



FAANP Forum

Summer 2021

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:

FAANP Chair	1-5
FAANP FORUM Chair	6
FAANP AWARDS	7-8
2021 Inductees	9
What to Read Now	10-11
Education	12-14
Member Profiles	15-26
History	27
In Memoriam	28-31
Membership News	32-38
Announcements	39
FAANP Committees	40
Newsletter Committee	41



Greetings from *FAANP Chair*

Diane Seibert, FAANP



Diane Seibert, FAANP chair shares her slides giving updates related to Fellows and Fellows activities (pp.2-5). If you are looking for the new officers, the Fellow Awards and what is happening with the Fellows initiatives-take a look at these slides.

Thank you, Diane, for this information and for your leadership.

FAANP EC Update June 26, 2021

Diane Seibert, PhD, APRN, FAAN, FAANP



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Greetings from *FAANP Chair*

Diane Seibert, FAANP

FAANP Executive Committee Members

Diane Seibert, Chair

Janet DuBois, Immediate Past Chair

Frank Manole, Board Representative

Jamille Nagtalon-Ramos, Treasurer

Donna Hallas, Selections Committee
Chair

Mary Anne Dumas, Secretary

Laurie Ann Ferguson, Member at Large

Denise Link, Member at Large



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2021 Award Recipients

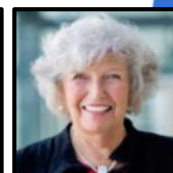
- 2021 Honorary Fellow

- Dr. Shwu-Feng (Phoenix) Tsay, PhD, RN, FAAN



- 2021 Legacy Award Recipients

- Frank L. Cole, PhD, CEN, FNP, FAAN, FAEN, FAANP
- Judith S. Dempster, DNSc, NP-C, FNP, FAANP
- Charon A. Pierson PhD, GNP-BC, FAAN, FAANP



- 2021 Loretta Ford Award Recipient

- Susan Orsega, RN, FNP-BC, MSN, FAANP



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Greetings from *FAANP Chair*

Diane Seibert, FAANP

Student Panel 2021 National Conference

- “A Day in the Life” of NPs in: Peds, Family, Psych Mental Health, Women’s Health, ER, Geriatrics, & Urgent/Convenient Care
- Panel Members

Donna M. Hallas

Laurie Anne Ferguson-Parker

Dian Dowling Evans

Janet DuBois

Meredith Heyde

Kathi Burkhart

Jamille Nagtalon-Ramos



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of
Nurse Practitioners

Fellows Elections

Nominations Chair, Theresa Campo

- Virtual community engagement this year due to COVID-19
- Developed rubric to ‘score’ candidates after qualifications verified

Position (N candidates): Results (congratulations!)

- **Chair Elect (3):** Penny Kaye Jensen
- **Treasurer (2):** Jamille Nagtalon-Ramos*
- **Member-at-large (3):** Elda Ramirez
- **Nominations (3):** Kate Gawlik
- **Selections (9 candidates, 3 positions)**
 - Terri Allison*, Kahlil Demonbreun* & Vanessa Pomarico-Denino*

* Incumbent



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2021 FAANP Grant Award Recipients

- Co-PI's Jacki Witt (FAANP) & Susan Kendig (FAANP)



- **Congruence of Diagnosis and Management of High-Risk Conditions in Pregnancy by Women's Health Nurse Practitioners or Maternal Fetal Medicine Specialists**



Student Toolkit

<https://www.aanp.org/student-resources/starting-your-np-career/transitioning-to-nurse-practitioner-np-practice-videos>

1. New NP graduates (complete)

2. Considering NP education (Fall 2021)

- **Contemplating:** NP types, MSN vs DNP, selecting a program
- **Applying:** Process, references, Resume, Interview
- **Expectations:** Course Loads & Clinical Hours, Building Confidence, Scholarships, Financial Aid

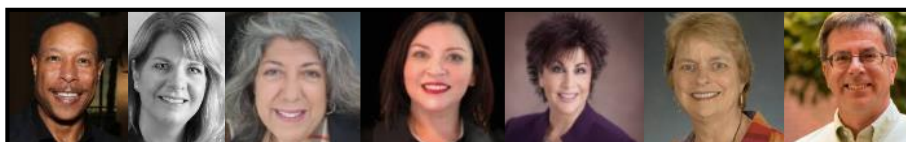
3. Students in NP programs (2022)



Mentorship “Career Enhancement”

Kathleen McCoy, Chair

- **Traditional option**
 - 1:1 (or 1:2) dyads
 - Application & Rubric completed
 - Launching in mid-late summer 2021
- **Coaching Circles under development**
 - New Graduate (Role Transition) circles (one per time-zone)
 - Entrepreneur/Business Plan
 - Leadership/Professional Presence/ Public Speaking
 - Advocacy/Policy



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PRAC Talks Update

Audrey Darville, Leader

3 - 5 short (10 minute) recorded talks/ quarter

Quarterly topics aligned with AANP activities:

1st Quarter: Research

- Impact of COVID-19 on Research: Karen Kalmakis
- Located on ‘Meet the Fellows’ (link to [webpage](#)) – 15 views so far

2nd Quarter: Policy

- Denise Link & Beth Haney have recorded, additional invites pending

3rd Quarter: Academia (reaching out to volunteers soon!)

4th Quarter: Clinical Practice (reaching out to volunteers soon!)

Working on a regular marketing strategy to promote the talks



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Greetings from *FAANP Forum Chair*

Mary B. Neiheisel, FAANP



The end of the FAANP calendar year is always a time for reflection and hope for the future. The Newsletter team wishes to express condolences to the families and friends of Dr. Ted Rigney and Dr. Diane Berry. Thank you to the University of North Carolina Chapel Hill School of Nursing and Drs. Judith Berg, Kenneth Wysocki, Donna McArthur, and Mary Jo Gagan for the memorials in this issue.

