FAANP Forum

Fall 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.

Inside this Issue:

*****

"The Fellows of the American Association of Nurse Practitioners (FAANP) was established by the American Academy of Nurse Practitioners (AANP) in 2000 to recognize nurse practitioner leaders who have made outstanding contributions to health care."

Greetings from *FAANP Chair*

Diane Seibert, FAANP

Dear Fellows,

I want to start by thanking you for choosing me to serve you as Chair of the Fellows Executive Committee (EC). The World Health Organization designated 2020 as the "Year of the Nurse and Midwife" in honor of Florence Nightingale's 200th birth-day. Within days it was clear that the world was dealing with a new health challenge, and the role of nursing has never been clearer or more valued around the globe. I am proud to be a nurse, and I'm especially proud to be affiliated with the Fellows because we lead the NP profession and we are shaping the future of healthcare.

I hope you and your families have been healthy and safe throughout this event. I know many of you have been serving on the front lines, caring for patients with COVID-19, transitioning to virtual health platforms, working with patients who delayed care, or people who may be suffering from emotional distress for the first time in their lives. I applaud each and every one of you for your leadership, your care and your courage.

Over the years, I've been fortunate to work with and learn from many of you, but the Fellows community has gotten so large, I thought I would tell you a little about myself. My father was a career Army officer and we moved constantly throughout my childhood. Two days after I started my undergraduate nursing program at Kent State University, my parents and two siblings arrived in Germany where he served the final four years of his military career. Two weeks later, I found myself signing for Air Force ROTC for two reasons: the military was my community, and a ROTC nursing scholarship would pay for my last two years of school.

Greetings from *FAANP Chair* *(continued from page 1)*

Diane Seibert, FAANP

My father was stunned, but I got that scholarship, and was commissioned in the United States Air Force in 1979.

Over the seven years I was on active duty, I acquired a husband, a son (and later a daughter) and a solid nursing foundation. I left the military knowing I wanted to be an NP so I began my NP program in 1992, graduating from the University of Maryland in 1994 with an MS in Nursing (Women's Health and Adult NP).

In 1996 a colleague called me to ask if I'd be interested in a faculty position at a brand new FNP program at the Uniformed Services University of the Health Sciences (USU). I had always been interested in teaching and all the students were in the military (a perfect combination) so I joined the faculty. In 2002 I earned a PhD in Human Development from University of Maryland at College Park, and over the years I have directed the FNP program, and been involved in hundreds of curriculum decisions, including helping to create our very unique and strong DNP program. I'm currently the Associate Dean for Academic Affairs in the Graduate School of Nursing.

I joined AANP in 2004 and became a Fellow in 2009. I have presented podium sessions at National conferences every year since 2005, but that was really just luck; my interest in genetics coincided with the completion of the human genome and nurses were starting to think that learning something about genetics would be useful. (A little side comment: Ken Wysocki and I co-edit the JAANP genetics column 'Unraveling the Genome' and we are always looking for articles, so please let us know if you're interested in a publication. Even if you don't know much about genetics, we can help you shape your manuscript! Now, back to my journey…).

In 2016 and 2018 I was elected to serve you as an FAANP Member-At-Large and co-chaired the Fellows Winter Meeting Planning committee for three years (that was an absolute blast!). In 2019 I was honored to be elected to Chair the EC, and quietly assumed those responsibilities in June.

The next two years promise to be busy (normal) and challenging (COVID adjustments). In March the EC made the difficult decision regarding the 2020 induction and reception, and we've been talking about what to do about the Fellows Winter Meeting for months. More detailed information will be forthcoming (watch for FAANP emails), but the meeting will be virtual this year. For the past five months the EC has been working with the AANP staff to create resources for NP students (thanks to those of you who have been asked to support!). We're also continuing to work on refreshing the FAANP mentorship program (some of you may receive an email about that soon). Thank you for all the feedback you provided on the Winter Meeting survey a few months ago, we're sifting through all of that information so that when SARS-Cov2 loosens its grip, we can plan a meeting at a time and place that you told us you were interested in visiting.

Thank you for everything you do every day for your patients, your families, your communities and for this organization. I am proud to serve alongside you.

*****

Note: Diane Seibert received the Chair's award from Mary Jo Goolsby in 2018.

Greetings from *FAANP Forum Chair*

Mary B. Neiheisel, FAANP

Another quarter has elapsed and COVID and hurricanes are still big news in Louisiana, while COVID continues for all of us. Laura has destroyed so much and created long term problems of no power, no classrooms, food and drinking water shortages, and loss of homes to name a few. Please, pray for us. It is wonderful to see stories about Nurse Practitioners and their accomplishments in the midst of unrest, protestors, negative election news, and efforts to change history.

Thank you to our new FAANP chair, Diane Seibert, for her first column as our chair. We hope to hear from you often. Please, take time to recognize and read Robin Arends, a new contributor to the Forum. She has written a "Practice" column on Telehealth. We have not seen many practice articles and I am looking forward to many more and extend an invitation to all practitioners to consider writing for the Forum. Sue Cross, our first International columnist, has rejoined us to share news of the United Kingdom. Dr. Lee Ford has also contributed a 'Practice" column recognizing Ed Neuzil.

Jean Aertker has suggested we would find the Barbara Bates Center For the study of the History of Nursing interesting. Go to this website to subscribe: https://upenn.us13.list-manage.com/subscribe?u=82c16ce5aea6b35d01f1563f7&id=02a00392ed

Congratulations to our new and continuing officers, committee chairs and committee members (see p. 34.)

Barbara Sheer is progressing rapidly with our history. The member profiles are an important part of this project. Please, consider interviewing a Fellow and submitting to Barbara for eventual publication in the *FAANP Forum*. Your assistance would be greatly appreciated.

Jeff Bauer, our celebrated Honorary Fellow, is not published this quarter in the Forum, but he continues to publish in noted periodicals and is quoted often in publications. A quote from *Health Facilities Management (HFM):*

> **Vector-borne illnesses, particularly those spread by mosquitoes, are expanding into regions of the United States where they have not been seen before. With a change in the average temperature in a climate by one degree, the types of mosquitoes that carry those viruses move hundreds and hundreds of miles north. As a result, there is an increased possibility that hospitals in many southern states, and even in states like Illinois, Indiana and Kentucky, may encounter mosquito-borne viruses they are not accustomed to seeing, including West Nile disease, Dengue fever and Zika virus disease. The current crisis with COVID-19, although not specifically linked to climate change, is a sobering reminder of how great a threat infectious diseases can pose, including those that can extend their reach as a result of global warming.** [1]

This statement certainly provides information for us to consider. Please, see and read this article for additional thoughts on this subject: https://www.hfma.org/topics/hfm/2020/april/climate-change-is-healthcare-ready-for-all-its-threats.html I hope everyone has read the third edition of Jeff's book: **Not What the Doctor Ordered.** Go on line and write a review. He would love to hear from you.

Thank you to all our contributors. You are great. I hope to hear from even more Fellows.

Reference

1Reese, Eric. (March 31, 2020). Climate Change: Is health care ready for all its threats? *Health Facilities Management.*

Policy

Kathy Wheeler, FAANP

International Ambassadors for 2020

The AANP International Committee would like to introduce the 2020 International Ambassadors. Four were chosen this year—Goanyadiwe Lubinda-Dube, from Botswana; Samwel Wainaina Mwangi, from Kenya; Maria Auxiliadora Rodrigues, from Brazil; and Nanako Tsukui, from Japan. Advertised internationally, AANP received about 30 applications from around the world. The Ambassadors were chosen not only because of their own unique qualifications but because they were from countries where the NP role is emerging. Normally the award includes funding to attend the National Conference. However, because of COVID 19 and the cancellation of the conference the committee is hoping the four will be able to attend next year. Despite the circumstance this year they have been formally recognized by AANP and have been invited to attend the AANPconnect this fall. Each will also be mentored by a qualified AANP member. One of the goals of the program is that the Ambassadors will learn from their mentor, network with each other and AANP leaders, gain new perspectives of NP care, and accelerate role development in their own country.

Gaonyadiwe Lubinda-Dube, PhD, MSN, BSN, FNP, RN (Botswana)
Gao will be mentored by Deborah Gray, DNP, ANP-BC, FNP-D, FAANP

Dr. Gaonyadiwe Lubinda-Dube holds a Doctor of Philosophy degree in Nursing from the University of Cape Town and Master of Nursing Science (FNP) degree and Bachelor's degree in Nursing Sciences from the University of Botswana. As FNP Faculty she has taught at the graduate and undergraduate level at the University of Botswana in Gaborone Botswana since 2008. She just stepped down as Program Coordinator for the Master of Nursing Sciences (MNSc) Program for all Advanced Practice Nursing tracks. She also led multiple MNSc and FNP curriculum reviews and revisions for the approval process by the National Qualifications Authority. Since 2018 she has served as Faculty counsellor for the Sigma Theta Tau International (STTI) Tau Lambda Chapter for Botswana. She has also been an organizing member of the Southern African Development Community (SADC) Conference for International Postgraduate Research. She is currently a member of the 7th Nursing and Midwifery Council of Botswana (NMCB), where she represents the Nurse Specialists, the designation for all Advanced Practice Nurses in Botswana. She started a community health and wellness mobile clinic for Gabane, a community in rural Botswana.

Gaonyadiwe Lubinda-Dube, PhD, MSN, BSN, FNP, RN, Botswana)

Policy

Kathy Wheeler, FAANP

Samwel Wainaina Mwangi, RN, BSN(s) (Kenya)
Samwel will be mentored by Minna Miller, DNP, MSN, BA, RN, FNP-BC, NP(F), FAANP

Samwel Wainaina Mwangi is a Registered Community Health Nurse/Clinical Nurse Practitioner and BSN(s). With significant experience in national, regional and international policy, as well as several leadership initiatives he has overseen multiple community level healthcare projects. Samwel is a specialist in TB care and HIV management, has served as a team leader and staff resource, and is a certified family planning mentor. He is a fellow of the International Council of Nurses Global Nursing Leadership Institute (Geneva) and a Co-chair of the ICN Nurse Practitioner/Advance Practitioner Network Health Policy Subgroup. He is the chair of the National Nurses Association of Kenya Journal, Publicity and Recruitment Committee. He was recently nominated as African Forum for Primary Health Care-APN Coalition Country Contact for Kenya and participated in a 2018 high level Africa APN coalition WHO proposal.

