand side of the marketplace. The general public needs to be educated and energized to go directly to elected officials and bureaucrats and to forcefully demand an end to the medical monopoly. Employees, employers, and retirees are the ones paying the high prices (i.e., unacceptable quality, non-competitive prices, uneven access) of pre-pandemic health care.

Public interest groups, civic clubs, business organizations, and both political parties need to lead a coordinated charge for change at our state capitals and government agencies—with extensive input from a coalition of advanced practitioners and the many physicians who support them. Nurse practitioners are a particularly important resource for intensifying public pressure to shape post-pandemic policies for positive, long-overdue change. As shown convincingly by the case studies in Not What the Doctor Ordered, some of our country’s most successful new approaches to health care were designed, implemented, and managed by nurse practitioners.

However, creating public demand for systemic redesign as the foundation of disaster recovery isn’t enough to get the job done. Most health care delivery organizations will continue to resist change because it is a losing proposition under the current reimbursement system. In their defense, health system leaders who protect the *status quo* are usually making a rational economic decision to ensure organizational survival. They will gravitate toward changes that make things stay the same.

Therefore, nurse practitioners and their collaborators must do more than make the well-documented case for reinventing health care. They must also become equal members of the organizational teams that redesign delivery systems and work processes. As the saying goes, “If you are not at the table, you are on the menu.” Simply asking executives and physician leaders to take NPs’ ideas into account doesn’t work. All available evidence shows advanced practitioners are as qualified as physicians to provide health care, so they are surely as qualified to be equal partners in redesigning the systems that make it available to patients.

Reference

¹Bauer, Jeffrey C Not What the Doctor Ordered: Liberating Caregivers and Empowering Consumers for Successful Health Reform, Third Edition (New York: Routledge, 2020)

AUTHOR: Jeff Bauer, PhD, FAANP(H), is an internationally recognized, independent health futurist and medical economist with 50 years in health care. He has published over 300 works that focus on ways to improve the medical marketplace. He can be contacted at jeffreychau-er@gmail.com or (970) 396-3280. His new Web site is www.jeffbauerwords.com.



Mentoring Groups: An Efficient Form of Mentorship with Great Potential

Previously, I described opposite ends of a mentorship spectrum—the FAANP Mentorship involving one-to-one mentor-mentee dyads and the Pink Mentor Network devoted to professional development of its members while providing opportunities for more granular mentorships to emerge. This time, I want to describe Mentoring Groups, which fit somewhere in-between those. This is on my mind, as I am in the process of planning to facilitate my first mentoring group, using the remote, virtual interaction that we have become more comfortable with during the past few months.

A Mentoring Group, as the name implies, involves a group of some number of “mentees” with at least one mentor or facilitator. These are also known as Mentor Circles or Mentor Rings. A variation of mentoring groups is “peer mentoring”, where the par-

ticipant mentees have a formal commitment to contribute to one another’s development, albeit without a designated mentor. More recently, the term “Master Mind” or “Mastermind” has been used to describe mentoring groups, based on a description by Napoleon Hill, almost 100 years ago. A Master Mind group often is made up of individuals who commit to the development of one or all participants, either with or without a formal mentor’s involvement. If you have heard me talk about leadership and mentorship, you have probably heard me mention Hill, as his work has influenced so many of the contemporary thought leaders and remains evergreen. Perhaps it is not surprising that this label is now being applied to group mentorship arrangements. Regardless, it is not important to become too attached to one definition for each designation, as the literature and organizers are inconsistent in the models described under a given term. The consistent points that make a model “mentoring” is that all participants commit to supporting each other, they individually establish professional development goals, and they strive to reach their goals.

For Fellows who regularly mentor others, the concept of a mentoring group has great potential. Mentoring groups can be very efficient, as one mentor contributes to the development of multiple mentees at a given time. There are other advantages beyond efficiency. For instance, this model promotes the mentees’ growth by having them contribute to one another’s development—serving as a peer mentor. Conversely, mentoring group participants each receive varied perspectives on their goals and actions, as they hear both from their peers and formal mentor.

Of course, challenges include the potential that some mentees may not benefit as well from the group approach as a one-to-one mentorship. There also may be logistical challenges when a group is involved. Even with virtual meetings, the availability of all participants must be supported through clear and consistent planning, upfront. With multiple participants, there is less flexibility in when a mentoring session is held, once all agree upon the plan. In order for the full value of a group to be realized, the mentor must promote engagement by all that is consistent with a mature level of commitment and accountability by each participant.

Strategies can be used to promote positive outcomes, beginning with participant selection. Selection criteria must be established based on the overarching purpose you hope to achieve. Whether you put out a call for participation or field a brief questionnaire, this step is important to solicit appropriate candidates for the group, to optimize their engagement and progression.

For instance, if your goal is to promote role transition for newly prepared NPs, recency of completion would be relevant, as well as their current type of setting. Of course, applicants would need to establish that their goal was also for role transition. In my case, I hope to help participants enhance the leadership skills of NPs, so will require some amount of NP experience; beyond the years and type of NP practice experience, information will be needed on applicants' interest in select leadership skills, their goals for participation, etc.

Regardless of the focus area, groups of four to eight participants are recommended. Once interested individuals are identified, the number may be narrowed by their ability to participate for the duration (usually 6-12 months, on specified dates and times). A commitment would be needed to actively pursue their own personal growth, complete any agreed-up "homework, and contribute to that of their peers. Scheduling a brief telephone or virtual meeting with each person will allow for expectations to be discussed and for their questions to be answered.

So, this is how I will "spend my summer vacation", as I plan for my first foray into formalized group mentoring. I cannot think of a more rewarding way to pay forward all the opportunities I have been given than to mentor others. And the new twist presents a challenge to broaden my reach in an efficient manner that I hope will prove highly successful. A brief list of online resources regarding mentoring groups is provided below—primarily from grey literature. There is little research on actual non-employee mentorship; I am including one reference reporting descriptive results from a brief master mind program for emergency medicine faculty. Perhaps I can contribute more evidence and outcomes in the future!

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FAANP Around the World

Deborah Gray, FAANP



A Landmark Event in the Global Advanced Practice Nursing World

A landmark event happened in the last few weeks in the international advanced practice nursing world, however, most of us haven't heard much about it, as it's been eclipsed right now like many things because of COVID-19. The International Council of Nurses (ICN) based in Geneva Switzerland, representing and guiding nursing world-wide, has published the first ever *Guidelines for Advanced Practice Nursing* (April 2020) that promote and support development for advanced practice nursing (APN) and firmly establish the APN roles internationally.

So... what's the big deal? While ICN has published APN documents in the past, nothing of this scope and potential magnitude has ever been released. And globally, there is still a lot of confusion regarding advanced practice nursing roles. There is an enormous, very diverse range around the world of what's considered advanced practice nursing and also what's required. For example, this disparate cacophony ranges from countries with diploma RN

educated nurses that are considered nursing specialists and even as nurse practitioners, all with various scopes of practice (which we in the US would not consider advanced practice)... to other countries that only have non-practice based senior nursing administrators and nursing educators/researchers designated as advanced practice specialists.