Congratulations to our Fellows who have been awarded the Legacy Awards: Dr. Judith Dempster (posthumously), Dr. Frank Cole (posthumously), and Dr. Charon Pierson; Rear Admiral Susan Orsega, the recipient of the Loretta C. Ford Award for Advancement of the NP Role in Health Care, and Dr. Shwu-Feng (Phoenix) Tsay, our newly named Honorary Fellow.

Congratulations to the newly elected officers and committee members: Chair Elect: Penny Kaye Jensen; Treasurer: Jamille Nagtalon-Ramos, Member-at-large: Elda Ramirez, Nomination Committee: Kate Gawlik, Selection Committee: Terri Allison, Kahlil Demonbreun, & Vanessa Pomarico-Denino.

Diane Seibert will continue as Chair for another year. We are deeply grateful to our Executive Committee for their commitment and dedication to the Fellows.

Welcome to our new Fellows. Please, consider writing for the Forum. We need research, practice, education, policy and international articles. We want to hear from and about each of you and the work in which you are involved. The call for the selection of Fellows for 2022 is just a few weeks away and we should all be giving thought to this event.

Kim Curry and Jamie Newland have referenced *The future of nursing 2020-2030: Charting a path to achieve health equity* and give us pointers but we each need to take time to read and heed what has been determined. No, I have not read in its entirety, but hope to accomplish that. As a beginning, I would like to see comments related to the introduction to Chapter 7: Educating Nurses for the Future. Jamie and Kim (in this issue) have initiated valuable comments and we look forward to comments from other Fellows.

“By 2030, the nursing profession will look vastly different and will be caring for a changing America. Nursing school curricula need to be strengthened so that nurses are prepared to help promote health equity, reduce health disparities, and improve the health and well-being of everyone. Nursing schools will need to ensure that nurses are prepared to understand and identify the social determinants of health, have expanded learning experiences in the community so they can work with different people with varied life experiences and cultural values, have the competencies to care for an aging and more diverse population, can engage in new professional roles, are nimble enough to adapt continually to new technologies, and can lead and collaborate with other professions and sectors. And nursing students—and faculty—not only need to reflect the diversity of the population, but also need to help break down barriers of structural racism prevalent in today’s nursing education.”¹

Enjoy summer vacations and togetherness with families and loved ones.

Reference

¹The Future of Nursing: Campaign for Action. (2021). *Transforming nursing education*. <https://campaignforaction.org/issue/transforming-nursing-education/>

And the FAANP AWARDS GO TO.....

Mary Jo Goolsby, FAANP

Mary B. Neiheisel, FAANP

2021 LEGACY AWARDS



1955-2006

Frank L. Cole, PhD, CEN, FNP, FAAN, FAEN, FAANP

Dr. Cole was a FNP who was recognized for developing the educational and practice infrastructures that support the role of NPs in emergency care settings. Dr. Cole's work has had a local, national, and international impact, especially with regard to the development of a curriculum for educating NPs in this area. Through research and publications, he expanded and developed the education and role of NPs in emergency care, including the use of telemedicine to provide emergency health care in rural areas. In a memoriam tribute written for JAANP, his friend and colleague Elda Ramirez described Frank as a "great scholar, mentor, and role model" who was "honest, stalwart, and fair". Definite attributes of a leader who left a legacy for many to follow.



1943-2016

Judith S. Dempster, DNSc, NP-C, FNP, FAANP

Dr. Judith Dempster was a leader and was crucial in the success of AANP, JAANP, FAANP, and the former AANP Foundation. She was AANP President from 1992 to 1994, and AANP's first AANP executive director/CEO for 13 years (1996-2009). Her executive leadership was instrumental in firmly establishing AANP as the premier organization for NPs of all specialties. Judith served as the JAANP publisher, when AANP self-published the journal before contracting with Wiley-Blackwell for that service. In addition to being a driving influence in creating the AANP Fellows program (FAANP), she was the founding executive director of AANP's affiliate Foundation for twelve years (1998-2010) before retiring. Judith was among the first NPs in Arizona and in the early 1970s led a federally funded program to develop an NP managed health service for Native Americans. She was a Vietnam War Veteran.

Charon A. Pierson, PhD, GNP, BC, FAAN, FAANP



Dr. Pierson is the former editor-in-chief of the *Journal of the American Association (formerly Academy) of Nurse Practitioners* and the founding editor of the quarterly journal *Nurse Practitioner Forum*. She also served as the editor of *Nurse Author & Editor*, a quarterly, international newsletter dedicated to nurse authors, reviewers, and editors, from 2007-2012. She has presented and published extensively on issues related to ethics in writing and publication. In 2012 Dr. Pierson was elected to the Committee on Publication Ethics (COPE) Council; in 2015 she was elected (and re-elected to serve a second term in 2017) Secretary of the Trustee Board and Council. Dr. Pierson specialized in gerontology. She taught for more than 25 years at California State University at Long Beach, the University of Hawaii at Manoa and the University of Texas at El Paso. She recently retired from the University of Texas El Paso where she was the Director of the Center for Aging. She was inducted as a Charter Fellow of the American Academy of Nurse Practitioners in June 2000 and elected as a Fellow in the American Academy of Nursing in 2013.

And the FAANP AWARDS GO TO.....

Mary Jo Goolsby, FAANP

2021 LORETTA FORD AWARD

Susan Orsega, RN, FNP-BC, MSN, FAANP



Susan Orsega has a long history of participating in health care policy development at an international, national, and local level and implementing creative and effective actions to turn a challenge to the nurse practitioner role into an effective opportunity to advanced practice and improved patient outcomes.