Samwel Wainaina Mwangi, RN, BSN(s) (Kenya)

Maria Auxiladora Rodrigues, PhD(c), MSN, BSN, RN (Brazil)
Maria will be mentored by Lorna Schumann, PhD, FNP-C, ACNP-BC, ACNS-BC, FAAN, FAANP

Maria Auxiliadora Rodrigues works as the Under Secretary of Primary Health Care in the county of São Gonçalo, the second largest population of inhabitants and nursing professionals in the state of Rio de Janeiro, Brazil. As a policy auditor for nurses and advanced practice nurses, she is a nurse inspector, approved by the Nurse Council in the state of Rio de Janeiro. In her position Maria assures the nurses are qualified, meet ethical standards and serve the nursing process. Maria is a doctoral student in Care Science at the Universidade Federal Fluminense, Rio de Janeiro, Brazil, where she focuses on telenursing for the elderly in the home care setting. In her master's degree program, Maria completed a research study about the quality of care offered to elderly people in long-term institutions. The published data had a great impact on the Brazilian health care organizations and health care professionals.

Maria Auxiladora Rodrigues, PhD(c), MSN, BSN, RN (Brazil)

Policy

Kathy Wheeler, FAANP

Nanako Tsukui, MSN, BSN, NP, RN (Japan)
Nanako will be mentored by Cathy St. Pierre, PhD, APRN, FNP-BC, FAANP and Pat Maybee, EdD, FNP, FAANP

Nanako has recently returned to work as a NP in general internal medicine. At the peak of the COVID 19 crisis in Japan she worked on a COVID 19 critical care ward. She will be starting work on her PhD soon. Nanako graduated from the first Critical NP program in Japan then studied two years at the Tokyo Bay Urayasu Ichickawa Medical Center, where she worked and studied with physicians who had worked with NPs in the United States. As there is no formal recognition of NPs in Japan, Nanako felt extremely lucky for this mentoring experience. After initially working as a full-time NP in the neurosurgery ward, Nanako then began to work in remote, underserved areas of Japan. Because of the shortage of doctors Nanako provided care as a general NP in multiple isolated hospitals and clinics, including some island clinics. Nanako is a member of the Japanese Association of Nurse Practitioner Faculty, the Japan NP Committee, and has presented multiple times at the Japan NP Conference.

Nanako Tsukui, MSN, BSN, NP, RN (Japan)

MENTORS

Deborah Gray

Lorna Schumann

Minna Miller

Cathi St. Pierre

Pat Maybee

FAANP Around the World

Deborah Gray, FAANP

The AANP International Committee: A Small Committee with a Big Global Impact

The American Association of Nurse Practitioners (AANP) International Committee is a very active committee as evidenced by their highly successful AANP International Ambassador program. With very little fanfare, the committee has had quite an impact on AANP's role in the global nurse practitioner (NP) world. However, very few people are aware of the committee or its mission.

I recently had the opportunity to interview Kathy Wheeler, PhD, FNP-C, FAANP, currently the AANP Board Liaison to the committee. Kathy also served as the long-standing initial Chair of the International Committee and was able to provide some insights on the membership and structure, as well as the history of the committee. To date, much of this information and particularly the history of the committee has never been documented.

The AANP International Committee is primarily a steering group, and although there is some overlap, it is quite different from the more recently created AANP International Special Interest Group. Its members serve in an international advisory, planning, and leadership role for AANP. Under the guidance of the AANP Board of Directors (AANP General Committee Handbook, 2020, p. 15) the committee is currently directed to:

- Encourage AANP to strengthen its commitment to international issues;
- Encourage ongoing and significant communication and collaboration with the International Council of Nurses (ICN) and other organizations devoted to international NP and advanced practice nurse (APN) issues;
- Contribute to and monitor the International Section of the AANP website, community/special interest group, and the AANP international listserv for the purpose of exchange on international NP/APN experiences;
- Assist with international experiences for NPs and APNs;
- Serve as a resource, and provide assistance to requesting organizations and individuals on international issues; and
- Increase visibility of AANP international efforts/materials.

The International Committee was initially created by the newly formed AANP Board in 2013 shortly after the merger of the American Academy of Nurse Practitioners and the American College of Nurse Practitioners. It was first started to advise the AANP Board on international issues, and also to serve as a liaison between AANP and the International Council of Nurses Nurse Practitioner/Advanced Practice Nurse Network. Over time, the additional directives were subsequently added.

The committee also developed the International Ambassador program in 2017, as a wholly new project to mentor and sponsor NPs and APNs from primarily lower resource countries to the AANP national conference, with the ultimate aim of encouraging the development of the NP and APN role internationally. To launch the fledgling project in its first year, international committee members not only planned and organized the program, but also raised sponsorship funds though raffles and calendar sales at the AANP annual conferences. Now in its 3rd year, the program is firmly established and supported by AANP, having honored ten NP and APN leaders as International Ambassadors from the following countries Botswana, Brazil, Eswatini, Jamaica, Japan, Kenya, Oman, Tanzania, and Zimbabwe.

FAANP Around the World

Deborah Gray, FAANP

The AANP International Committee

A Small Committee with a Big Global Impact (continued from page 7)

Although there have been others peripherally involved, AANP International Committee membership has primarily consisted of a small group of active and dedicated members since its inception. Many of these members are renowned for their extensive global expertise, and have consistently included Cathy St. Pierre (current Chair), Madrean Schober, Rosemary Goodyear, Lorna Schumann, Barbara Sheer, Pat Maybee, Marianne Hurley, Galadriel Bonnel, Maria Kidner, Minna Miller, Deborah Gray, and the late Lenora Lorenzo. More recently, some structural changes have been instituted to the AANP International Committee consistent with new AANP committee guidelines and policies. As part of these changes, the current committee members will be cycling off after their longstanding service. AANP would like to thank them for their unique knowledge and wonderful leadership on global issues!

"First International Ambassadors and Mentors" Right to left—Scholastica Chibehe, Pat Maybee, Deb Gray, Mabedi Kgositau, Minna Miller, Bongi Sibanda, Heather McGrath, and Lorna Schumann

"International Ambassador Presentation Indianapolis" Right to Left— Cathy St. Pierre and Fathi Al Abri

"ICN Meetings in Rotterdam" Right to left—Kathy Wheeler, Melanie Rodgers, Mmule Magama, and Heather McGrath

FAANP Around the World

Susan Cross, FAANP

COVID-19 in my World

The first confirmed cases of coronavirus in the UK were on January 29th when two Chinese nationals fell ill at a hotel in the North of England. On February 6th a British business man in Brighton was diagnosed with the virus after catching it in Singapore. Later that month, on February 28th the first person to catch coronavirus and had not been abroad, was a man from Surrey. The first death in the UK came on March 5th when a woman in her 70s died from the virus

My son, works in a hospital in Abu Dhabi and it was he who raised the alarm to our family back in the UK. They had patients in his hospital suffering from the virus and he assured us that we should be taking it seriously.

The first week in March I was intending to go to London three times, once to meet with a friend for lunch, to see another friend who was long term sick in the hospital and to attend a meeting. With enormous guilt I cancelled all my arrangements, started to order my provisions on line, (instead of going to the supermarket) and ordered a box of surgical masks.

Monday March 16th, Boris Johnson's government reconsidered its previously light hearted approach to the condition, which had envisaged 60% of the population – 40 million people – would become infected, and while many would die, the majority would recover and attain 'herd immunity'. That week, although more physical distancing, of two metres, had been advised by BoJo, normal life mostly continued until the compulsory lockdown; pubs, restaurants and gyms stayed open, as did schools, until 20th March when the whole of the population was told to stay at home. We were only allowed out for exercise and essential shopping (The Guardian, 29th April).

Just after this time, retired heath staff were contacted and asked to return to work. I was not asked, because of my increasing age, and a slight physical disability that would mean I was more of a nuisance on the wards than a help. I was devastated and felt useless. Then I realised there was more I could do in the village where I live. Of course, there are many people here in Clifton, of the older age group and/or with disabilities, who find it impossible to get essential shopping and medications during the lockdown. We set up a system where by the younger, fitter members of the community did the collections and deliveries and I organised everything by phone and email – I was useful again!!

By April the UK death toll was at least 16,000. Researchers at Cambridge University said the outbreak could have started in September, not late December as previously thought. As the pandemic continued to sweep across Europe, the UK saw hundreds of thousands of confirmed cases. More than 15 million tests had been processed in the UK and the government had introduced social distancing in an attempt to deal with the pandemic.

FAANP Around the World

Susan Cross, FAANP

COVID-19 in my world **(continued from page 9)**

It's been interesting to observe how people have reacted to the pandemic. One of my friends surprised me greatly by asking if I thought the isolation and social distancing that the government had imposed, was necessary. I assured him that I did think it was very necessary and he replied that people who got it were old and were going to die anyway. This is a man who worked most of his life as a doctor. Another friend whose brother caught the virus, held his hand in his last few hours and kissed his cheek, she refused to let him die without his family member there. She had no thought of the risk to herself. Every street in Clifton appointed an Ambassador, this person set up a WhatsApp group for the street. If anyone needed any support or just someone to talk to, they had someone to call.

Every area in the UK has been affected with London facing the biggest peak when coronavirus first arrived in England. By May 22nd, the rest of England registered more deaths than the capital. Despite falling cases nationwide, on June 29th Leicester became the first city in Britain to be plunged back into lockdown after public health officials expressed alarm at the significant rise in positive Covid – 19 tests. Nearly 1,000 cases were reported in the city in two weeks.