More and more, countries and nursing communities around the world are struggling to better understand and develop the advanced practice nurse roles. Recognizing the need for nursing to advance globally and take on a larger role in providing healthcare, ICN has not only recognized, but legitimized the roles of the Nurse Practitioner and Clinical Nurse Specialist on the world stage. In publishing these guidelines, they have finally set the bar for advanced practice nursing, as well provided their "blessing" and a roadmap for global APN development, uptake, and utilization.

In a nutshell, the 38 page *Guidelines for Advanced Practice Nursing* published by ICN (2020) and found online at https://www.icn.ch/system/files/documents/2020-04/ICN_APN%20Report_EN_WEB.pdf, designates for the first time, the Clinical Nurse Specialist and the Nurse Practitioner as the two roles primarily comprising advanced practice nursing internationally. The publication goes on to provide guidelines for the description, scope of practice, education, and professional standards recommended for each of the two roles, both CNS and NP, with the intent to assist and promote their development internationally. [Note: There is an ICN Nurse Anesthesia Guidelines document currently in progress that will also appear as part of the ICN APN series].

AANP Fellow and recent 2020 Lorretta C. Ford Award recipient, Dr. Madrean Schober, was integrally involved in crafting the guidelines as its lead author, so I've tapped her to give us some insight into the process. First, in case you were wondering how she became lead author ... Dr. Schober is no stranger to international APN development with an impressive array of international accomplishments over the last 25+ years. She has assisted, consulted, and worked as an expert on the APN role in Pakistan, Oman, Ireland, Singapore, Bahrain, and Hong Kong, including an ICN Fellowship in six countries. Additionally, she has presented and published extensively, including numerous articles and several books about international advanced practice nursing.



FAANP Around the World

Deborah Gray, FAANP

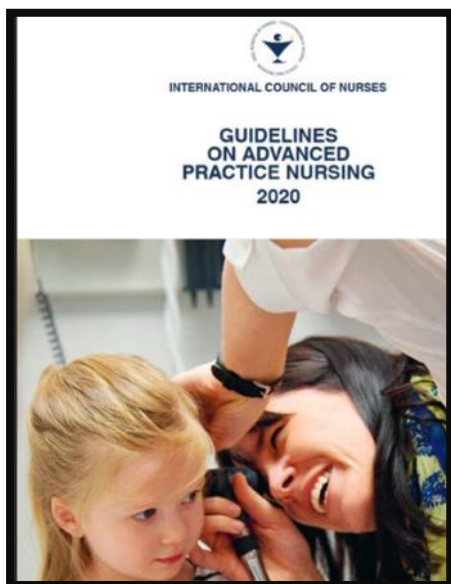


A Landmark Event in the Global Advanced Practice Nursing World

Back to the two year process of drafting the guidelines, Dr. Schober related that ICN felt it was important to involve all member countries in a consensus, and as such the authors went to great lengths to ensure that the document was representative and useful for all. There were 8 contributing international authors, and 36 expert nursing reviewers representing every continent and global region collaborating on the document. As expected, there were many document drafts and revisions. The drafts were reviewed, revised, and received input multiple times by the ICN Executive Committee, the ICN Board of Directors, as well the 130+ world-wide national nursing organizations of the ICN, until receiving final approval. Talk about patience! But it was worth it.

As Dr. Schober related, it is crucial that the nursing community outline its own guidelines for advanced practice, rather than governments and other professions stipulating them as has happened too often in the past. This will be a game changer and we hope to see a huge development or shift in development of both the Nurse Practitioner and the Clinical Nurse Specialist around the world. ICN maintains links with WHO (World Health Organization), nongovernmental funders, regulatory bodies, and government agencies. Although here in the US we don't hear much about ICN, globally when ICN talks the rest of the world pays attention.

Let's hope so!



Retrieved: June 9, 2020: https://www.icn.ch/system/files/documents/2020-04/ICN_APN%20Report_EN_WEB.pdf

Our hope is that through the development of these guidelines, some of the barriers and walls that have hindered the nursing profession can be torn down. These guidelines will hopefully support the profession, enable a clearer understanding and assist in the continual evolution of APN. People around the world have the right to quality, safe and affordable healthcare. Advanced Practice Nurses are one of the solutions to making this happen.

Annette Kennedy ICN President

Howard Catton ICN Chief Executive Officer

Retrieved: June 9, 2020: https://www.icn.ch/system/files/documents/2020-04/ICN_APN%20Report_EN_WEB.pdf p. 7.



On Making Temporary Permanent: Storms and Dancing in the Rain

This article originally started out as a review of examples of emergency (temporary) policies becoming permanent policies, a timely subject as many temporary healthcare policies have been enacted during the COVID 19 pandemic in order to help improve access to care. The thought was maybe there was some policy precedent as to how emergency policies could become permanent, a tempting goal given that many of the policies recently enacted to improve access to care reduced various barriers to practice for NPs. But, hours of online searching during this pandemic combined with the variety of temporary policies enacted on so many fronts (telehealth, testing, voting, taxes, distance education, etc.) and at so many levels (federal, state, and local) yielded lots of examples but few details on process. And, it's not as if NPs haven't been down this path before--early political entrepreneurs worked hard to build and shape the profession. If anything, it's a core principle of NP thinking—fill a need whenever possible and do such a good job at it the system recognizes it's worth sustaining. And though the term *political entrepreneur*, coined by Robert Dahl in 1961, carries unfavorable connotations given the degree of pain and suffering wrought by this pandemic and the fact the disease has shaken the healthcare system to its core cannot be denied. The top priority right now is to get everyone through this pandemic, but it's also a time to recognize healthcare is going to change significantly in the future, and NPs should have a hand in how that happens. Ann-Marie Slaughter, CEO of the think tank New America and Director of Policy Planning at the State Department during President Obama's term, stated (Liasson, para 2), "I think we'll look back and see that this was like the Great Depression or a war, and that created political space to make big policy change that seemed just too hard even two months ago."

A recent article by Lev Facher in STAT Newsletter (2020, May) cited nine ways COVID 19 will likely change the US health care system going forward. COVID 19 has:

- accelerated telemedicine 'by a decade' (para 6-9)
- made the case for stepping away from employer based health insurance (para 10-13)
- flipped modern day thinking—nursing homes and assisted living facilities OUT, home health aides IN (para 14-17)
- ripped the cover off racial disparities in healthcare (para 18-22)
- created another reckoning on drug affordability, with a chance for pharma to rehab its reputation (para 23-28)
- made the case for making American drugs in American factories (para 29-32)
- created a new era of health preparedness (para 33-36)
- highlighted that nurses, nurse practitioners, and physician assistants should play a bigger role in care (para 37-40)**
- opened the way for other payment structures for care delivery (para 41-43)

The article, accessible at <https://www.statnews.com/2020/05/19/9-ways-covid-19-forever-upend-health-care/>, is worth reading if only to see the comment by Donna Shalala, U.S. Representative for Florida's 27th congressional district and former Secretary of Health and Human Services, where she stated 70% of primary care should be delivered by advanced practice nurses. But, it's also very thought provoking about the flaws in the healthcare system, how care is delivered and how it is funded.