Susan has often been the only nurse, and usually only NP, guiding far-reaching projects ranging from conducting and building an infrastructure for research and care delivery efforts in African countries and disaster recovery in several locations around our globe, including the U.S. after “9-11”. She more recently has been responsible for directing the activities and assignments of 6500 Public Health Service Officers ensuring training and preparedness of the UPSHS Corps and their assignments related to COVID-19 response. She has presented and published numerous times, demonstrating her expertise while sharing evidence-based strategies.

She recently was awarded the USPHS Distinguished Service Medal, which recognizes exceedingly high levels of achievement, often with multi-national impact and typically over several years. Her achievements and contributions also have been recognized by the American Academy of Nursing and the American Nurses Credentialing Center. Clearly, she has affected policy at the national and global levels, while demonstrating leadership as an NP, improving access, and affecting patient outcomes. She is an exemplary role model of the NP Leader. Rear Admiral Orsega (RADM) and her recent appointment as Acting Surgeon General definitely increases visibility of her contributions and outcomes.

HONORARY FELLOW 2021

Dr. Shwu-Feng (Phoenix) Tsay, PhD, RN, FAAN



Shwu-Feng (Phoenix) Tsay is the Director General in the Department of Nursing and Health Care in Taiwan’s Ministry of Health and Welfare, where she is responsible for enhancing the health care of the more than 23 million citizens of Taiwan, managing a departmental budget of \$34M USD, and overseeing the practice of thousands of nurses, caregivers, and long-term care centers. Dr. Tsay is an influential advocate for the NP in Taiwan, from her work with the Nursing Personnel Act to her strategic introduction of various initiatives and programs designed to advance nursing education, regulations, and practice to meet international standards and the needs of an aging population.

CONGRATULATIONS

2021 FAANP INDUCTEES

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

<u>Name</u>	<u>State</u>	<u>Name</u>	<u>State /Country</u>
Lakshi Aldredge	Beavercreek, OR	Marsha Johansson	Clearwater Beach, FL
Jemma Ayvazian	Alexandria, VA	Hyun Ju Kang	Fort Riley, KS
Accursia Baldassano	Pensacola, FL	Debbi Lindgren-Clendenen	Minneapolis, MN
Frederick Barber	Richmond, TX	Randee Masciola	Lewis Center, OH
Kala Blakely	Trussville, AL	Cynthera McNeill	Inkster, MI
Kathleen Broglio	Lebanon, NH	Janice Miller	Lansdale, PA
Ann-Marie Brown	Sneads Ferry, NC	Katherine Newnam	Dandridge, TN
Garrett Chan	Los Angeles, CA	Blanca Padilla	Durham, NC
Melinda Cooling	East Peoria, IL	Natasha Prodan-Bhalla	Vancouver, B. C.
Alexa Curtis	Nevada City, CA	Donnie Scroggin	Ellisville, MS
Lucie Dlugash	Miami, FL	Leslie Scott	Lexington, KY
Alison Edie	Durham, NC	Megan Shifrin	Nashville, TN
Gwendolyn Foster	Travis AFB, CA	Lori Spies	Sunnyvale, TX
Diane Fuller Switzer	Bellevue, WA	Lacey Troutman-Buckler	Lexington, KY
Rebecca Garber	Fort Collins, CO	Mary Jo Vetter	Seaside, Park, NJ
Elizabeth Gatewood	Oakland, CA	Candy Wilson	Huntingtown, MD
Tracy Hicks	Henderson, TX	Arlene Wright	Fort Myers, FL
Heather Jackson	Franklin, TN	Stephanie Wynn	Birmingham, AL
Brenda Janotha	Massapequa, NY	Theresa Yeo	Philadelphia, PA



Make us look good, or else

Those of us interested in writing for scientific journals have a lot to keep track of in addition to the research itself. There are standards of authorship, a rapidly changing knowledge base, and the need to manage the teams involved in our studies. Now there's something new to add to your list of worries. Recently, a story was reported in BioSpace and several other online news outlets that gives pause to both researchers and those involved in reviewing and publishing research. The American Society of Anesthesiologists (ASA) and its journal, *Anesthesiology*, have been sued by a drug manufacturer, Pacira, after the journal featured studies that the drug company did not find favorable toward the medication Exparel (liposomal bupivacaine), an expensive and patent protected agent used for post-operative analgesia.

The charges are particularly concerning because they raise the possibility for anyone serving as an author, peer reviewer or editorial board member that a drug or product manufacturer may retaliate, including taking legal action, should a journal they are associated with print a study that the manufacturer views as reflecting negatively on their product. In this case, Pacira cited scientifically flawed and misleading information provided by the researchers and conflicts of interest on the part of the authors and the journal editor. Among other demands, Pacira requested an immediate retraction of the papers.

The society strongly defended the journal, responding back that numerous prior studies have found Exparel to provide no clinical benefit when compared to other drugs, that Pacira has been the subject of litigation before over questionable management behavior, and that the company has paid millions in the past to settle kickback claims related to paying physicians to prescribe the drug. The journal also cited its blinded peer review process used to evaluate the published studies.

It is hard to believe it could get any messier, and indeed in May Pacira suddenly withdrew its legal demand for retraction, although the remainder of the charges remain unsettled. This is a cautionary tale that reminds us all that things can go badly despite following ethical standards throughout the research and dissemination process. The fact that a manufacturer could feel entitled to litigate with a journal because they don't like the results of a study is a sobering thought. Nurse scientists, including NPs, can consider lending their voices to the expectation, and indeed the need, to publish research results based on the data collected without the need to factor in fear of reprisal.