Once lockdown was lifted my husband and I started exercising by walking out in the fields around our home. We are lucky, the weather has been lovely all through the pandemic so we have spent so much more time in our garden than ever before. Now we can walk miles in the surrounding countryside with our friends as long as we keep two metres apart. The air is clearer and not much traffic on the roads or the skies. We are the lucky ones. We have had no one near us who has caught the virus and we aren't trapped in a small apartment with young children to try and keep amused. So many people are worried about their jobs and if they are able to pay the mortgage on their house. Schools have been closed so education and social interaction and development for children have been interrupted. The government is trying to balance the economy of the country, with the health of the nation – no easy task.

There are changes that have had to be made that I hope do continue. I hope the increased use of technology so the workers can continue to work from home, hold meetings on line instead of having to travel to work in crowded trains or drive on busy roads will stay in place. The skies are clearer in the cities from the decrease in pollution. Our lives have been less hurried, we have a zoom family meeting every Friday, our diaries have not been so crammed and we have saved a fortune not being able to eat out!

Behind all the suffering and disruption and economic hardship of the coronavirus pandemic I hope there will be a 'new normal' and won't just return to 'business as usual'.

A father hugging his daughter for the first time in eight months. This scene has been seen around the world with different people in different countries. We miss our hugs and our loved ones.

What to Read Now

Kim Curry, FAANP

A recent publication in the JAMA Online First news feed (a free service for those interested) caught my eye. A new article by Spinner et al showed mixed results of remdesivir for the treatment of COVID-19 infections. Adding further complexity to our interpretation of the results of the small (less than 600 patients) sample size of the Spinner article are the lengthy competing interest declarations of the authors, several of whom are sponsored by Gilead, the manufacturer of the featured medication. While a declared conflict of interest (COI) doesn't invalidate the findings, it's one more thing to factor in while forming an opinion.

Like many of you, I have colleagues who have come up with their own "COVID cocktails" of medications that share one common characteristic: they are many thousands of dollars cheaper than a course of remdesivir. So, what are we to make, if anything, of this latest study that is being published in what is still a very early stage of knowledge development about this novel virus? And what about those recently retracted COVID papers I saw on retractionwatch.com? Evaluating data can be such a messy undertaking.

All of this led me to think about a book I want to recommend to you, "Ending Medical Reversals" by Vinayak Prasad and Adam Cifu. First published in 2015, it came out in paperback last year. Prasad, an oncologist, and Cifu, an internist, have a strong social media and public speaking presence as critics of the medical care status quo. Their book is about the many times someone found "the next great thing" in healthcare, only to have to backtrack and stop the practice later when it was determined that the next great thing wasn't so great after all, and possibly downright harmful. This has happened quite often: the book's appendix contains 146 examples of reversals. From hormone replacement therapy for menopause to prostate cancer screening to medications for hypertension and dyslipidemia, the list of accepted and widely used practices that have been reversed is long and continues to grow.

The authors discuss the frequency of reversals, the various reasons for misjudging efficacy in the first place, and the harm caused by the treatments and their reversals. They also offer a primer on evidence based medicine that would enhance the understanding of students and faculty alike. So, how do we end medical reversals? The authors recommend better education for providers, ensuring that we are all able to evaluate the evidence and determine whether it is sufficient or not to change course. To do this, we have to think about the end points of care we are looking for, and we also have to be willing to participate in the randomized, impartial trials that provide the evidence we need.

Reference

Prasad, V. K., and Cifu, A. (2015). Ending Medical Reversal. Johns Hopkins University Press.

What to Read Now (continued from page 11)

Kim Curry, FAANP

In March of this year, we published "Determining nurse practitioner core competencies using a Delphi approach" by Chan, Lockhart, Schreiber, and Kronk in JAANP. The article describes the process used to refine multiple competencies that cross NP specialty areas into an achievable list that can be implemented to transform an NP program into one that is competency based. The authors worked with members of NONPF to select an expert panel of DNP prepared nurse practitioners to participate in the Delphi process.

An important first step was the evaluation of existing lists of competencies. As the authors point out, NONPF, the AACN, the Interprofessional Education Collaborative, the American Nurses Association, and the International Society of Nurses in Genetics, have collectively defined a total of 354 competencies for APRNs. In 2017, AACN developed a taxonomy of core competencies for all doctorly prepared APRNs. The refined list by Chan et al was developed for BSN to DNP students and includes 49 core competencies within eight domains.

The authors point out that the field of nursing is lagging behind the programs of our colleagues in physical therapy, pharmacy, and medicine in moving toward competency-based education (CBE). Most nursing programs simply take competencies and incorporate them into traditional time-based learning. It is time for leaders in NP education to ensure that all NP program graduates have an observable level of knowledge, skills, and values that are consistent with their level of professional responsibility.

Also addressed are MSN versus DNP levels of preparation, and a brief summary of how "competency" is generally defined and used by educators. Their summary of current trends in CBE provides a useful update to anyone who is finding it hard to keep track of the players and the multiple competing agendas facing nursing higher education.

The article includes supplemental digital content so that readers can see the results of three rounds of expert input and refinement as well as the final list of competencies. The refinement of these competencies represents an important step in moving toward a consistent and realizable competency- based education program for DNP preparation.

Reference

Chan, T. E., Lockhart, J. S., Schreiber, J. B., & Kronk, R. Determining nurse practitioner core competencies using Delphi approach. Journal of the American Association of Nurse Practitioners 32 (2020) 200–217. DOI# 10.1097/JXX.0000000000000384

Education

Jamie Newland, FAANP

Racism: Consider Clinical Education for NPs

Systemic or structural racism has been a part of the history of this country since it was established. Although not totally definitive, *racism* is defined in the Oxford Dictionary as "the belief that different races possess distinct characteristics, abilities, or qualities, especially so as to distinguish them as inferior or superior to one another" (https://www.lexico.com/en/definition/racism). Domination of a group by another group has repeated itself consistently throughout time. Dominators dehumanize the oppressed, and unfortunately, human nature has not changed. We ignore the lessons from history and do not learn from our mistakes, or are unwilling to bring about change toward justice and equality for the better good of everyone. I delivered the 1968 commencement speech for my high school graduating class, two months after Reverend Dr. Martin Luther King, Jr. was assassinated and three days after Presidential candidate, Senator Robert F. Kennedy was slain. This is a short excerpt from the message I gave the audience that was 98% White:

> Today, there is a violent struggle for equal rights. Minority groups, most pronouncedly the Negro, are trying to assert their rights as American citizens to receive and enjoy all the opportunities and benefits offered by a growing and affluent society as ours. We must bear the responsibility along with millions of others of ensuring equal opportunities to all in housing, education, and employment. . . There are future leaders among you today who will emerge in their own walks of life and work for the improvement of our society. However, if you are not a strong and forceful leader, be a trusted and devoted follower. Be involved in those efforts which are for the betterment of all conditions. We should not settle for 'good enough', an affluent society infested here, there, and everywhere with poverty, prejudice, and hate. We must strive to achieve the best possible society, one that is truly free for all.

I spoke those words 52 years ago, yet they resonant loudly even today. We have not achieved the perfect union of "one nation under God, indivisible, with liberty and justice for all."

Systemic racism is often blatant and easily recognized. But the indirect manifestations of and actions as a result of racism are most troubling and deeply rooted in our society; they sustain oppression and injustices. Why are there such wide disparities in health care and essentially all areas of the America way of life or the American dream? Are the social determinants of health really euphemisms for how we classify the factors that contribute to these disparities (Garcia & Sharif, 2015)? We have been flooded with writings and media about systemic/structural/institutional racism (versus individual racism) and a resurgence in efforts to tell the true story of the history of Black folks and other peoples of color in the United States. This article does not broadly discuss racism; I will address an aspect of how we educate future nurse practitioners and other health professionals related to racist ideologies.

In the educational system, including schools of nursing, subtle expressions of racism have permeated the hallowed halls of academia and are exhibited in multiple ways, which to the non-observing or unaware individual, do not exist and are not seen as problematic, and thereby, denying a need for change. We teach students to write clinical notes, starting with "a 25-year-old African American female; a 68-year-old Chinese male; a 10-year-old Hispanic girl, etc." Rarely is a note started with "a 56-year-old white woman." What validity do these classifications hold and how are they used in clinical decision making? Who provided the designation of race and ethnicity? Some might question the usefulness of data on race and ethnicity in medical papers and in clinical encounters (Bonham et al., 2017; Huth, 1995). In one small exploratory study, Moscou et al. (2003) found that front desk clerks assigned race or ethnicity for patients who declined to self-report, based on their last name or appearance. As part of the research study, patients were called post visit and asked about race and ethnicity; 33% in Setting A and 22% in Setting B "saw themselves differently from the way they were categorized in a clinical database." Today, many systems use the classifications from the U.S. Census to identify race and ethnicity. A more recent study of pediatric hospitals found that 95% of 93 hospitals across the US and Canada collected race and ethnicity for pediatric patients but only 31% collected this information about the parent or guardian (Cowden et al., 2020).

Bonham et al. (2020) surveyed 787 physicians to determine how they collected data about a patient's race and ethnicity in the clinical encounter, their comfort with collecting this information, and how the use of race influenced their clinical decision-making. Most asked a patient to complete the information on an intake form (26.5%) or asked the patient directly (26.2%). Most (84.3%) were comfortable collecting this information; 10.3% were uncomfortable; and 5.4% did not collect any data on race and ethnicity. Findings indicated that

> "physicians who were comfortable collecting data on patient race and ethnicity had somewhat greater use of race in clinical decision-making than those who were uncomfortable. Other variables that were significantly associated with higher use of patient race in the multivariable model included increased physician age, increased percent of time spent seeing patients, physician race (non-white vs. white), and patient panel (>20% minority vs. nonminority). Physician sex was not significantly associated with use of patient race" (p. 122).