On Making Temporary Permanent: Storms and Dancing in the Rain

Every effect detailed by Facher will involve advanced practice nurses in some way. NPs are and need to be paying attention. A 2012 policy brief by Hogan and Feeney studied crises and factors that led to successful change out of the crisis. They cited three factors required to impact the change:

A crisis/exogenous shock will initiate debate concerning existing policy arrangements. (p. 5)

Policy failures will lead to underlying ideational collapse as policy entrepreneurs (entrepreneurial networks) critique the current model and generate replacement ideas, around which they will consolidate if a political entrepreneur is present, resulting in ideational change. (p. 6)

Third order (paradigmatic) policy change will result if a political entrepreneur injects the ideas espoused by an entrepreneurial network into the political environment. (p.7)

At the moment NPs are still struggling to take care of patients, stay alive, find personal protective equipment, keep their families safe, and earn a living. But, at some point NPs need to consider what this pandemic revealed, and what tomorrow could look like. They're going to need to look forward and ask some questions and help lead the debate. What temporary changes do NPs want made permanent in the healthcare system? If a different sort of care was delivered during a crisis and was safely delivered why shouldn't that change be made permanent? What flaws in the former system could be improved by the care NPs provide? What networks are capable of carrying those messages into the political environment?

While any inspirational thought might be viewed as trite given the level of catastrophe this pandemic has caused around the globe there will be a time when this beast will be beaten. Until then NPs may want to give some thought to what Vivian Green stated, "Life isn't about waiting for the storm to pass. It's about learning to dance in the rain."

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Our two reading recommendations for this issue of the Forum focus on workforce statistics related to nurse practitioners. Both of these are recent publications that you may not have gotten to yet in your reading. You may find these useful if you are in need of statistics to support other scholarly work. The first recommendation addresses nurse practitioners at the national level, and the second presents a global view.

1. Auerbach D, Buerhaus P, & Staiger D (2020). Implications of the rapid growth of the nurse practitioner workforce in the US. *Health Affairs* 39(2), 273-279. <https://doi.org/10.1377/hlthaff.2019.00686>.

Peter Buerhaus is a writer and speaker who is familiar to most of us. In this article, he and his co-authors used data from the U.S.

Census Bureau to conduct a detailed analysis of recent trends in the NP workforce, including employers, earnings, age, and geographic distribution. The study covered the period from 2010 – 2017. Overall, the NP workforce showed dramatic growth during this period, doubling in size from 91,000 – 190,000, while the RN workforce grew by 22% and the physician workforce by 9%. In each year, fewer than 1% of NPs were unemployed, speaking to the continued demand for NP providers.

One of the most interesting features of this article is the discussion about how the burgeoning NP workforce is affecting the RN workforce, and vice versa. Early on, the authors point out that recent growth in the supply of NPs may be influenced by the shorter period that nurses remain RNs before returning for NP education. In 2008, RN experience averaged 8.2 years prior to NP program enrollment. Now, many RNs leave their employment settings to begin an MSN or DNP program in just 1-2 years. Two of the implications of this include the shift in the nurse's work environment from hospital (most RNs) to primary care and community settings (most NPs), which will impact how healthcare is delivered in the future. In addition, as many of us have already realized, we must be cautious not to champion the NP educational path as something that builds on "extensive" nursing experience, because that explanation is no longer valid.

A criticism of the article includes a statement in the abstract that policy makers are turning to nurse practitioners due to concerns about a physician shortage. When such statements are made, an acknowledgement that the NP role was not intended as a gap filler for physicians but rather as a way to meet needs for better access to care is advisable. This would reflect a recognition, at least on the part of the authors, that there may be better ways of providing care that don't involve simply shoring up the status quo. This concern reappears in the conclusion. On the other hand, the implications section points out that "differences in training, philosophy, efficacy, and approach toward patient care across different types of providers will be reflected throughout the health care system as the number of NPs continues to increase."

This article provides numerous other statistics on recent evolution in the NP workforce and provides a caution at the end to assess for signs of oversupply and differences in educational outcomes. It is a useful addition and provides much food for thought for NP educational and policy leaders.

2. World Health Organization (2020). State of the World's Nursing 2020: Investing in education, jobs, and leadership. <https://www.who.int/publications-detail/nursing-report-2020>.

This first-of-its-kind report was issued on April 7th and represents a collaboration between the WHO and the International Council of Nurses (ICN). It's a total of 116 pages, so you may want to skim through parts, but the pdf file is searchable if you would like to limit your exploration to information on advanced nursing practice.

Importantly, the report includes basic definitions like "Who is a nurse?" to ensure that information provided by the 157 participating countries is as comparable as possible. Many countries use "nursing associates" with a surprisingly broad scope of practice due to severe shortages of professional nurses. The report provides statistics and examples of how nursing practice is conducted, challenges in nursing education, the aging nursing workforce, ongoing gender bias, and the need for policy leadership by nurses. It relates the evidence to the WHO's sustainable development goals (SDGs), particularly the third of 17 established goals: Ensure healthy lives and promote well-being for all at all ages.

A total of 78 countries (53% of those providing a response) reported having advanced practice roles for nurses. The authors agree there is strong evidence that advanced practice nurses can increase access to primary health care in rural communities and address disparities in access to care for vulnerable populations in urban settings. They further state that "Nurses at all levels, when enabled and supported to work to the full scope of their education and training, can provide effective primary and preventive health care, amongst many other health services that are instrumental to achieving universal health coverage." Such coverage is a subgoal of the SDG mentioned above.

I include this report as a recommendation because there are numerous facts and examples that could be used to help nursing students as well as NP students better understand their position within the worldwide healthcare workforce. For example, in many countries, prescribing is within the scope of the registered nurse. This report serves as a useful reminder that our US healthcare culture is just one of many.



The year 2020 is a memorable year. It is the 200th anniversary of the birth of Florence Nightingale and WHO and other national and international organizations declared this the year of the nurse and midwife. They could not have predicted how nursing would change in this year. From a historical perspective a crisis presents both challenges and opportunities for the nursing profession. Nurses have been in the forefront during times of crises. Florence Nightingale made a significant difference in morbidity and mortality during the Crimea War and emerged as the founder of modern nursing. Today the concepts of basic hygiene, hand washing, and biostatistics are paramount in dealing with infection.

During the pandemic of 1918, Lillian Wald founder of the Henry Street Settlement was asked to respond to the public and private sectors. During this time, she was asked to provide services to

Armed with Vicks VapoRub and soup the (2010). To complicate the lead to gain pro-regulation and education. The war had



American nurses were underutilized. Leaders such as Clara Noyes director of the Red Cross, and Anne Goodrich founder of the U.S. Army School of Nursing along with others moved nurses forward with recruitment, education, and preparation for service in the home front. Boundaries collapsed since nursing rather than medical services were needed most.