Goodwin, K. (April 16, 2021). Pacira Takes ASA to Court in Defense of Non-Opioid Painkiller. Biospace. <https://www.biospace.com/article/armed-with-a-libel-suit-pacira-defends-efficacy-of-post-surgery-painkiller/>

The “Future of Nursing” report

I wrote about the “Future of Nursing 2020 – 2030: Charting a Path to Achieve Health Equity” report in a recent editorial. Since that time, I attended the May 11th webinar that announced the official rollout of the report. The authoring committee for the report was co-chaired by Dr. Mary Wakefield, a nurse well known to most of us with a long career in academics and public service, and Dr. David Williams, a professor of public health and of African and African American Studies and Sociology at Harvard University.

While many of us may assume that the Future of Nursing 2020-2030 report was designed to update and further the work of the initial “The Future of Nursing: Leading Change, Advancing Health” report issued in 2010, the preface of the new report makes it clear that this was not the intent. As the report states, “In 2019, the Robert Wood Johnson Foundation (RWJF) sponsored this study to explore the important contributions of nursing to addressing social determinants of health (SDOH) and health equity in the United States” (Wakefield and Williams, in Wakefield, et al, 2021). This is an important foundational statement to consider before reading the report in detail.

I recommend that you download the pdf of the report, open in your Adobe reader, and search for terms of interest to you in addition to skimming or reading the entire report. For example, you’ll find over 75 references to advanced practice nurses and advanced nursing education, and you’ll find almost 100 references to nurse practitioners in the document. Click on these to go to the specific pages and read about the support and advocacy for our role. I also recommend starting on page 23 of the report for a history lesson on the 2010 report and subsequent Campaign for Action, and the 2016 report on the assessment of the Campaign for Action’s effectiveness. This will help you see the connects and disconnects between the three reports.

The glossary included near the end of the report is critical. You will need it repeatedly as you read through to clarify what the authors mean by their use of key terms. One definition that resonated with me was the choice to define social determinants of health as environmental and external conditions that impact health. That is also my understanding from reading the history of the use of this term. I am often confused when writers discuss social determinants of health as though they are limited to negative factors when in fact they can be positive, negative, or neutral.

I am curious about how this new report will age, but I think you will agree that there is significant support for advancing the nurse practitioner role throughout the chapters. As I’ve stated previously, hearing so much support and recognition for nursing and for the scope of advanced nursing practice brings much hope. Our barriers and potential contributions are being acknowledged. I hope you will consider involvement in your state action coalition as a means of advocating for our role.

Wakefield, M. K., Williams, D. R., Le Menestrel, S. & Flaubert, J. L. (Eds). (2021). *The future of nursing 2020 – 2030: Charting a path to achieve health equity*. National Academy of Medicine. <https://nam.edu/publications/the-future-of-nursing-2020-2030/>



The Future of Nursing: Transforming Nursing Education

On May 11, 2021 the National Academies of Sciences, Engineering, and Medicine released a prepublication copy of *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*. The report is a follow-up to the initial 2011 Institute of Medicine (IOM) *The Future of Nursing: Leading Change, Advancing Health* and the National Academies of Sciences, Engineering, and Medicine 2016 interim report *Assessing Progress on the Institute of Medicine Report The Future of Nursing*. One of the four key messages in the first consensus report was that “Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.” The report noted that nurses had few incentives to pursue further education and actually faced many disincentives. Another deficiency noted was the academic practice of educating and training different health care professionals in silos, with little

interprofessional learning but expecting these professionals to cooperate and collaborate in delivering care once they were part of the workforce. Several other areas, not all inclusive, identified in basic nursing education that would benefit from change were adaptability and flexibility to respond to changes in science, technology, and population demographics; how to work in the context of and lead change within health care delivery systems; competencies in systems thinking, quality improvement, and care management; and basic understanding of health policy and research. Expectations for performance of graduate-level nurses for all these competencies understandably would be higher. Of course, a major deterrent to attaining any of these changes was the need to increase and diversify the pool of nursing faculty.

Recommendations of 2011 and 2016 reports

The 2011 IOM report offered eight recommendations (R) for consideration. Four of the 8 were related to nursing education – increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020 (R4), double the number of nurses with a doctorate by 2020 (R5), implement nurse residency programs (R3), and ensure that nurses engage in lifelong learning (R6). The 5-year interim report in 2016 cited some movement on R4 and 5; numbers were increasing. For R3, the majority of the 130 plus postbaccalaureate residency programs were in hospital acute care settings, thereby, missing training with many vulnerable and underserved populations in community settings. A small number of transition-to-practice residency programs for nurse practitioners (NPs) were established in health care settings such as retail clinics, federally qualified health centers, the U.S. Department of Veterans Administration, primary care centers, and hospitals. The 3-year Medicare Graduate Nursing Education (GNE) demonstration program was implemented from 2012-2015 at five participating sites across the country; data were pending. And the concept that NP graduates were not prepared for practice upon graduation and needed a residency, which has never been clearly defined, remains a controversial topic. Very few residency programs at any level were accredited and had wide variability in quality. The authors admitted that little data existed for a robust evaluation of R6. Requirements for licensure and continued registration and certification varied by state, and data were not consistently recorded. The report suggested approaching lifelong learning as ensuring not just continuing education (CE) but “continuing competency”, which also included specified requirements and minimum practice hours. The consensus was that more had to be done by all stakeholders to achieve the initial recommendations in the area of transforming nursing education (National Academies of Sciences, Engineering, and Medicine, 2016).