Moscou (2018), a nurse practitioner, further describes a clinical case in which the health care professionals made clinical decisions based on the patient's presenting complaints and physical/laboratory findings but also assumptively relied on the patient's black skin, which ultimately caused a 3-year delay in making the accurate diagnosis and developing the appropriate treatment plan. More research is needed on the role that race and ethnicity have played in clinical decisions and the driving forces that prompt a health care professional to reflexively use race as an influencer, especially when adverse outcomes for a patient are possible. I suggest that racism is part of the dynamic.

Nursing educators must examine their own beliefs and values related to persons different than themselves. The concept of White privilege and the power behind White privilege are real. White nursing faculty outnumber Black and other faculty of color in most schools of nursing. That is not to say that Black faculty do not also have personal biases; the difference is that their capacity to act upon these biases is suppressed because of White privilege and power. In interacting with students, faculty must be mindful of their words, verbal and written; usual behaviors, and nonverbal behaviors. Students look to faculty as teachers and role models.

When I review students' SOAP notes in class as faculty or in clinic as a preceptor, I highlight and ask several questions. Why did you indicate the patient's race or ethnicity in your note? Did you assume the information in the database about race and ethnicity was correct or did you confirm it with the patient? What about race and ethnicity did you discuss with the patient? Did the patient ask why you wanted to know? Are these data relevant to the chief complaint, any findings in your assessment, or differential diagnosis? Is there a valid association? How are you going to use this information in developing your plan? If the student is not able to answer these questions, I request that they remove the race and ethnicity data from the note. The notation was a reflex and not really processed as a possible influencing word factor. perhaps triggered by beliefs, values, assumptions, or (bad) habit.

Of course, there is so much more to examining structural racism in schools of nursing than I have discussed here. The time is overdue to have honest conversations and create reasonable plans for change. Teach students from a place of openness and acceptance, and without judgment, rejecting the status quo of systemic racism. Valuing and seeing individuals for who they are and not by the color of their skin will help move the nation towards eliminating disparities, including health disparities, and improve the lives of all Americans.

References

Bonham, V.L., Umeh, N.I., Cunningham, B.A., Abdallah, K.E., Sellers, S.L., & Cooper, L.A. (2017). Primary care physicians' collection, comfort, and use of race and ethnicity in clinical practice in the United States. *Health* Equity, *1:1*, 118–126. http:online.liebertpub.com/doi/10.1089/heq.2017.0015

Cowden, J.D., Flores, G., Chow, T., Rodriquez, P., Chamblee, T., Mackey, M., Lyren, A., & Gutzeit, M.F. (2020). Variability in collection and use of race/ethnicity and language data in 93 pediatric hospitals. *Journal of Racial and Ethnic Health Disparities*. https://doi.org/10.1007/s40615-020-00716-8

Garcia, J.J., & Sharif, M.Z. (2015). Black Lives Matter: A commentary on racism and public health. *American Journal of Public Health*, *105*(8), e27-e30. doi:10.2105/AJPH.2015.302706

Huth, E.J. (1995). Identifying ethnicity in medical papers. *Annals of Internal Medicine*, *122*(8), 619-620.

Moscou, S. (2003). Validity of racial/ethnic classification in medical records data: An exploratory study. *American Journal of Public Health*, *93*(7), 1084-1086. doi: 10.2105/AJPH.93.7.1084

Moscou, S., & Baker, S. (2018). The role of race in clinical decision making. *The Nurse Practitioner*, *43*(3), 41-46. doi-10.1097/01.NPR.0000530212.09407.bd

Robin Arends, FAANP

Telehealth for Long Term Care Residents

Telehealth has shown to be an important modality for patients in times of crisis such as the recent COVID-19 pandemic. Providers quickly needed to adapt face-to-face office visits to virtual visits to provide acute and chronic patient care when restricted from in-office visits. Telehealth has been utilized prior to the recent pandemic to help improve access to care and health outcomes (Wosik et al., 2020). One area where telehealth has shown to be successful is in the long-term care setting.

Residents of long-term care facilities tend to be older, have an increased number of diagnoses, or have diagnoses that are not well controlled. These patients are at risk for developing secondary infections when exposed to pathological microbes in the healthcare setting (Jump et al., 2018). In addition, long term care facilities may be in areas where a hospital or healthcare system is not present. When these patients develop signs and symptoms of infection, they are transported by family, facility transport, or ambulances to clinics or healthcare systems to receive care. In winter months, this may mean exposure to winter weather road conditions and to the environment. The patient may be charged fees for transportation or family may miss work to transport patients to and from the healthcare setting. Much of this care is acute in nature and could be assessed and treated within the facility if the provider is present at the site (Henning-Smith et al., 2017).

A solution to reduce the risk for infection and healthcare costs while providing evidence-based care is the use of telehealth in long-term care settings. Telehealth has been shown to reduce unnecessary readmissions by intervening early, improving health outcomes, and improving resident satisfaction during their stay at the facility. Placing telehealth equipment that allows for visual and audio communication in addition to peripherals such as an otoscope, handheld camera, and stethoscope allows the provider to assess, diagnose, and treat the resident at the facility if indicated. In critical situations, the provider is able to provide urgent care orders to the facility while awaiting transportation to the next level of care (Hofmeyer et al., 2016).

The benefits of using telehealth in long-term care environments in a pandemic are multiple. During the pandemic, many long-term care organizations restricted the number of outside individuals from entering the facilities. This posed a concern for providers who care for these individuals as the residents still needed to be seen for acute and chronic needs. Many providers were concerned because they saw patients in the clinic environment who may be COVID positive, they would unintentionally bring the virus into the long-term care environment when needing to assess patients for their re-certification visits or for acute visits. In addition, if the long-term care resident needed to be seen in the office for an acute or chronic condition, they were at risk by being in the clinic environment. The residents could then unintentionally bring the virus back to the long-term care facilities from the clinic (Gardner et al., 2020).

Residents still needed care to manage acute and chronic health conditions. In addition, mental health conditions were increasing due to restrictions on visitation from family. Telehealth was a viable solution to this problem as providers were able to care for patients virtually using the telehealth equipment. Restrictions on telehealth use were lifted by the federal government allowing more access to telehealth as insurance coverage for telehealth expanded (Gardner et al., 2020).

However, many long-term care facilities did not have telehealth equipment in place prior to the pandemic and did not have the funding available or opportunity for purchasing. Use of secure platforms were able to be used to conduct visits with the changes within the federal government due to the pandemic. However, this left providers without needed tools such as stethoscopes, otoscopes, and other equipment used to conduct the physical assessment. Providers who were not familiar with telehealth principles had a large learning curve in the process of transitioning their clinics from face-to-face to virtual. Some providers were left frustrated by the inability to fully care for their patients due to lack of availability of equipment, slow internet connection speeds, and unfamiliarity with virtual care (Nouri et al., 2020).

From these shared experiences gained throughout the last year the healthcare community has risen to the challenge of confronting a global pandemic. Healthcare organizations are working with communities to increase internet capabilities and to remove barriers to telehealth within the healthcare system. Courses and education are available for providers to learn about telehealth and how to care for individuals virtually. New telehealth certifications for healthcare providers are being offered to set standards in telehealth practice. Providers are exploring telehealth equipment and methods to deliver care throughout the duration of the pandemic and into the future (Zhai, 2020). Providers are rising to meet the challenges presented and continue to deliver evidence-based care to vulnerable populations like those in long term care facilities.

References

Gardner, W., States, D., & Bagley, N. (2020). The coronavirus and risks to the elderly in long term care. *Journal of Aging and Social Policy, 32*(4-5), 310-315.

Henning-Smith, C., Kozhimannil, K.B., Casey, M.M., & Prasad, S. (2017). Beyond clinical complexity: Nonmedical barriers to nursing home care for rural residents. *Journal of Aging & Social Policy, 30*(2), 109-126.

Hofmeyer, J., Leider, J.P., Satorius, J., Tanenbaum, E., Basel, D., & Knudsen, A., (2016). Implementation of telemedicine consultation to assess unplanned transfers in rural long term care settings, 2012-2015: A pilot study. *Journal of the American Medical Directors Association, 17*(11), 1006-1010.

Jump, R.L.P., Crnich, C. J., Mody, L., Bradley, S.F., Nicolle, L.E., & Yoshikawa, T.T. (2018). Infectious diseases in older adults of long-term care facilities: Update on approach and management. *Journal of the American Geriatrics Society, 66*(4), 789-803.

Nouri, S., Khoong, E.C., Lyles, C.R., & Karliner, L. (2020). Addressing equality in telemedicine for chronic disease management during the COVID-19 pandemic. *New England Journal of Medicine,* in press.

Wosik, J., Fudim, M., Cameron, B., Gellad, Z.F., Cho, A., Phinney, D., Curtis, S., Roman, M., Poon, E.G., Ferranti, J., Katz, J.N., & Tcheng, J. (2020). Telehealth transformation : COVID-19 and the rise of virtual care. *Journal of the American Medical Association, 27*(6), 957-962.

Zhai, Y. (2020). A call for addressing barriers to telemedicine: Health disparities during the COVD-19 pandemic. *Psychotherapy and Psychosomatics,* 1-3.

Practice

Lee Ford, FAANP

Bio-sketch of Francis E. Neuzil/Opening of satellite clinic.