During the Viet Nam War, a hospital in Danang had an extremely high mortality rate and when nurses were assigned the mortality rate plummeted to almost 10%. Boundaries were extended as nurses worked independently and collaboratively with physicians and corpsman (E. Barker personal communication April 3, 2020). After the war, the restrictions were back in place due to physician concerns of patient safety. A lesson that we have seen repeatedly in history: roles and boundaries expanded when there is a need only to be restricted after the crisis has passed.

In 1976 Ebola emerged with some US implications as several schools closed due to exposure. From 2002 to 2012 there were many warnings as the world experienced SARS, H1N1, MERS, and now in 2020 Covid-19. According to Smith, (2014) the number of outbreaks has tripled in the last several decades. The world has been warned about a pandemic on numerous occasions. In response to the Covid-13 crisis the news reported that in 2018 the pandemic response team was fired, the pandemic tool book not utilized, and many public health surveillance teams defunded. Of course, this is being disputed in the media, but it really does not matter. What is true is that the US was not prepared for a pandemic of this magnitude. In response nurses are now portrayed in the media as heroes. Many states have granted full practice authority to advanced practice nurses.

As nurses and advanced practice nurses we need to seize the moment. We need to record our stories and increase our legislative presence to assure that all states grant full practice authority. If we are competent to act in a crisis, we are competent to provide care. This is a challenging time for all of us, but it creates an opportunity to showcase our expertise when nursing care is making the difference. We wish to thank all the healthcare workers who are dedicating their lives for the safety of others.

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In Remembrance of and Celebration of

Dr. Adrienne Berarducci

November 25, 1955 - March 25, 2020



Adrienne Berarducci

Obituary

Adrienne Berarducci, a Professor at the University of South Florida and long-time resident of Sarasota FL., passed away after a long illness on March 25th, 2020 at the age of 64.

Adrienne is survived by her sister, Anna Kish (née Berarducci); her brother, Dominick (Carol) Berarducci; her nephews, Anthony (Jenny) and Christopher (Rita) Berarducci; her nieces, Dr. Jennifer Berarducci (Shea Allen) and Christina Kish; and her dogs: Rickie, Strega, Luna, Boci, and Choco-laté. She is also survived by 4 great-nephews and one great-niece. She is predeceased by her parents Anthony Berarducci and Josephine Berarducci (née Quatrini) and her brother-in-law, Thomas Kish.

Adrienne was born in Lackawanna, NY on November 25th, 1955. She received her undergraduate degree from Daemen College in Amherst, NY. She graduated from the University of South Florida where she received both her M.S. and Ph.D. and worked as an Associate in the College of Medicine Surgery; an Assoc Professor in the College of Nursing, and an Assistant Professor, College of Medicine Internal Medicine. Adrienne has published numerous articles on Osteoporosis-related topics. She was also in private practice.

Adrienne was a devoted dog owner. She owned multiple championship Black and Yellow Labrador Retrievers and spent much of her time with her current dogs. She enjoyed cooking and sharing good food and wine with friends. She will be deeply missed by her family, friends, and all who knew her. A private service will be scheduled for family and close friends at a date to be determined. Donations can be made to the American Cancer Society.

“She was a dear colleague, dedicated PhD student, and friend,” said [Cecile Lengacher, PhD, RN, FAAN, FAPOS](#), College of Nursing professor and the Lyall and Beatrice Thompson Professor of Oncology. “Over her many years of teaching and practice, she mentored several master’s and undergraduate students at the USF Colleges of Nursing and Medicine, and left an indelible mark on their educations, while also being valued by her clients for excellence in her nursing practice.”

(Thank you to Michel Canale and Alicia Rossiter at the University of South Florida for this information.)

In Remembrance of and Celebration of

Dr. Adrienne BERARDUCCI

November 25, 1955 - March 25, 2020

Biographical information

Associate in, College of Medicine Surgery
Assistant Professor, College of Medicine Internal Medicine

Education

PHD, Nursing, University of South Florida, 2001

Research Interests

- Health Promotion
- Women's Health
- Osteoporosis Outcomes
- Risk Communication
- Health Education
- Instrument Development and Testing
- ADVISOR - Ph.D. and DNP
- Dr. Berarducci, an alum of the USF College of Nursing, was recognized in 2010 as a Fellow of the American Academy of Nurse Practitioners and has served on Editorial Board for the National Osteoporosis Foundation's (NOF) Osteoporosis Clinical Updates.

Dr. Berarducci has published numerous articles on osteoporosis-related topics including the incidence of injuries, gait, balance, obesity and perceived risk.

Recent Publications

Berarducci A. **Osteoporosis education. A health-promotion mandate for nurses.** *Orthopaedic nursing / National Association of Orthopaedic Nurses*. 23(2) : 118-20 <http://www.ncbi.nlm.nih.gov/pubmed/15103797>

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Berarducci A. **Bone loss. An emerging problem following obesity surgery.** *Orthopaedic nursing / National Association of Orthopaedic Nurses*. 26(5) : 281-6; quiz 287-8 <http://www.ncbi.nlm.nih.gov/pubmed/17921886>

Berarducci A. **Senior nursing students' knowledge of osteoporosis.** *Orthopaedic nursing / National Association of Orthopaedic Nurses*. 23(2) : 121-7 <http://www.ncbi.nlm.nih.gov/pubmed/15103798>

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In Memoriam

**Michelle McGarry, MSN, CPNP, CUNP, FAANP
(Formerly Passamaneck)
October 19, 1965-May 29, 2020**

UNJ Urologic Nursing

**Michelle McGarry, MSN, CPNP, CUNP, FAANP
(Formerly Passamaneck)
October 19, 1965-May 29, 2020**



It is with a heavy heart that I inform the SUNA community that Michelle McGarry passed away on May 29, 2020, at the young age of 54. Michelle was a recognized advocate for children, both in urology and diabetes. She exemplified the possibilities of a specialty pediatric nurse practitioner (PNP) role, and we have lost a tremendous repository of pediatric urology nursing knowledge with her passing.

When I first met Michelle, I was intimidated – here was a PNP, who was also certified as a urology NP, and who successfully started and maintained a lucrative independent specialty practice. I was not sure how this was going to go. I certainly did not have that sort of independent spirit or affinity for risk (even if Michigan state law had allowed it). Who was this woman?

Little did I know that our paths would not only stay crossed, but that she would prove to have one of the biggest hearts I have come across in my professional life. She was active in so many other things beyond her practice as a urology PNP, and I only fully understood the full scope of her professional life when I sponsored her for fellowship in the American Association of Nurse Practitioners, to which she was elected to in 2016. Here is an overview of her trailblazing career.