Campaign for Action

The Future of Nursing: Campaign for Action (the Campaign) (<https://campaignforaction.org/>), supported by the AARP (American Association of Retired Persons) Foundation, AARP, and the Robert Wood Johnson Foundation, was created in 2010 to develop and monitor initiatives directed towards meeting the goals cited in the IOM report. Currently, there are 51 coalitions, one for each state and the District of Columbia. Volunteers within these coalitions partner with policymakers, health care professionals, educators, and business leaders to find ways to provide safe, high-quality, and effective health care in communities across the nation. Anyone can volunteer to work

on a committee by contacting their state coalition. The Campaign lists eight issue areas, one of which is “Transforming Nursing Education.” Five education models for entry level registered nurse (RN) preparation have been developed and 30 states are using at least one or more of these models to enroll undergraduate nursing students. The models are designed to remove barriers and hurdles to obtaining advanced academic degrees. For graduate education, many schools have transitioned to the Doctor of Nursing Practice (DNP) degree to prepare advanced practice registered nurses (APRNs). Some schools offer the DNP but also maintain their master’s level graduate programs. To facilitate more standardization, the American Association of Colleges of Nursing (AACN) (2021) released the updated document *The Essentials: Core Competencies for Professional Nursing Education* that outlines the necessary curriculum content and expected competencies of graduates from baccalaureate, master’s, and Doctor of Nursing Practice programs. Two of the domains are Diversity, Equity, and Inclusion (DEI); and Social Determinants of Health. Research doctorate programs are not accredited nor guided by national essentials but the school or institution should be accredited.

The Campaign reported progress made on meeting the educational goals that were set for 2020, using data from the AACN annual survey of enrollments and graduations. The RN-to-BSN graduates increased 236% from 2009 to 2019, with 59% of RNs now having a baccalaureate degree. Since 2010, the number of employed nurses with a doctoral degree has more than doubled from 8,267 in 2009 to 37,852 in 2019. The fall 2020 enrollments were 36,069 for DNP students and 4,566 for PhD students. The number receiving nursing doctoral degrees annually has doubled from approximately 4,000 in 2015 to 8,000 in 2019 for DNP graduates. Graduates from PhD programs has remained consistent since 2016 with an average of 800 per year (The Future of Nursing: Campaign for Action, 2021).

COVID-19 pandemic

The COVID-19 pandemic highlighted the gross deficiencies in the U.S. health care system and particularly the health disparities and health inequity disproportionately affecting people of color. Hospitals were strained beyond the breaking point, and nurses were forced to practice against many principles they had been taught in their nursing programs. The physical and emotional toll of working as a nurse during the pandemic has yet to be fully studied or appreciated. All health care professionals and other frontline workers persevered through unimaginable conditions in a variety of settings, medical and other. Some nurses expressed an awareness that they did not sign up for this kind of practice and left. Comprehensive disaster preparedness is a specialty and public health emergency response is not a priority area in nursing curricula. But nurses are always there and step up to the challenge, no matter the personal risks. The World Health Organization’s designation of 2020 as “The Year of the Nurse and Midwife” acknowledged the important and indispensable role nurses and midwives have in determining the health of our global community. Nurses must be given the knowledge, skills, and resources to be prepared to provide safe, quality, and effective health care during “normal” times and when the unexpected occurs.

New 2021 conclusions

Data that were collected and analyzed since the initial report and the events of the past year helped direct the team to an emphasis on “charting a path to achieve health equity.” On the topic of transforming nursing education, the team stated:

Currently, most nursing schools tend to cover the topics of SDOH (social determinants of health), health equity, and population health in isolated, stand-alone courses. This approach is insufficient for creating a foundational understanding of these critical issues and for preparing nurses to work in a wide variety of settings. This content needs to be integrated and sustained throughout nursing school curricula and paired with community-based experiential opportunities whereby students can apply their knowledge, build their skills, and reflect on their experiences. (National Academies of Science, Engineering, and Medicine, 2021, p. 232)

Subsequently, the team offered four conclusions or recommendations to assist faculty and schools of nursing provide a greater emphasis on health equity in their curricula.

The first conclusion is to embed concepts in the curriculum through coursework and experiential learning to build capacity in the nursing workforce by preparing students with skills to promote health equity, reduce health disparities, and improve the health and well-being of the population. More than the typical didactic content and traditional clinical experiences are needed, including preparedness education and training for natural disasters and public health emergencies. The second conclusion is to increase the number of nurses with PhD degrees who can conduct studies using these concepts to build the knowledge base in the nursing profession for other nurses to translate (DNPs) and use in practice settings (LPNs [licensed practical nurses], RNs, APRNs). This change will require adequate financial resources, expert faculty, and curriculum revisions. The third conclusion is to create learning experiences that provide nursing students with opportunities to learn cultural humility and to recognize one's own implicit biases, work with interprofessional collaboration and multisector partnerships; develop technical competencies such as telehealth, digital health tools, and data analytics; and have clinical placements in non-traditional diverse community settings. Be creative in establishing these experiences; think out-of-the-box. The final conclusion is to diversify the workforce by cultivating an inclusive environment [Does the school have a statement about DEI prominently displayed on the website?]; providing economic, social, professional, and academic supports [scholarships, mentors/sponsors, diverse faculty, workshops]; ensuring access to information on school quality [Are the school's data transparent and accessible?], and minimizing inequities [recruitment and admissions, policies applied consistently to all, open communication]. *Brackets are mine.* The GNE demonstration project was not continued but the federal government (Department of Health and Human Services) reported support to APRN entry into the workforce through residency-like programs such as Advanced Nursing Education Residency, Nursing Workforce Diversity grants, and various scholarship and loan repayment programs.