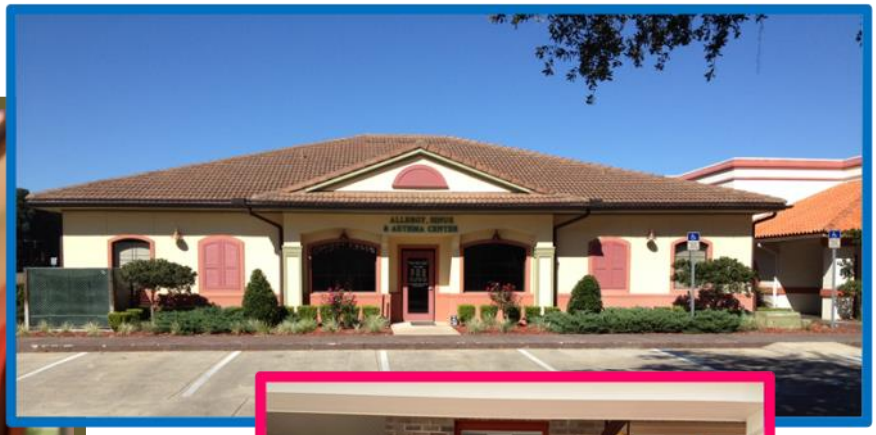
Francis Edward Neuzil's journey to advanced practice through entrepreneurship is a Horatio Alger tale. Beginning as a very young and skilled crane operator, he progressed through several career moves, to that of a successful Nurse Practitioner and entrepreneur. He is now owner of a thriving multi-million dollar business with two offices offering specialty health services of Allergy, Sinus and Asthma and Family Health Care, a staff of 16, four NPs, and a consulting physician. This team serves a patient load of more than 7000 established patients, an increase from 340 when Ed and his wife-partner, Lorna, bought the business from a physician.

Ed as he is called earned his PhD from Florida International University in 2003, with chosen courses in business administration along with the advanced nursing offerings. His preparation led him to seize the opportunities, make sacrifices, and helped fulfill his dream "to want and to do more" , not necessarily rewarded with money, but to fulfill your dreams whatever they may be. He also gives credit to his lifelong partner, his wife Lorna of fifty years and a true partner. He values equity regardless of gender, parity for same or better service rendered, and fairness for self and to others. Ed is also very generous in giving his time, sharing his talents, experience and insights in a mentoring role for his staff, budding entrepreneurs, and through responding to organizations' requests.

His vision for the future of NPs is for fulfilling a huge void in the delivery of HEALTH care, not as a "mid-level" provider, but as a full-fledged provider and entrepreneur. Francis E. Neuzil (Ed), PhD, FAANP, etc. is an excellent example of a NP entrepreneur. He just opened his second specialty office in Allergy, Sinus, Asthma and Family Health Center. Ed was inducted as a Fellow in 2014.

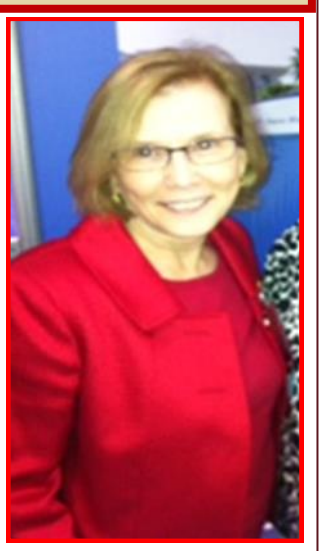
Hope you are well and healthy in these crazy, uncertain periods which seem to have no good ending.

Fond regards. Lee



Blast From the Past

Barbara Sheer, FAANP



This has been another interesting quarter from a historic point of view. It is often said that history repeats itself. If this is so; can we learn from our history? Joe Biden in his acceptance speech for the democratic nomination said Americans are facing multiple crises: an out of control pandemic, economic shutdown, racial inequality, and climate change. Trump contends he is the law and order president as protests continue for equality as the coronavirus death toll rises.

In 1918-1920 the Spanish Flu killed more than 50 million people with 500 million infected. There was little or no immunity and it affected healthy people. The New York health commission tried to slow the spread by ordering businesses to close or if open be on staggered shifts to avoid overcrowding. Citizens were asked to wear masks and there was even a campaign to shame people to wear masks. There was a shortage of nurses yet black nurses were often prohibited from assisting.

Today the coronavirus has killed over 187,000 people in the US (as of September 4) with one quarter of global infections in the US. There continues to be controversy over wearing masks, opening businesses and schools. Nurses and nurse practitioners continue to be in the forefront as they struggle with the realities of sick kids in the school system and on college campuses. They are in the forefront caring for patients and advocating safe practices.

One hundred years ago women continued their protest for the right to vote and the 19th amendment was passed. We seldom hear about the diversity of these women. Many women representing Blacks, Hispanics, Chinese and indigenous groups were involved in the movement although many were not able to vote until much later. For many the Jim Crow laws, and unfair literacy tests impeded progress. The Chinese Exclusion act prohibited immigrants from becoming citizens.

To honor our history the University of Tampa scheduled a celebration of the 19th amendment on August 9th. It was to be in the grand ballroom of UT, a historic building. A 1920 car was to drive Dr Loretta Ford to the event. A lady from that era was going to discuss her role in gaining rights for women. Since the event was cancelled like so many of our celebrations Dr. Ford celebrated at home and many unpacked their celebration dresses waiting for a time when we will get together.

Lee Ford celebrating 100 years of Women's suffrage

Dress to be worn for celebration

Nurse practitioners have always been in the forefront of change. We need to document our past and continue to document our present. As we celebrate our diversity and our ethical caring for all patients it is time to become the change agents that our history has shown. The stories of today will become our legacy for change.

Our survey to identify historic documents is open with additional questions regarding diversity. Help us with the search and find, to provide researchers with a database to study our beginnings.

Access the survey at https://www.surveymonkey.com/r/W55QXPG

https://msmagazine.com/2020/08/26/honoring-the-diversity-of-the-womens-suffrage-movement/

Membership Feature Column

Barbara Sheer, FAANP

Celebration of 2013 Fellow:
Barbara C. Phillips, MN, GNP, FNP-BC, FAANP

Biography:

Ms. Barbara C. Phillips, the founder of Nurse Practitioner Business Owner and Clinician Business Institute, provides business education, resources, and support to Advanced Practice Nurses. She maintains that understanding the "Business of Healthcare" is critical to the future of Nurse Practitioners and the NP profession in general, no matter if an APN chooses to work for herself or be employed. A pioneer of business education for NPs, she has spoken about business on a national scale, including practice startup, since 2007. She is a published author and speaks and consults nationally and internationally. She is recognized as a leader and innovator, business expert, social media guru, and cutting-edge online educator, and was awarded the 2012 Washington State AANP Award for Excellence. Ms. Phillips is a graduate of the University of Washington in Seattle. She has owned practices in both Washington and currently in Missouri, where she offers medical hypnotherapy. She has served on the Advisory Board for the Duke Johnson & Johnson Nurse Leadership Program and has coached Leadership Fellows for many years.

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

The road to being an NP was not a direct one for me. Before becoming a nurse in 1978, I was working as a nursing assistant in long term care. I completed my ADN at Seattle Central Community College (SCCC) in 1978. After a year in med-surg and telemetry, I found myself immersed in critical care where I thrived for many years. It was during this time, I picked up a part time position teaching nurses in long term care how to assess patients. I met a GNP of a Gerontological Nurse Practitioner program at the University of Washington in Seattle and decided on that direction. I received my certification as a GNP in 1988 and never looked back. I returned to school completing my BSN at Oregon Health Sciences University (OHSU) and eventually the MN-FNP at the University of Washington in 1998.

What experiences did you bring to the role?

I have had various experiences, including long term care, staff development, and 15 years as a critical care nurse. All positions contributed to my confidence in giving patient-centered care. The nurse's role in critical care requires a specific skill set. In addition to strong assessment skills and a strong understanding of pathophysiology, the ability to make decisions and practice autonomously helped enormously in my path to become an FNP.

Did you experience any challenges? How were they resolved?

As a National Health Service Corps Scholar (NHSC), I accepted a position near Buffalo, NY. The facility was not prepared for a nurse practitioner. Since there was no collaborative agreement in place, and no one was willing to sign one, my position needed to be terminated.

My next FNP position was in a small tribal clinic. My challenge there as the only provider, was to prove to the community that a NP could provide the health care they needed.

Celebration of 2013 Fellow-Barbara C. Phillips, MN, GNP, FNP-BC, FAANP

Like many NPs I worked in a private practice. Unfortunately, shortly after I arrived, I realized this practice was not practicing to my standards in terms of patient care and legalities. I resigned from my position and it was after I left that I learned the practice has been under investigation and some of the patients I had seen were undercover agents. Eventually, I was ordered to testify. The physician was found guilty and sent to prison for 17 years.

It is a lesson to all nurse practitioners and health care providers to be mindful and always practice within ethical standards. It was after this experience, that I faced the challenges of starting and operating a successful practice.

Would you discuss how you decided to begin a new innovative business?

I had belonged to a nurse practitioner listserve for years. When I started reaching out to other members about starting a practice, I found that as I started getting questions, there were more than I could keep up with. To disseminate information to our colleagues, I started blogging about starting a practice. However, the questions and request for help never let up. I eventually realized that to provide my colleagues with information and training, it became clear this was becoming a business.

My mother had been an entrepreneur, so some of my inspiration came from her. Over time, the blog lead to speaking engagements around the country, webinars, courses, private consultation, and more. Currently, my company provides education, resources and support to entrepreneurial and employed NPs alike. The blog, where we still actively publish content each week is NPBusiness.ORG and has served as a resource for students, professors, and clinicians alike.

Are there any experiences you would like to talk about?

I had practiced in Washington State with full practice authority since becoming an NP when I moved to Missouri. Adjusting to restrictive practice was challenging. A few years ago, I became certified in hypnotherapy. With the approval of the board of nursing, I practice medical hypnotherapy and continue with my activities promoting and advocating for NPs to learn about and participate in business.

What was most challenging in your career/most important?

With challenges, there is always growth and opportunity. Certainly, starting my practice without the benefit of a mentor was a challenge. The placement in Buffalo without a collaborative agreement increased my awareness of the challenges that NPs in states without FPA experienced. And of course, having to testify against a physician colleague drove home how important it is to stick to ethical principles and standards of care. However, these challenges and learning opportunities prepared me to mentor and assist NPs in these challenges.

Membership Feature Column

Barbara Sheer, FAANP

Celebration of 2013 Fellow– Barbara C. Phillips, MN, GNP, FNP-BC, FAANP

Is there anything you would want to change?