Michelle began her career as a PNP in primary care in 1993, where she soon established herself as a leader by taking on responsibility in the practice for gaining NP hospital privileges and assisting in expanding the NP role based on performance-based salary incentives, and marketing the NP role as a practice benefit and added value. While continuing some primary care practice, she began working in surgical positions where she demonstrated the benefits of the PNP in a surgical practice by performing H&Ps (history and physicals), parent and patient pre-op teaching, and identifying and mitigating potential surgical risk factors. Michelle demonstrated her agility in identifying needs in NP practice, as well as developing what is needed to fill those gaps: pursuing hospital admission privileging at her second job after graduation.

When she began her PNP position in 2000 with the Department of Urology at The Children's Hospital Colorado/University of Colorado Health Sciences Center, she was able to not only focus on the primary care needs of patients, but she also realized the need for and NP potential in caring for children who had pediatric bowel and bladder dysfunction. She was the first pediatric nurse practitioner to first assist in the operating room at Children's Hospital Colorado. At the time, parent support and education and recommendations for living with the results of urological conditions were not available for families. Michelle took the initiative and risk to strike out on her own to provide the needed services she recognized. Her endeavors resulted in her successful independent Pediatric Effective Elimination Program (PEEP) Clinic and Consultation services. She passionately shared her knowledge by precepting health care students of all disciplines, teaching pediatric sections in BSN programs, and developing seminars for parents to learn about the pathophysiology of pediatric bowel and bladder dysfunction. Michelle was also a very early adopter of telemedicine services, realizing this prevented parents from needing extensive time off work; this is just another example of how Michelle always looked for the path to success that was most patient-/parent-friendly.

Michelle McGarry, MSN, CPNP, CUNP, FAANP
(Formerly Passamaneck)
October 19, 1965-May 29, 2020

Beyond urology, Michelle focused her passion for community and provider education toward juvenile diabetes. Her son has type 1 diabetes, and since 2009, she was a volunteer with the American Diabetes Association, as Lead Parent Advocate in the Rocky Mountain region, for their “Safe at School” program. She again leveraged her authenticity as a parent with her expertise as an NP to consult with families new to the school environment.

I worked with her for years as part of CUBNA, where her tireless work and pediatric expertise transcended her urology PNP role because she was able to apply the knowledge of family and lifespan issues

to multiple adult clinical contexts, and she was never limited by her formal PNP role. Shelly Lajiness and I had the good fortune to recruit her for both editions of The Nurse Practitioner in Urology textbook, where Michelle authored the first chapter published anywhere offering insight into transitioning pediatric urology patients to adult urology practices; it became one of the most independently downloaded chapters of our book. She was also an exemplary reviewer for Urologic Nursing, so much that she joined the journal’s Editorial Board in 2018.

Her biggest flaw may have been that she tried to convince anyone and everyone to adopt a boxer, making me glad I live far enough away from her possible influence to do just that! (I myself already have two Labrador Retrievers, and am picking up a Great Dane puppy in July. But Danes were her second favorite she said, and was happy for my family... I think...)

Michelle was one of the strongest women I have ever met, into the realm of heroic. She survived childhood cancer, and more recently, breast cancer, but also dealt with a variety of comorbidities, many of which probably stemmed from the childhood cancer treatment. But she always inspired me: she was a triathlete these last few

years; she had a ready ear during my tribulations to earning my PhD; she drew tremendous strength from her faith; and she always had a ready hug when we were together. My life, and everyone she touched, was richer for knowing her, and she is profoundly missed.

Susanne A. Quallich, PhD, ANP-BC, NP-C, CUNP,
FAANP

Editor, Urologic Nursing



I visited this website and loved this woman immediately. What a loss to her family, her profession, to us as her sister FAANPs. <https://www.warriorsinpink.ford.com/models-of-courage/model/view/id/119/>

For those wishing to honor her memory, I suggest a donation to the Boxer adoption non-profit organization she loved: Ho-Bo Care Boxer Rescue www.hobocare.org or the Ford Warriors in Pink: www.warriorsinpink.ford.com

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In Memoriam In Remembrance of and Celebration of

Dr. Laura McRee (Szoke)
December 4, 1961-December 23, 2019



Dr. Laura McRee **Obituary and Remembrances**

Laura McRee (Szoke), 58 years, died on December 23, 2019 at home in Tucson, Arizona after a courageous battle with cancer. Born on December 4, 1961, in Cleveland, Ohio to the late William and Mary Szoke, she is also preceded in death by her brother, Billy and sister, Kathy. Those left to cherish Laura's memory are her brother, Ed; sister, Lynn Cosgriff; sister, Patty Bonezzi (husband Joe); many nephews and nieces and many wonderful friends. She loved her pets, Toby, Coco, Sid and Romeo; and advocated for all animals.

Dr. McRee earned the BSN from the Ohio University, the MS from Wright State University, and the DNP from St. Louis University. She was an Acute Care Nurse Practitioner and was a massage therapist. Dr. Laura Dawn McRee was a Clinical Associate Professor at the University of Arizona College of Nursing as a faculty member for 20 years and was a creative educator. Dr. McRee was a certified acute care nurse practitioner who provided compassionate care to patients with critical illnesses. She

developed simulation experiences for undergraduate students long before simulated learning was an integral part of clinical education.

She invented and patented the Bed Sled, an exercise device she created to mitigate the adverse effects of bed rest and other mobility limitations. Laura said of the bed sled and her patent: "The patent is a culminating milestone of my partnership with Tech Launch Arizona and the National Science Foundation Innovation Corps Site Program. The notice of allowance is an indicator that the device will soon debut in the marketplace."

Her revolutionary eMR Sepsis Surveillance Evaluation, adopted by Tucson Medical Center, has demonstrated decreased patient mortality from septic shock via early identification and intervention. Laura explains: "The EMR for Sepsis Surveillance includes treatment protocols for initiating appropriate treatment. The surveillance was implemented on Tucson Medical Center's step-down telemetry unit. Implementation findings demonstrated that the EMR sepsis surveillance significantly improved home discharge (49.0% versus 25.3%, $p < .05$) and reduced hospital mortality (1.0% versus 9.3%, $p < .05$). The study results led to adoption of the system by other hospitals. Findings are published in the prestigious peer-reviewed journal, *Heart & Lung* (impact factor 1.33 in 2015). The EPIC Users group is comprised of an international group of healthcare organizations collaborating to improve patient care and innovate healthcare delivery.

She was a well-respected and caring mentor to many undergraduate and graduate nursing students in her long-standing and accomplished academic career." Laura believed she had a special talent for communicating with family and patients on end of life issues. She developed the Decoding Tool for understanding non-verbal communication between clinicians and family members of critically ill patients in ICU.

Dr. Laura McRee made highly significant contributions to NP practice and scholarship. Dr. McRee was selected one of Tucson's Fabulous Fifty Nurses in 2015, nominated for Award of Excellence Saint. Louis University, 2013, and Excellence in Clinical Teaching, 2007, U. Arizona.

Dr. McRee was a scholar and had contributed successfully and brilliantly to the research, academic, and scholarly activities of Nurse Practitioners. She will be missed. Our condolences to the family of Dr. Laura McRee.