I am still reading the full report and look forward to reading/hearing commentaries from nursing and other leaders, including nurse educators. Recognizing continuing challenges is a first step. Nursing after COVID-19 might not be an attractive career choice for today's youth. Nursing curricula must adapt to prepare nurses at all levels who are equipped to competently meet the changing needs of a diverse population. The future of nursing over the next decade will be influenced by how nursing addresses health equity, which includes addressing structural racism, social justice, health disparities, implicit bias, and others. Nurses should prepare for lifelong learning in these areas.

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- Institute of Medicine (IOM). (2011). *The future of nursing: Leading change, advancing health*. The National Academies Press. <https://doi.org/10.17226/12956>
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Membership Feature Column

Julie Cowan Novak, FAANP

Michaelene P Jansen, FAANP



Education:

University of San Diego Hahn School of Nursing San Diego, California	Doctor of Nursing Science	1989
University of Iowa College of Nursing Iowa City, Iowa	Master of Arts in Nursing, PNP	1976
	Bachelor of Science in Nursing	1972

Certifications:

Pediatric Nurse Practitioner	Pediatric Nursing Certification Board	1977
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Biography:

Throughout her career as a nurse practitioner, academician, researcher and administrator, Dr. Julie Cowan Novak has been a champion for providing resources, care and support for children, families and communities who need it most. A few career highlights include: developing a state-wide nurse practitioner program focused on rural Southwest and Northwest Virginia that remains the backbone of the region's primary care system; procuring a \$2.5 million Helene Fuld Health Trust grant in 2004 for the Purdue University Doctor of Nursing Practice program (fifth in the US); being inducted as a Fellow in the American Academy of Nurse Practitioners in 2004, and coordinating global child and family health promotion programs in Cape Town, South Africa and San Luis, Xochimilco in rural Central Mexico. In 2005, Dr. Novak received the Sigma Theta Tau International Elizabeth Belford Founders Award for her work in APRN education and early DNP program development. In 2008, as an elected City Councilwoman, Dr. Novak lobbied then-presidential candidate Barack Obama on the value, quality, effectiveness, and importance of nurse-led and managed clinics in rural Indiana. In February 2009, he returned to Indianapolis as recently inaugurated President Obama to hold a press conference and to announce funding for the two rural nurse-managed clinics that she described months earlier. She was able to obtain Federally Qualified Health Clinic status and funding for the two clinics (expanded to four clinics in 2017). In 2011, she was honored to receive the NAPNAP Henry K. Silver Memorial Award for her contributions to global pediatric health care and the pediatric nurse practitioner role. Dr. Novak has secured more than \$50 million in grants and contracts that truly reflect her commitment to social justice and the health and wellness of children, their families, and their communities. In 2014, she was awarded the AANP Nancy Sharp Cutting-Edge Award for NP clinic system and faculty practice plan development and educational leadership. As Vice Dean for Practice and Engagement and an Endowed Professor for Primary Care at UT Health San Antonio, she was awarded a \$5.1 million CMS DISRIP contract for the development, implementation, evaluation, and sustainability of six nurse-managed clinics and inducted into the American Academy of Nursing. In 2016 after developing nurse-managed clinics in three states, Dr. Novak was recruited home to San Diego to develop a specialty NP-led NICU follow up clinic for Sharp Health Care (where her three sons were born decades earlier). As outgrowth and outreach from the specialty clinic, her fourteenth clinic is a partnership with San Diego Neighborhood House Association Head Start where she and her team provide health and developmental assessments and screenings for 7,000 Pre-K Head Start enrollees using Head Start sites, a health and wellness mobile van and virtual modalities through the 2020-2021 pandemic. Dr. Novak also leads community philanthropic endeavors such as Rady Children's Hospital Behavioral Health Charity Ball Program; the Friends of Balboa Park promoting historical significance, cultural heritage, natural beauty, and architecture including the restoration of the 1910 Historic Menagerie Carousel; San Diego Zoo Global Wildlife Conservation and Education; San Diego History Center Board of Trustees; and the Patrons of the Prado, an organization of 60 dynamic women who raised over \$4.7 million dollars to support museums and the arts in San Diego's Crown Jewel, Balboa Park. She is married to Dr. Robert Novak, Professor Emeritus Purdue University, and Adjunct Professor in Speech, Language and Hearing Sciences at San Diego State University. They have three married sons and an adorable granddaughter.

Membership Feature Column

Julie Cowan Novak, FAANP

Michaelene P Jansen, FAANP

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

Influenced by several family members, I knew that I wanted to be a nurse at age 5. My Mom presented me with a nurse doll at my fifth birthday party. I pursued my BSN at the University of Iowa and was hired by the University Hospitals ICU right after graduation at age 21. Within 6 months, I was charge nurse caring for trauma, transplant, and pediatric and adult cardiac surgery patients and families. After two years, I was offered a full scholarship for graduate school. After providing tertiary and quaternary care, I wanted to focus on pediatric cardiology with an increased emphasis on child and family development, health promotion/disease prevention and wellness. While continuing to work in the ICU for another two years, my graduate program allowed me to integrate a CNS in Pediatric Cardiology with the Pediatric Nurse Practitioner curriculum.

In 1977, I took the first ever PNP certification exam offered by the Pediatric Nursing Certification Board (PNCB). After completing my master's at IOWA, I was the first PNP hired to work in the NICU/newborn nursery in the mornings (the NNP role was in early developmental phase) then followed the infants and families in the pediatric primary care clinic every afternoon. After my husband completed his IOWA PhD in audiology, he was recruited to San Diego State University while I was recruited to The University of California San Diego (UCSD) to develop a Special Care Nursery/NICU follow up program. During that time, I was able to refine my developmental assessment skills with the UCSD Pediatric Neurology Fellows and Faculty and coach parents who had spent months on the emotional roller coaster of the NICU. The program was multidisciplinary and collaborative helping me to develop a strong foundation in the critical aspects of choosing highly competent culturally proficient team members. In 1982, I began teaching part-time in the UCSD Child Health NP program that evolved, with US DHHS HRSA funding, to the UCSF/UCSD Intercampus Graduate Studies program with FNP and CNM tracts.