As I began my nursing career, there were two options of becoming a registered nurse: pursuing an Associate or a Baccalaureate Degree. Being accepted into two programs, I opted for the Associate Degree Program since both resulted in being eligible for the NCLEX and becoming a registered nurse.
Later, I entered a certificate program to become a GNP but felt the need to continue my education at the master's level. Unfortunately, at the time, I did not understand how these decisions would ultimately affect the trajectory of my career. I went with the best advice I received at the time. Later, I wish that the clinical doctorate would have been an option, but when I was ready to continue my education, only the Ph.D. program was available. I was more interested in clinical aspects rather than research. If I could have foreseen the future and had known what I know now, I would have opted for a more direct path.

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

Pivotal moments occurred on a state by state basis as each state fought to expand the scope of practice boundaries. These struggles continue, but perhaps with the emergence of the coronavirus, the value of the full scope of practice for nurse practitioners in all states will be realized. On a national level, the Affordable Care Act increased the visibility of nurse practitioners and the services they provide. I believe every nurse practitioner/ advanced practice nurse benefits from having their own website, listing their titles and credentials. Not only would it increase visibility, but it would also help educate the public.

What advice would you give to new nurse practitioners?

I receive many requests from new graduates on beginning independent practice. My advice continues to be to first find a position, begin practicing, and gain clinical experience. You need to have a robust clinical background before contemplating starting a practice. Become an excellent clinician first.

Opening a practice requires not only clinical expertise but business acumen. This requires a different skill-set not covered in educational programs.

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

Practice will continue to change. With time, we will see full practice authority in all 50 states. Telehealth is here to stay; it will continue to evolve, utilizing expanding technologies and systems. NPs will likely be the profession that delivers the bulk of patient centered primary care.

We need to remember that independence does not mean functioning in a vacuum. To offer the best possible care, with the patient at the center of care, we need to foster a sense of mutual respect and collaboration among all healthcare providers in all disciplines.

Membership Feature Column

Donna McArthur, FAANP

Celebration of 2005 Fellow-James C. Pace, PhD, MDiv, APRN, BC, FAANP, FAAN

Place for Interview: Virtual
Education: Vanderbilt University School of Nursing; Post-Masters' Certificate (Adult Nurse Practitioner), 1995; PhD-University of Alabama, Birmingham
Certifications:
Board Certified Adult Nurse Practitioner (ANCC); Board Certified Faith Community Nurse (ANCC)

Short Bio:

James C. Pace, PhD, MDiv, APRN, BC, FAANP, FAAN is Dean and Professor of Nursing at Valdosta State University College of Nursing and Health Sciences in Valdosta, Georgia. Prior to this role, Dr. Pace was the Senior Associate Dean for Academic Programs at New York University Rory Meyers College of Nursing holding the rank of clinical professor. Dr. Pace earned a BA in philosophy from The University of the South in Sewanee, TN; a BSN from Florida State University; MSN and MDiv degrees from Vanderbilt University; and a PhD in nursing from the University of Alabama at Birmingham. Dr. Pace is a board-certified adult nurse practitioner and is a Fellow of the New York Academy of Medicine, the American Association of Nurse Practitioners, and the American Academy of Nursing. Dr. Pace's research and scholarly pursuits are in the areas of palliative/end-of-life care and spirituality/religion and health. In addition to being a nurse, Dr. Pace is an Episcopal priest and served as assistant priest at St. Mary the Virgin Episcopal Church, Times Square for nine years.

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

I became a NP in 1995. I was immersed in end-of-life care at the time--I was the program director for the palliative care specialty track within the ANP curriculum at Vanderbilt University. I also worked part time in a large community and residential hospice program in Nashville, TN. It was a time when many people were dying of AIDS. For my NP preceptorship, I was assigned to Vanderbilt's Infectious Disease Department where a large-scale clinical research trial was taking place with a new type of drug for the treatment of HIV/AIDS (the earliest Protease Inhibitor). With the significant reduction in viral loads that were being seen with this drug, I saw very quickly that NPs would be a large component of the evolving health care needs of persons with HIV/AIDS. I wanted to be a part of this movement very much – I felt a personal connection with the people for whom I cared.

What experiences did you bring into the role?

I was a nurse at the bedside for several years for an oncology/hematology service at an academic medical center setting. We received the first of the AIDS patients once they appeared on Nashville's radar screens. I had a lot of experience with end of life issues, difficult conversations, advanced care planning, managing significant symptoms, and preparing families for hospice care services, if they requested.

Celebration of 2005 Fellow-James C. Pace

Did you experience any challenges? How were they resolved?

I witnessed the challenges of my patients in regard to being gay in the south, having HIV/AIDS, strained family relationships, and limited resources to afford the best of care options. As a charge nurse on a floor that admitted persons with an AIDS diagnosis, I can still remember nurses refusing their assignments to care for those with AIDS, the constant request to know the etiology (those who contracted HIV through tainted blood or through needles [and who were not gay] were termed the "innocent" victims [to include children]).

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

There are so very many! I was also the hospice chaplain in the hospice where I worked and as such, was assigned the patients who were dying of AIDS. I officiated at many funerals. Some funeral homes still refused to transport the bodies of persons with AIDS to their funeral homes. It was also the "two funeral syndrome" time …. One funeral would be with the biologic family and the cause of death was usually "cancer". The other was with the gay community where the diagnosis was always AIDS. As a NP, I moved to Atlanta GA and taught at Emory University School of Nursing 50% and served as an NP at a community health center that was dedicated to HIV/AIDS care. I prescribed the HIV "cocktails" that eventually went from two to three drugs as standard therapy. Side effects from some 12-18 pills per day were atrocious then. Managing nausea, diarrhea, weight loss, and skin problems were challenging. My patients had to be placed on drug assistance programs which took large time frames for patient approvals. Sometimes there were gaps in medication regimens and drug resistance was a constant threat.

What was most challenging in your career/ most important?

Most challenging: Drug resistance or lack of medications and rapidly falling T-Cell counts, PCP, KS, neurologic complications, shingles, cytomegalovirus retinitis, blindness, STIs, loneliness, isolation.

A patient who had terrible KS from AIDS had endured so much pain over many months elected to hoard enough opioids to end his life. He was in close contact with an organization at the time that was known as the Hemlock Society. Patient Assisted Dying was not discussed openly at the time. No one knew that he was doing this behind the scenes. When he was ready to take the dosage, he asked if I would be with him, hold his hand, make sure that he did ok, help him back to his bed (he wanted to take the meds in an outside gazebo that was simply beautiful to behold) and then make sure that he looked comfortable in his bed for when his long-time partner returned from work at the end of the day. He was wheel-chair bound and his lower extremities were weeping, edematous, and odorous. It was a lot of work to transport him outside and back. I struggled with what he was intending to do. I ended up supporting his wishes (though not physically present with him when he ingested the meds) and he died peacefully "in his sleep" before his partner returned home. I struggled with those decisions for quite some time. I now fully support PAD legislation. It was one of the most important times of being a nurse for me: the patient trusted me enough to share his most intimate of wishes at the close of his life. He was 27 years old.

Celebration of 2005Fellow-James C. Pace

Is there anything you would want to change?

Any nurse would love to change any number of things in our complicated health care systems. One of the changes that did evolve from this time frame was the introduction of the palliative care movement and how that evolved around and from the hospice model of care. It because a new specialty in and of itself. I was a part of its development and I loved (and still love) every part of it.

Access to medications is so vital for life itself; many people have no possibilities or access to those drugs. Their lives are the shorter for it.

The LGBTQ population has taken many hits over the years. In my most recent NP position in New York City, I had the honor to work with the transgendered community. Poverty, homelessness, depression, lack of access to the full spectrum of care were obstacles to their holistic care and quality of life.

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

Protease inhibitors leading to patient-friendly one drug/day regimens. PREP. PEP. LGBTQ+ advocacy and improved access to care for many. The Affordable Care Act. Preventive Care. Oral Health Care as an evolving specialty. The Palliative Care movement. Advanced Care Directive reimbursement. Tax breaks for NPs who serve as preceptors for graduate nursing students. The DNP degree alongside the PhD degree in Nursing Science.

What advice would you give to new nurse practitioners?

Never stop caring. Never stop learning. Never stop advocating for those who need our strength, guidance, compassion, and empathy.

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

Totally autonomous care privileges without burdensome restrictions. NPs will manage preventive, primary care, and behavioral health modalities. There will be improved relationships with interdisciplinary team members with the aging out of those who feel threatened. Further understanding of the improvements to health care that DNP prepared providers will offer. More nurses will be shaping policies, health care delivery mechanisms, and serving on boards that drive decision making.

My last thought: What an honor and a privilege to be a nurse!

Michaelene P. Jansen, FAANP

Celebration of 2013 Fellow-Deb Kiley

Place for Interview: Telephone Interview

Education:

University of San Francisco, San Francisco, CA, BSN, 1973

University of California Los Angeles, Los Angeles, CA, MSN, 1983

Rush College of Nursing, Chicago, IL, DNP, 2008

Certifications:

FNP- American Nurses Credentialing Center and American Association of Nurse Practitioner Certification Board

Certified Integrative Health Coach – Duke Center for Integrative Medicine, Durham, NC

Short Biography:

Dr. Kiley is an energetic patient advocate seizing any opportunity to speak out for patients as individuals or groups. She was one of the first 100 members of AANP. She served as a member of the Board of Directors of the American Academy of Nurse Practitioners serving as region 10 director, and AANP state representative for Alaska. Dr. Kiley has been an early adopter of telehealth technology, sharing concepts and designs in Alaska with clinicians and at the University of Alaska. She was co-founder of Alaska Health Resources, a consulting company that developed and maintained a server that allowed rural sites to utilize telehealth to access specialists in Anchorage, completing the first telehealth efficacy project in Alaska, which demonstrated the utility of telehealth technology for patients and clinicians. As a Nurse Practitioner at the Alaska Center for Pain Relief and the founder of Fearless Wellness LLC, Dr. Kiley addresses the cause of disease when working with patients to identify their best path to improved health. She looks for innovative approaches to persistent problems and provides a functional approach and integrative health coaching. She earned certification as an integrative health coach through the Duke Center for Integrative Medicine. She speaks nationally to clinician and patient groups on patient engagement, non-opioid pain management and accessible lifestyle strategies to improve health and well-being. She was inducted as a Fellow in AANP in 2005 and as a Fellow of the National Academy of Practice. She co-authored a text on Pain Management for Primary Care Nurse Practitioners and Physician Assistants. She continues to mentor nurse practitioners and students in professional development, leadership, patient centered care and personal wellness.