In Remembrance of and Celebration of

Laura McRee (Szoke)

December 4, 1961-December 23, 2019

Publications by Laura McRee

- McRee, L. D. (2019). Decoding Nonverbal Communications in End-of-Life Conversations in an Intensive Care Setting Development of Teaching Video and Decoding Tool. *Submission for Publication* (in Preparation)
- McRee, L. D. (2017). Depression. In *Integration of Palliative Care Chronic Conditions Interdisciplinary Approach* (pp. 237–287). Oncology Nursing Society.
- McRee, L., Reed, Pamela (2016). Nurse Practitioners: Knowledge, Skills, and Leadership for the End-of-Life Conversation in Intensive Care. *Nursing Science Quarterly*, 29(1) 78–80.
- McRee, L., Thanavaro, J., Moore, K., Goldsmith, M., Pasvogel, A. (2014). The impact of an electronic medical record surveillance program on outcomes for patients with sepsis. *Heart & Lung*, 1-4.
- McRee L., Pasvogel A., Hallum A., Behr S., Loeb, R., Garcia F. (2007). Effects of massage therapy on intraoperative and postoperative Outcomes. *Journal of Gynecologic Surgery*.
- McRee L., Noble S., Pasvogel, A. (2003). Using massage and music therapy to improve postoperative outcomes. *AORN* 78, 433-447.

Bed Sled-Patent

Tech Launch Arizona award prototype development Bed-Sled Patented \$54,245.00, 2018
Prototype One: Demonstrated functionality of exercise of lower extremities for movement plantar flexion and strengthening exercises of the lower extremities muscle groups with resistance. Tested by David Repp PT, DPT:
Prototype 2 additional \$70000 toward preparation for usability testing at the University of Arizona College of Medicine Simulation Lab.

Thank you to Sally Reel And Judith Berg for contributions for Dr. Laura McRee.

Membership Feature Column

Mary Anne Dumas, FAANP

Michaelene Jansen, FAANP



Introduction and Bio: Dr. Dumas' nursing career has focused on clinical practice, education, and service. She earned her BSN from D'Youville College, Master of Science as a Family Nurse Practitioner from Stony Brook University, PhD in Nursing from Adelphi University, and a federal fellowship in Primary Care Health Policy. She is nationally certified both as a FNP and Gerontological NP. She is a Fellow of the American Academy of Nurse Practitioners, American Academy of Nursing, and the National Academies of Practice.

Dr. Dumas' nursing career began in the Navy Nurse Corps, followed by clinical NP practice and academia. She's held faculty and administrative positions at Stony Brook and Hofstra Universities and established the Hofstra University School of Nursing. Dr. Dumas has independently practiced in primary care at the Northport Long Island Veterans' administration.

Dr. Dumas encouraged and supported a language change in the Affordable Care Act from physician to provider. The change in language was accepted and has resulted in an expansion in reimbursement for health care providers, and increased access to care for millions of Americans. She has also co-authored national NP competencies, policies, and publications. She testified at the Institute of Medicine, the Future of Nursing Forum, on NP Education, and currently serves on the Defense Health Board Medical Ethics Subcommittee, appointed by the President and making recommendations on Department of Defense Health Service issues. Dr. Dumas' role as President of the National Organization of NP Faculties, Secretary to the Fellows of the American Association of NPs, and American Nurses Credentialing Center Commissioner of Accreditation are a few of the organizations to which she provided service. She has presented nationally, internationally and published on primary care and educational topics.

Education: Adelphi University, Ph. D. 1999

Stony Brook University, M. S. 1977 (first class)

NP Program 1975-1977

D'Youville College, BSN, 1970

Certifications: ANCC: FNP-BC, GNP-BC

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

I had been serving in the Navy Nurse Corps in Critical Care, and I felt that I wanted to expand my knowledge to a higher level. I wanted to earn a clinical Master's Degree, to put my new knowledge to provide a higher level of knowledge. In May 1975 I interviewed for a new NP program at Stony Brook University, knowing that it was preparing me for a clinical role. The population foci being offered were FNP, Neonatal/Perinatal, and adult acute care. I chose FNP.

What experiences did you bring into the role?

I served in the U.S. Navy for five years, two and one half years at each very different duty stations: Camp LeJeune Naval Hospital, located at a Marine Corps base in North Carolina, and Oakland Naval Hospital, in Oakland, California. Both hospitals were large 500 bed hospitals with acute and clinical demanding populations. Navy Nursing provided extremely autonomous practice, requiring high levels of critical thinking, leadership skills, and encouraged "outside of the box". It built upon a strong BSN program which included one day/week of clinical practicum hours in the sophomore year, and three days/week in the junior and senior years.

Did you experience any challenges? How were they resolved?

My program included 86 credits, 50 credits of science (taken with the Stony Brook first year medical students) as well as clinical and other non-science courses. The program was two years, full-time. The first year included the sciences, and the first summer and entire second year included the clinical courses, for which we were included with Family Medicine residents.

It was exciting to take science courses on such a high and demanding level. Success in the science courses required a commitment, engagement and dedication to focus on the coursework seven days per week. Precepted clinic practice hours were intense as well. The FNP's clinical days were 12-14 hours/day with every third night in-hospital call with our preceptor for four and a half days/week.

An initial cohort included 10 students, and within a short time was reduced to five. We were cohesive and relied on the bond with each other to provide strength and support. Many years later I learned that the curriculum was purposefully intended to provide us with an education "no one could contest or say that we weren't prepared".

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

During the second year of my NP program I was pregnant with my first child, with the EDC scheduled for the third week of May. I performed all clinical hours as scheduled, and I gave birth to my son, the day following my last clinical day. Our graduation was presided over by the president of the University in a separate ceremony. Our program was considered a major milestone in the University's and SUNY System's history. Our program director had promised a large, lavish reception after the graduation to celebrate the occasion; however, lack of funds resulted in a wine and cheese reception with flowers donated by funeral homes!

What was most challenging in your career/ most important?

The first years as an NP were extremely challenging due to the lack of NP positions, lack of support by the New York State Nurses Association, and lack of familiarity with the role of the NP. The most important part of my career has been to make a difference in the lives of others, e.g. my patients and their families, students, colleagues and shaping NP education.

Is there anything you would want to change?

Although the culture of clinical practice is greatly improved since I began NP practice in 1977, I would like to change the paternalistic, hierarchical culture in which physicians learn and practice to a truly collegial culture. I envision a culture in which physicians and NPs are truly equal, not in their education, but with an appreciation of their unique gifts and humanity that they clinically contribute to clinical practice.

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

The pivotal moments have been changes in prescriptive and full practice authority statutes that have enabled NPs to practice to the full scope of their authority.

What advice would you give to new nurse practitioners?

Be yourself. Quality, integrity and lifelong learning are essential to achieve excellence to reach your full potential. Engage in advocacy and organizational participation to advance the role and practice of NPs.