After 17 years in San Diego, I was recruited by the University of Virginia to develop a Master's in Primary Health Care with pediatric, women's health and family nurse practitioner tracts. With several faculty, I wrote the new curriculum, a precursor to the DNP with new courses in healthcare systems, finance, health informatics, epidemiology, leadership, and, with close proximity to Capitol Hill, a stronger focus on health policy. We secured a million-dollar grant from HRSA to develop a Family Nurse Practitioner Master's program using early Distance Learning modalities. Over the next six years (1994-2000) and 45 NP graduates annually, 89% remained in the Commonwealth of Virginia and 59% accepting NP positions in rural areas. Many of these graduates developed clinics in remote areas leading to improved health outcomes throughout the state. They continue to be the backbone of primary healthcare in rural Virginia. The HRSA grant also provided an opportunity for me to begin to develop a faculty practice plan. My practice took place in the UVA pediatric and family medicine clinics and as School Health Coordinator for 23 Albemarle County schools. After developing the UCSD Tobacco Control Helpline years earlier and seeing teachers, parents and students smoking on K-12 Virginia school campuses, my focus became tobacco-free schools and cessation programs, achieving 23 smoke-free campuses in Albemarle County Schools, the heart of tobacco country.

Membership Feature Column

Julie Cowan Novak, FAANP

Michaelene P Jansen, FAANP

My eldest son enrolled at Southern Methodist University to study history and play D1 soccer. My twin sons were graduating from high school and leaving for the University of Maryland and San Diego State University to play D1 football and soccer, respectively. With each of them launched, my husband and I had accepted academic and clinical positions back home in California. Providence had other plans. With new family health challenges for my mother-in-law in Indiana and my Dad in Illinois and excellent job offers at Purdue University, we were suddenly headed to Indiana. With a progressive physicist engineer as the new president (arriving at Purdue the same year we were recruited), the stage was set to evolve the Purdue School of Nursing from BSN only to independent MSN and DNP programs. During my tenure, I wrote and received a \$2.5 million grant from the Helene Fuld Health Trust as well as HRSA and Indiana State Health Department grants for developing the fifth DNP program and five nurse-run clinics, two of which became Federally Qualified Health Clinics. In addition to the standard NP curriculum, we focused on systems engineering, health informatics, finance, health policy and leadership. As Professor and Associate Head of Graduate Studies and Community Engagement the first two years with promotion to Head of the School and Associate Dean for Pharmacy and Health Sciences in 2003, I learned the value of collaboration beyond the usual health science partners. Purdue's strong programs in engineering, agricultural economics, and business set the stage for new partnerships and tremendous support from those disciplines. My community engagement and leadership grew when I was elected to the Lafayette City Council. I wrote the city ordinance for smoke-free workplaces, something I had helped achieve on the Purdue campus and in the city of West Lafayette. Upon passage, 3,000 places of employment went smoke-free overnight, impacting over 100,000 Lafayette residents.

After nine years at Purdue, I was recruited to the University of Texas Health Science Center San Antonio as Vice Dean for Practice and Engagement, Executive Director, UT Nursing Clinical Enterprise, and Chief Wellness Officer. I was given the opportunity to lead the Student Health Clinic (SHC) for 3,300 nursing, medical, dental, PA and biomedical research students. With a successful SHC clinic, I was asked to develop an Employee Health and Wellness Clinic for 6,000 employees. Building upon the faculty practice plan (FPP) initially developed at UCSD and evolved at UVA and Purdue, FPP bylaws were submitted to the UT System VP for Health Science, Dr. Kenneth Shine and the UT Board of Regents for approval and adoption in January 2013. The six UT Nursing Clinical Enterprise clinics developed and/or expanded from 2009–2015 (including Head Start sites) are integrated models of discovery/research, teaching/learning, and engagement/practice. They continue to thrive. As Associate Dean for Practice and Engagement and Chief Wellness Officer at UT Health Houston, I led the Employee Health and Wellness Clinic, four university student health center initiatives and a Head Start Wellness Center partnership. I was able to secure over \$7million in grants and contracts during our seven years in Texas, was honored with two endowed and distinguished professorships and the UT Health San Antonio President's Clinical Excellence Award. In 2016 I went full circle moving back to San Diego to the Sharp Mary Birch (SMB) Hospital for Women and Newborns Neonatal Research Institute developing their own NICU Follow-up Clinic. Currently I am the Principal Investigator and Director of the Rita and Alex Hillman Foundations Innovations in Nursing Care grant with San Diego Neighborhood Association (NHA) Head Start with over 7000 Pre-K children enrolled.

What experiences did you bring into the role?

I believe my broad range of clinical experiences across a variety of settings, my "predoc" administrative residency in grant-writing at the University of Washington with Dr. Fran Lewis, my graduate programs at IOWA and the University of San Diego, my "post doc" at Boston's Children's and Harvard with Dr. T. Berry Brazelton and excellent mentors (gardeners of my life) prepared me for leadership, clinical, teaching, and research roles. Each experience helped me to develop my Integrated Model of NP Clinic Sustainability and Innovation, (NP-CSI), ultimately developing 14 clinics with my teams and six on-line NP-CSI modules at the NAPNAP PedsCE website.