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

I started working as a registered nurse in Boston in 1973 and as a critical care nurse in Los Angeles in 1974. I always knew I wanted to continue my education. I started a MBA program in 1978 because at that time I was running an ICU and thought I should get my MBA. But then I decided that I did not want to manage an ICU any longer. So I decided to enroll in the FNP program at UCLA because I wanted the most flexibility. That way, I could do or go anywhere after graduation. MSN programs at that time were only full time, so I would work 20 hours a week teaching critical care and drive across LA to attend classes. I was also pregnant at that time. I drove 500 miles a week.

Membership Feature Column

Michaelene P Jansen, FAANP

What experiences did you bring into the role?

I worked in many diverse jobs. After graduating from my BSN program, I worked at Beth Israel, an academic institution associated with Harvard University. It was there that I would talk with patients who were awake and learned to listen. I learned that presence makes good practice. We then moved to Los Angeles so that my now husband could attend dental school and I worked at St. John's Intensive Care Unit. Those were the early days of ICU where I was involved in the care of the first patients with PA lines and intra-aortic balloon pumps. I then persuaded the powers to be to allow a transfer to dialysis. Things have certainly changed from my time in ICU and dialysis. The challenge, innovation and drive of an ICU nurse makes a good nurse practitioner. There is motivation to obtain information and then apply it. I think that working in ICU is easier than working in a medical-surgical centered unit.

Did you experience any challenges? How were they resolved?

After graduation from my master's program in 1983, there were not many NP positions available at that time. NP practice was protocol driven. NPs did not have prescriptive authority in California, but the concept of "furnishing" provided for supervision by an MD. I was very tired of driving by then so I accepted a position within ten minutes of my home in Pain Management. This multi-disciplinary program was designed to help patients, including many workers' compensation patients, to improve functional ability and reduce/eliminate their reliance on pain medications. Working closely with the physician medical director of the program, I did comprehensive intake evaluations of patients and followed them through the six weeks program. I had the privilege of working with talented and visionary physical therapists and psychologists, and seeing firsthand the benefits of self-efficacy for patients with chronic diseases. The patients had many complex physical and psychological challenges, I learned the importance of a multidisciplinary approach, and working as a team.

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

I have worked with skilled people who had a broad view of pain management and that stayed with me. I have carried forward the biopsychosocial model for patient centered care. It is now recognized that there is a difference between pain and suffering, and that persistent pain has biopsychosocial factors, and optimal care comes from this perspective. This perspective impacts my practice. Throughout my career people who have invisible wounds have sought out my care; such as patients with fibromyalgia, schizophrenia, eating disorders. It was a privilege to be able to help them whether it be a nudge or blunt approach. They knew I always had their best interests at heart. When I left a pain practice where I had worked for many years, some of the patients were tearful, and fearful, one said "I know they will see me, but they won't love me like you do." Today, practicing functional medicine, informed by Integrative health coaching, I enjoy focusing on patient history and lifestyle, and using focused testing to determine the root cause of problems to help people optimize their health. I have lived by the sacred rule of getting to know people.

Another experience that has had impact in my life is my involvement with AANP and becoming a Fellow in AANP. It is a privilege getting to know "icons" who don't take themselves seriously. When I decided to obtain my DNP, I chose Rush College of Nursing because it fit my beliefs and style; every course had the word "change" in it. I did not feel pressure to obtain a DNP; I did it for myself. Shortly after starting the program, I was attending a FAANP meeting and in walks Dr. Ruth Kleinpell, who I was scheduled to have for class the following semester. I was very nervous about meeting her but she was so gracious and just like all of us at that meeting. I learned so much about Evaluating Outcomes from taking her course and have used those concepts ever since. Humility and approachability are two qualities I see in most Fellows.

What was most challenging in your career/ most important?

I never focused solely on my career. I looked to see what fit with my family. I could have been more purposeful but I have no regrets.

Is there anything you would want to change?

I would have utilized and learned more about functional medicine earlier.

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

When I became involved with AANP, it opened my horizons. I was one of the first 100 members. It was on a whim that I ran for AANP Alaska state representative. I started meeting people and never turned back. I went to a policy meeting with Jan Towers and sat next to Mona Counts. One doesn't meet Mona without becoming involved. I was then appointed to Regional 10 Director and have been active ever since. The key message here is that acting on a whim got me to meet many people I would not have known. It was a treasure.

Another pivotal moment was the decision to start my Fearless Wellness Practice. I wanted to start a consulting practice to keep people out of the health care system. I rely on functional medicine and integrative practices. I still use diagnostics such as advanced lipid testing and work to change life styles. I also use motivational interviewing. I strive to help my patients find their own path to success in their own life and identify what makes them happy. I try to help people fulfill their lives by using all the tools in my toolbox. Functional medicine is complex and utilizes a holistic approach early in care.

What advice would you give to new nurse practitioners?

I would encourage new nurse practitioners to find their inner joy and to take care of themselves first. I would also encourage them to take chances and reach out to "icons." Nurse practitioners like everyone else should try something new every day. Get involved in local and national professional organizations; it is important to contribute, and you always get back more than you give.

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

That is hard to say. The optimistic view is that we will be providing most of the primary care and holistic specialty care in the U.S. We need to be vigilant on maintaining our roots and quality educational programs. We will look to AACN and NONPF to take leadership in this regard.

Member News Column

Pat Alpert, FAANP

What's Happening Now?

Every quarter we receive self-reported accomplishments by Fellows. In this issue we are proud to recognize distinguished Fellows who contributed significantly 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.

Congratulations!

Hilary Barnes, FAANP

Other: In 2019, Hilary Barnes served on the Planning Committee to set the agenda for the Nursing Health Services Research for the 2020s. Meeting participants generated a report outlining the most pressing and feasible research questions that nursing can address in the next decade to improve health care delivery for five key challenges (i.e., behavioral health, primary care, maternal health, older adults, and health care spending/ costs).

Publication:

Barnes, H., Germack, H. Riman, K, & Buerhaus, P. I. (2020, August 6). Nursing Health Services Research: Developing an Agenda to Address the Nation's Top Health Care Challenges in the 2020. [Blog post] Retrieved from: https://www.academyhealth.org/blog/2020-08/nursing-health-services-research-developing-agenda-address-nations-top-health-care-challenges-2020s

Irene W. Bean, FAANP

Other: Collaborated with Doximity in an Op-Med 'A Movement Like No Other': A Clinician's Vision for Racial Health Equity Link: https://opmed.doximity.com/articles/a-movement-like-no-other-a-clinician-s-vision-for-racial-health-equity?_csrf_attempted=yes

Sandra C. Brown, FAANP

Appointment: Sandra C. Brown, Dean of the College of Nursing and Allied Health, Southern University and A&M College, was appointed by Louisiana Governor John Bel Edwards to serve as 2020 Co-Chair of the Louisiana COVID-19 Health Equity Task Force. The Task Force is charged with providing recommendations related to health inequities affecting communities that are most impacted by the coronavirus.

Member News Column

Pat Alpert, FAANP

Adele Marie Caruso, FAANP

Policy Activities: (1) Caruso, A.M. (2020). Letter to the Editor: Embrace the growth of nurse practitioners to improve care. Pittsburgh Post-Gazette. August 20, 2020 https://www.post-gazette.com/opinion/2020/08/20/Embrace-the-growth-of-nurse-practitioners-to-improve-care/stories/202008190078 https://www.careforpa.com/report

(2) Caruso, A.M., (2020). Guest Commentary: Nurse practitioners keep population healthy. Reading Eagle; August 15.

(3) Caruso, Adele M.: NPs Working to Keep Johnstown's Population Healthy. Johnstown Tribune-Democrat. August 17, 2020. https://www.readingeagle.com/opinion/guest-commentary-nurse-practitioners-keep-population-healthy/article_e2d46888-dc8e-11ea-813a-c79f11d9a384.html https://www.tribdem.com/news/editorias/adele-caruso-nps-working-to-keep-johnstown-s-population-healthy/article_0140f6d0-de11ea-85d3 https://www.careforpa.com/report

Presentations: (1) Caruso, A.M. Pennsylvania is Ready for Full Practice Authority! Poster Presentation, 2020 American Association of Nurse Practitioners, Annual Conference. Virtual. September 2020

Publications: (1) Caruso, A.M. & Guzzo, T.J. (In press). Chemoradiation bladder preservation. In Trabulsi, E., Calvaresi, A., Lallas, C., (Eds.*), Chemotherapy and Immunotherapy in Urologic Oncology: A Guide for the Advanced Practice Provider*. Manapakkam/Chennai/India: Springer Nature

(2) Caruso, A.M. Ravishankar, R., VanArsdalen, K.N, & Malkowicz, S.B. (2020). Intravesical gemcitabine and docetaxel in heavily pre-treated patients with non-muscle invasive bladder cancer (NMIBC). *Journal of Urology, 203*, Issue Supplement 4, e1124.

(3) Caruso, A.M. (2020, April 14). Urology APP's: Making an impact during the Covid-19. Pandemic [Blog Post]. Retrieved from: http://urologytimes.com

Mary Anne Dumas, FAANP

Appointments: (1) Mary Anne Dumas was appointed as a member to the "Have you ever served", National Advisory Council of the American Academy of Nursing Initiative, 2019-2021

(2) Appointment to the Defense Health Board Medical Ethics Subcommittee, 2019-2024

Stephen Ferrara, FAANP

Appointment: Stephen Ferrara was appointed interim executive director of Jonas Nursing and Veterans Healthcare in 2020, in addition, to his other duties at Columbia University School of Nursing.