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

The role of the NP has the potential to become the major provider of health care in the U.S. within 25 years. Quality NP education will be the determining factor in whether NPs will become the major provider in 2025. If NP educators flood the market with poorly educated, not ready for practice graduates, the role of the NP will be in jeopardy of being eliminated.

Membership Feature Column

Sue Cross, First International FAANP

Barbara Sheer, FAANP

Introduction: Sue Cross was one of the first cohort of nurse practitioners educated at the Royal College of Nursing (RCN), 1989-1991 program instituted by Barbara Stilwell. We met in 1990 and have worked together over the years from the initial UK/US conference through the growth of the ICN NP/APN network. She has been a leader, colleague and mentor. It was a pleasure to connect again to capture her reflections and thoughts.

Bio: Professor of Primary Care Nursing London South Bank University, UK, Nurse Advisor Londonwide LMCs and Nurse Advisor to HMP Bedford

Over the years Sue has had experience as a school nurse, practice nurse, and nurse practitioner, as an Associate Director of Primary Care Nursing and National Project Manager for the Department of Health. During these years she also developed a love of teaching and became a Director for the National Respiratory Training Centre (now Education for Health).



In 1992 she became the Chair of the RCN Nurse Practitioner Association and with other like-minded individuals, laboured to make nursing in general practice recognised as a profession to be proud of. At this time, she co-edited with Vanny Rimmer, the Nurse Practitioner Manual of Clinical Skills and the 2nd edition was published in July 2007.

Sue along with the American advanced nurse (Madrean Schober) started the ball rolling for the development of the International Council of Nurses, Nurse Practitioner/Advanced Practice Nursing Network. Sue has published widely on aspects of education, asthma, allergy and general practice nursing both in the UK and abroad. She has also co-authored 'Vital Asthma' with Dave Burns from the Respiratory UK Training Centre.

Sue served on the FAANP Forum Committee and wrote the International column.

In her spare time Sue flies light aircraft and plays the piano.

How and when did you become interested in becoming a nurse practitioner (NP) and what was your motivation?

I went back to nursing in 1987 after raising my family, as a practice nurse in a general practice office – there weren't many practice nurses in the UK at this time. I loved the freedom of the role, being able to develop the health care I gave, according to the types and needs of the local population and the patients as individuals. There were, however, certain limitations as the training and education for practice nurses, at the time, concentrated on practical skills rather than public health initiatives, disease management and health education

I heard about the NP course at the RCN, applied and was fortunately accepted. The course seemed to be the answer as it was the next step in the education and role of the nurse working in general practice.

How did you go on to develop the role in the UK and what experiences did you bring?

As we were coming up to qualify, we realised we needed to form ourselves into a formal Association to be able to develop the role in the UK. At the same time, the RCN with the support of Barbara Stilwell, realised the potential. We formed a formal group within the auspices of the RCN. About this time The USA NPs invited us over to their conference to celebrate the first NP group in the UK. As chair of the Association I had the opportunity to get to know American NPs who were very keen to help us. They sent me documents (as chair of the group) to help on leadership, development, research and policy development. They were always at the end of the phone helping us with our problems and always trying to come up with solutions. Madrean Schober and Zo Demarchi, from AANP were a pivotal support team at that time.

Membership Feature Column

Sue Cross, First International FAANP

Barbara Sheer, FAANP

How did you go on to develop the role in the UK and what experiences did you bring? (continued)

Our way of developing in those early years, wasn't random. We established a plan using a project management style, concentrating on specific areas, so at the end of a year we could see what we had aimed to achieve and what we had actually achieved. There were 15 of us, having different strengths, skills and interests and we drew on all of those. Our main areas were to raise awareness of the NP role to patients and community health care providers, in what we could bring to health care in this country and how we could compliment other community health professional specialisms.

What experience did you bring?

Probably life skills but mainly enthusiasm. It was very exciting being involved in something new and seeing that the sky was the limit on where the role could travel and the benefit we could bring to our patients and communities.

How did you gather support from Stakeholders?

We had the support of the CEO of the RCN (as this course was financially beneficial to the RCN) so we had what we would say in the UK, 'the support of the top brass'. We wanted to communicate with the organisations in the UK. The organisations we needed to work with were the community health care organisations ie Royal College of General Practitioners (RCGP), other national nursing organisations and health industry.

The RCGP was obviously important as we worked closely with our general practitioner (GP) colleagues and needed them to experience the value of employing and working with a NP.

Nursing organisations were important as it was necessary that our nursing colleagues recognised that we could all work together.

The health industry was vital as we would need funding to help in the development.

How did you work with these organisations?

We developed a strategic plan which we fine-tuned for each organisation. This showed what the benefit was to them as well as to the NP. We always went to the person responsible for the organisation ie the Chairman or Chief Executive Officer. We always found this was more successful than dealing with middle management. We often found that their expertise was superior to ours and we often had to alter our plan depending on what their ideas and needs were. Compromises were often made, and we soon had to learn real business skills to have successful outcomes.

We quickly had to learn research skills, how to hold our own in important meetings, how to present our position eloquently at major conferences and how to write papers in major national journals. All the time keeping our feet on the ground and not losing sight of what the value was of the nurse practitioner.

Did you experience any challenges and how were they resolved?

The main issues we encountered were from other nurses. We assumed that if there were any problems it would be from GPs, but that was not the case. Physicians seemed to recognise the value of the NP role very early on. The nurses, not surprisingly perhaps, saw us as a threat to their position. We tried to confront these issues head on. We met with the leaders of the various nurse organisations, discussed the issues and explained our plans for development. We also gave them details of the training and what was to be expected from the qualified NP. I think we realised that only time would resolve some of these issues when staff realised the NP was part of a team to support the health of the community.

Membership Feature Column

Sue Cross, First International FAANP

Barbara Sheer, FAANP

Are there any experiences you would like to speak about?

I am most proud of the role I played in the development of the International Council of Nurses, Nurse Practitioner/Advanced Practice Nurse Network. I think the initial idea, development and on-going sustaining of this organisation is a real credit to all of us who were involved in those early years. It's a great example that if you really worked as a team with effective leadership and a shared goal, it doesn't matter if the outcome is a local initiative, national or international.

What was the most challenging in your career/most important?

I think my role (as explained in the last question) was hugely challenging and rewarding. Equally so was my role on the development of national career a framework for nurses working in general practice in the UK. This was a national programme that I was asked to lead by the Department of Health. It took three years to develop and I involved research, policy development and an educational framework that underpinned the framework for all roles and specialities of nurses working in the community practice. For this work I was awarded Professorships by two London Universities

Is there anything you would want to change?

I do think nurses are very weighed down by politics these days. When we first started as NPs, the world was our oyster and we felt we had the freedom to express ourselves to the benefit of our profession and our patient population. Now there are many more controls and I think, sometimes, professionals are not always seen as the experts but as people that have to be controlled and follow strict guidelines and protocols, so this stifles expression and talent.

I would also like to see a 'can do' attitude in the health service rather than just the whining that sometimes goes on. I would like to see nurses working as equals with their medical colleagues rather than be employed by them.

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

The main game changer has to be Covid 19 – unfortunately. In the UK over the last years there have been senseless targets for managers to reach. They have been scorned and demonised, good men and women have lost jobs, promotions and careers. The targets are built upon outcomes which sounds sensible however, with cut backs in staff training, financial cutbacks and a growing complex and elderly population it causes huge pressures on community and hospital provision.

With the recent pandemic all health professionals and other essential staff (cleaners, porters, cooks etc) have been respected and encouraged just to do the job they've been employed to do. This pandemic has allowed everyone to go above and beyond their job and nurses and doctors have magnificently been working together. Nurse practitioners and nurse specialists have been given the respect they have deserved for years. IT systems have been implemented so quickly to deal with the problem so there is much more efficiency in the health care system.

The positive changes that have occurred are far more than we have ever achieved. I just hope these changes remain and we don't drift back to the way we were. It's just awful that thousands of people have had to lose their lives in the meantime. I feel very humbled.

Membership Feature Column

Sue Cross, First International FAANP

Barbara Sheer, FAANP

What advice would you give to new nurse practitioners?

Remember you work as part of a team with patients and colleagues.

Put yourself in your colleagues' shoes so you understand their needs and wants.

If you want to make major changes to health outcomes at a local or national level, communicate with the senior staff, don't bother with middle management

Don't get involved with internal politics and complain or whine to your colleagues, that doesn't make change it only causes poison in an organisation

Go on learning for all your working life

Remember compromise, sometimes, is the only solution

Love nursing, be brave and be the best you can be

What do you see as the role of the Nurse Practitioners/Advanced Practice Nursing in the next 25 years?

For the leaders to remember they are not there for gratification, but they are there for the global workforce. To change over the next 25 years depending on the needs of local, national and international forces. To always be inclusive.



**Sue Cross
and her plane**



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.

We highlight self-reported accomplishments of our fellows in our newsletter published quarterly. If you would like to share newsworthy accomplishments please go to <https://www.surveymonkey.com/r/FAANPAchievements>. You can gain access to this website 24/7 to submit your achievements for the newsletter.

Sheldon D. Fields, FAANP

Award: Sheldon D. Fields is the recipient of the Towers Pinnae Award. The award is presented annually to an individual who, through policy, practice or education, has made outstanding contributions resulting in increased national recognition for NPs and increased opportunities for NPs to provide care to patients.

Jan M. Foote, FAANP

Award: The Pediatric Endocrinology Nursing Society's relatively new Advanced Practice Commission granted Jan M. Foote recognition of Advanced Practice in Pediatric Endocrinology Nursing (AP-PEN) status.

Publication: Foote, J. M., Hanrahan, K., Mulder, P. J., Nielsen, A. K., Perkhounkova, Y., Hein, M., Saeidzadeh, S., & McCarthy A. M. (2020). Growth measurement practices from a national survey of neonatal nurses. *Journal of Pediatric Nursing*, 52, 10-17. doi: 10.1016/j.pedn.2020.02.001

Mary Jo Goolsby, FAANP

Award: Mary Jo Goolsby is the recipient of the AANP 2020 Sharp Cutting Edge Award. Recipients of this award have shown leadership through innovative services, technologies or advocacy activities that advanced NP practice and patient care on a national level.

Beth Haney, FAANP

Appointment: December 2019 unanimously appointed to Mayor by City Council of Yorba Linda (elected to City Council 2016). This has been an extremely challenging time due to the COVID-19 outbreak. She is proud to lead her city through this crisis by following national guidelines and working within her community to help those in need.

Election: Elected as AANP Southern California Representative.

Catherine Haut, FAANP

Publication: Kline-Tilford, A. & Haut, C. (Eds.). (2020) *Cases in pediatric acute care: Strengthening clinical decision making*. Hoboken: Wiley.

Robert Mendel, FAANP

Publication: Robert Mendel wrote a helpful new book about his personal experience providing care for both his parents who are between the age of 85 to 93+. The Eldercare Monologues, the website: <https://eldercaremonologues.com>. The book is based on Robert Mendel's personal experiences when he moved his parents from the Tampa Bay Area of Florida to Pasadena 8 years ago and subsequently provided eldercare for them in both a Senior Living Community settings as well as in his personal residence for a year and half.

Susan Orsega, FAANP

Honor: Susan Orsega, FAANP, Rear Admiral received the prestigious HRH Princess Muna Al Hussein Award for her commitment to nursing and healthcare across the global landscape. The American Nurses Credentialing Center (ANCC) presented the award at the ANCC National Magnet Conference® in Orlando.

Catherine Rick, RN

Honor: Named as 2020 Honorary Fellow of FAANP.

Madrean Schober

Award: FAANP's 2020 Loretta C. Ford Award for Advancement of the NP Role in Health Care.

Barbara Stillwell, RN

Honor: Named as 2020 Honorary Fellow of FAANP.



Photo: Courtesy of Mr. Larry and Mrs. Judy Childress, Stockdale, Texas

Reminders

Please, welcome
Kim Curry (Kcurry@aanp.org) and
Deborah Gray (dcgray@odu.edu)
to the *FAANP Forum Committee*

What's Happening?

Do you have an achievement you would like to share with us?

We highlight self-reported accomplishments of our fellows in our newsletter published quarterly. If you would like to share newsworthy accomplishments please go to

URL: <https://www.surveymonkey.com/r/FAANPAchievements>

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

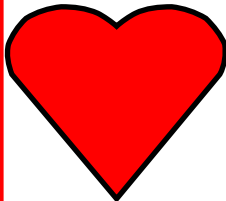
Announcements

AANP Open Access Award

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

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

Liza eccecchini@aanp.org



FAANP OFFICERS AND COMMITTEES

FAANP Executive Committee

Chair – Janet DuBois, DNP, FNP, PMHNP, FAANP, FNAP

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Secretary – Mary Anne Dumas, PhD, FNP-BC, GNP-BC, FAANP, FAAN, FNAP

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Shelley Hawkins, PhD, FNP-BC, GNP, FAANP

Margaret O'Donnell, DNP, FNP, ANP B-C, FAANP

History Committee

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

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Deborah C. Gray	International	dcgray@odu.edu
Mary B. Neiheisel	Research	mbn8682@louisiana.edu
Jamesetta A. Newland	Education	jan7@nyu.edu
Kathy Wheeler	Policy	kjwheeler@roadrunner.com

We welcome contributions from our members for the Forum. Please, send your topics to Mary B. Neiheisel at C00254687@louisiana.edu

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We highlight self-reported accomplishments of our fellows in our newsletter published quarterly. If you would like to share newsworthy accomplishments please go to URL: <https://www.surveymonkey.com/r/FAANPAchievements> Your accomplishments will appear in the Forum, our fellow's newsletter. (Note: we reserve the right to edit your entry to conform to allotted space).