Recognition: Stephen Ferrara will be inducted as a Fellow of the American Academy of Nursing in October 2020.

Member News Column

Pat Alpert, FAANP

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

Publication: Gawlik, K., Melnyk, B.& Teall, A. (2020). *Evidence-based physical examination: Best practices for health and well-being assessment.* (1st Ed.). New York, NY: Springer Publishing LLC. ISBN: 978-0-8261-6453-7.

Aimee Chism Holland, FAANP

Award: Vanderbilt University School of Nursing Alumni Award for Innovation in Health Care, October 2019.

Grant: Increasing Access to Care Through a Telehealth Gynecology Procedures Workshop. American Association of Nurse Practitioners. Role: PI. Total: $5000 (Dates of Award: 1/1/20-12/31/20). Status: Awarded

Publications: (1) Ingram, M., Jones, D., & Holland, A. (in press). The implementation of an annual renal function screening protocol in primary care. *Journal for Nurse Practitioners*. DOI: https://doi.org/10.1016/j.nurpra.2020.03.006.
(2) Pair, L., Hodges, A. & Holland, A. (2020). How nurse practitioners can impact women's health in rural America. *Women's Healthcare: A Journal for NPs*, 8(1), 23-25.

Ruth Kleinpell, FAANP

Recognition: Ruth Kleinpell was inducted as a Fellow in the National Academies of Practice in 2020.

Mary Koslap-Petraco, FAANP & M. Elayne DeSimone, FAANP

Grant: Mary Koslap- Petraco and M. Elayne DeSimone received a grant from the Eleanor Crowder Bjoring Center for Nursing Historical Inquiry (ECBCNHI) at the University of Virginia for a project entitled " Persistence and progress through grassroots Nurse Practitioner leadership: the New York State Story 1980-1990.

Kathryn Kreider, FAANP

Appointment: Kathryn Kreider was appointed as an advisor to the American Diabetes Association for 2020-2022. In this role she will be on the leadership team for the Behavioral Health and Psychology special interest group and will help coordinate and plan activities for clinicians both nationally and internationally.

Vanessa Pomarico, FAANP

Publication: Pomarico, V., Maynard, K., & Adimando, A. (2020). Assessment of the transgender patient. *Unfolding Health* Assessment *Case Studies for the Student Nurse*. Indianapolis, IN, Sigma Publishing.

George Peraza-Smith, FAANP

Award: Received the 2020 Gerontological Advanced Practice Nurses Association (GAPNA) Foundation's Dave Butler Spirit Award. David H. Butler was a Vice President for Johnson & Johnson USA, who was a strong advocate and supporter of the goals and mission of GAPNA. The Dave Butler Spirit of GAPNA Award is given out annually to a GAPNA member, who demonstrates an outstanding commitment to the mission and goals of GAPNA.

Member News Column

Pat Alpert, FAANP

Joyce Pulcini, FAANP

Other: Pulcini, J - contributor to : "The Discipline of Advanced Practice Nursing – ICN Guidelines. A Guidance Paper prepared for the International Council of Nurses. Geneva, Switzerland." (published by ICN in May, 2020)

Publication: Hassmiller, S. & Pulcini, J. (March 2020). *Advanced practice nursing leadership: A global perspective.* NY: Springer

Lynn Raspilber, FAANP

Award: Selected to receive the Nightingale Award for New Haven County, Connecticut in April 2020.

Presentations: (1) Raspilber, L. General Session: Reimbursement: Foundation of fiscal responsibility. Invited podium, 2020 Virginia Council of Nurse Practitioners (VCNP) Annual Conference. Norfolk, VA. March 6, 2020.
(2) Raspilber, L. Successful Strategies for Documentation and Coding. Keynote, Central Alabama Nurse Practitioner Association (CANPA) Annual Conference. February 1, 2020.

Sheila K. Smith, FAANP

Award: Diversity and Inclusivity Award, University of Minnesota School of Nursing, May 2020. Sheila Smith was recognized as a leader in promoting understanding about health care for LGBTQ people.

Grant: Learning How Expert Critical Care Nurses Think: An Action Approach, Co-Investigator. Cynthia Peden-McAlpine, PI. American Association of Critical Care Nurses, AACN Impact Research Grant. March 2020.

Presentation: Smith, S., K., Benbenek., M., Bockwoldt, D. (2020). Diagnostic Reasoning: A Key Nurse Practitioner Competency for Safe and Effective Practice. Refereed symposium presentation, National Organization of Nurse Practitioner Faculty Annual Conference, Virtual. April 25, 2020.

Publication: Smith, S. K. (2020). Transgender and gender nonbinary persons' health and well-being: Reducing minority stress to improve well-being. *Creative Nursing*, 26(2), 88-95. doi: 10.1891/CRNR-D-19-00083.

Vicky Stone-Gale, FAANP

Appointment: Appointed by the Florida Board of Nursing to serve on the Council on Advanced Practice Registered Nurse Autonomous Practice-July 2020.

Election: Elected as the first VP of Legislation of the Florida Nurse Practitioner Network.
Promotion: Promoted to the rank of Associate Professor at Frontier Nursing University in July 2020.

Angela Thompson, FAANP

Appointment: Appointed as the 2021 AANP National Conference Chair.

Elections: (1) Elected as the incoming Director of Region 5.
(2) Elected President for the Coalition of Advanced Practice Registered Nurses of Indiana.

Publications: (1) Thompson, A., Peterson, A., Wilbur, V., Reinhold, J. (in press). *Pharmacotherapeutics for advanced practice: A practical approach.* (5 Ed). Philadelphia, PA: Wolters Kluwer.
(2) Thompson, A., Cornell, S., Halstenson, C., & Miller, D. (in press*). Pathophysiology of the metabolic disorders. The art & science of diabetes self-management education and support desk reference.* Chapter 13 (5th Ed). Chicago, Ill: Association of Diabetes Care, & Education Specialists.

Reminders

FAANP Application Nominations – Now Open

Friendly reminder, nominations are open for 2021 FAANP candidates. The 2021 FAANP Application deadline is Wednesday, October 7 at 5:00 PM CST. Each year, a Fellow may sponsor one candidate as a Primary Sponsor and one candidate as a Secondary Sponsor. Please note, one qualifier for FAANP eligibility is holding a continuous AANP membership for at least **two** years as of August 1 of nomination year. For information on the application process and eligibility criteria, please, visit the AANP website. To nominate a 2021 FAANP candidate, please use the nominations application link below.

https://fellowsapplication.aanp.org

Announcements

What's Happening?

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

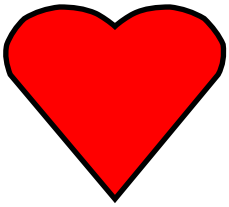
We highlight self-reported accomplishments of our fellows in our newsletter published quarterly. If you would like to share newsworthy accomplishments please go to URL: https://www.surveymonkey.com/r/FAANPAchievements News related to elected positions, awards, and other are used.

These accomplishments generally appear in the Forum, our Fellow's newsletter. However, we reserve the right to edit your entry to conform to allotted space. We do not publish an achievement prior to the actual date it is accomplished; please do not submit an accomplishment in advance.

****

AANP 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 ececchini@aanp.org

Best wishes to all Fellows and their families for good health.



FAANP OFFICERS AND COMMITTEE MEMBERS

FAANP Executive Committee

Chair – Diane Seibert, PhD, CRNP, FAAN, FAANP

Immediate Past Chair - Janet DuBois, DNP, FNP, PMHNP, FAANP, FNAP

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

Treasurer – Jamille Nagtalon Ramos, EdD, MSN, WHNP-BC, IBCLC, FAANP

Member-at-Large – Laurie Anne Ferguson, DNP, APRN, ANP-BC, FNP-C, CPNP, FNAP, FAANP

Member-at-Large – Denise Link, PhD, WHNP-BC, CNE, FAAN, FAANP

BOD Liaison – Frank Manole, DNP, MBA, ACNP-BC, FAANP

Selection Committee

Chair – Donna Hallas, PhD, PNP-BC, CPNP, PMHS, FAANP

Terri Lynn Allison, DNP, ACNP-BC, FAANP

Michelle A. Beauchesne, DNSc, RN, CPNP, FAAN, FNAP, FAANP

Kathleen S. Burkhart, MSN, APN-c, FAANP

Kahlil Demonbreun, DNP, RNC-OB, WHNP-BC, ANP-BC, FAANP

Valerie Fuller, PhD, DNP, AGACNP-BC, FNP-BC, FAANP

Alison Mitchell, APRN MSN ACNP-BC FAANP

Vanessa Pomarico, Ed.D, APRN, FNP-BC, FAANP

Alicia Gill Rossiter, DNP, FNP, PPCNP-BC, FAANP, FAAN

Vicky Stone-Gale, DNP, APRN, FNP-BC, FAANP

Joan E. Zaccardi, DrNP, APN-BC, FAANP

Nomination Committee

Theresa M. Campo, DNP, FNP-C, ENP-C, FAANP, FAAN

Mary B. Neiheisel, MSN, EDD, FAANP, BC-FNP

Veronica Wilbur, PhD, APRN-FNP, CNE, FAANP

History Committee

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

Newsletter Team and Contact Information

Team Member	Column Assignment	Contact Information
Mary B. Neiheisel	Chair, Newsletter Team	mbn8682@louisiana.edu
Patricia T. Alpert	Member News	patricia.alpert@unlv.edu
Kim Curry	What to Read Now	kcurry@aanp.org
Mary Jo Goolsby	Leadership/Mentorship	maryjogoolsby@gmail.com
Deborah C. Gray	International	dcgray@odu.edu
Mary B. Neiheisel	Research	mbn8682@louisiana.edu
Jamesetta A. Newland	Education	jan7@nyu.edu
Kathy Wheeler	Policy	kjwheeler623@gmail.com

*****

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

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