Membership Feature Column

Julie Cowan Novak, FAANP

Michaelene P Jansen, FAANP

Did you experience any challenges? How were they resolved?

My greatest challenges in the work setting have been administrative idiosyncrasies. Changing leaders with differing values and levels of support for your work can deep six innovation and chloroform creative thinking. A healthy administrative team is critical for your success in garnering resources, accomplishing individual and team goals, and effective patient, family and community advocacy. When considering a position, do your homework in terms of reviewing vision, mission, values, and strategic plan. Meet as many administrative leaders and team members as possible. Make sure that their values and goals are consistent with your values and goals and that whomever you report to plans to stay in their position for at least several years. Find mentors who will help you navigate new systems “Trust is the coin of the realm”. (Schultz, December 13, 2020, Washington Post)

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

International service-learning experiences with students in Mexico and South Africa were among the most enriching for every member of our team. During my pediatric cardiology chapter at UCSD, I traveled with the field clinic team to Tijuana and points South to screen children with heart murmurs to determine if surgical intervention was needed. On the US side of the border, of 20 children screened, 18 had innocent murmurs and two needed further evaluation. As we went deeper into Mexico, we found the reverse; of 20 children screened, 18 needed further evaluation and two of the children had innocent murmurs. Through reports of farmers working in the fields with their wives, we learned that many pregnant women were sprayed with insecticides by low-flying planes while working in the fields. Level of exposure and timing during the first trimester was highly correlated with pathologic murmurs. The farmers, many of whom had a sixth to eighth grade education, suspected what was happening long before the research team arrived. Some of your greatest mentors and teachers do not have advanced degrees.

What was most challenging in your career/ most important?

Dealing with racism among clinic team members, faculty and administrators was the greatest challenge of my career. Having the opportunity to choose your team and evaluate cultural proficiency is the ideal. Sometimes teams are set prior to your arrival; however, and the work to root out racism is challenging and critical and must be done. I have faith that we're put in challenging situations for a reason.

Is there anything you would want to change?

When we were recruited to Virginia from California, we knew it would be difficult to uproot our three boys as they were born and raised in San Diego. Initially, they were disappointed about the move, but we had family in Northern Virginia who helped to make it a positive experience. It was quite a culture shock for all of us. The boys were used to a diverse population in California with 50 languages spoken in their public schools. In Virginia they encountered teachers and coaches who frequently made overt racist comments. It was a difficult time for all of us. Our sons describe their middle school and high school years in Virginia as character building and good preparation for college.

Membership Feature Column

Julie Cowan Novak, FAANP

Michaelene P Jansen, FAANP

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

Working with diverse communities around the world taught me many valuable lessons. I learned to build empathic relationships and to develop relationship-based care models. Working with communities is a dance and the community leads the dance. Projects must be relevant and important to the community partner or they will not be meaningful or sustainable. It is important to find the right balance and where you fit in along the continuum, recognize when it isn't a good fit and move on when necessary. Timing is everything. I have really enjoyed my collaboration with Head Start in four different states, guided by my community partners, my graduate studies and working with Dr. Brazelton at Harvard Boston Children's Hospital. Scaffolding young parents as they become comfortable in their roles, listening closely, relationship-based care, enhancing resilience, empowering parents, and child and family health promotion are among the most rewarding, inspiring, and meaningful aspects of my work.

What advice would you give to new nurse practitioners?

It's important to remember that each one of us is a work in progress. Finding the right mentors is important to help one grow and develop professionally at each stage and in each setting. I encourage students to build culturally proficient teams that fit with their beliefs, values, work ethic and sense of community and global citizenship. One of my mentors, Dr. T. Berry Brazelton, said to me at age 90, "Julie, we must strive to be ever better!"

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

With the information explosion over the past several decades, medicine has become even more highly specialized. Medical students report an intent to travel the "ROAD to Success", an acronym for radiology, ophthalmology, anesthesiology, and dermatology. With this ongoing and increasing trend away from primary healthcare, full practice authority for nurse practitioners becomes even more critical. In 25 years, NPs will have attained full practice authority, barriers will be removed, and healthcare will be driven more fully by consumers, cost/value ratios, the changing cultural and demographic landscape, with nurse practitioners providing 80-100% of primary healthcare in the United States and beyond. We need a cadre of innovative nurse practitioners who continue to design new models of care, design new technologies, and have a passion and willingness to run for public office, to affect health and health policy from the local to global level.

Shirley M. Bowens, FAANP

Barbara Sheer, FAANP



Education:

St. Catherine University, St. Paul, MN - (1992) M.A. - Pediatric Nurse Practitioner
University of Minnesota, Mpls., MN – (1979) M.P.H. – Maternal-Child Health
Planned Parenthood, St. Paul, MN – (1978)–Family Planning N.P. Certificate
University of Minnesota, Mpls., MN – (1975) – B.S. - Nursing

Certifications: Pediatric Nursing Certification Board (PNCB)

Biography

Shirley M. Bowens is a native of Duluth, Minnesota. Shirley Bowens attended the University of Minnesota-School of Nursing. Upon graduation with a Bachelor of Science degree, she began a civilian nursing career. Her civilian work experience includes working as a: Staff Nurse, Maternal-Child Health Clinic Nurse; Public Health Nurse; Nanny School Instructor; Nursing Supervisor; Nurse Specialist Consultant; Nurse Practitioner; Corporate Wellness Consultant and Owner/Director of a childcare business. As a graduate student at the University of Minnesota-School of Public Health she received a dual master's degree in Public Health and Maternal-Child Health including a Family Planning Nurse Practitioner Certificate.

Shirley later attended the St. Catherine University- School of Nursing in St. Paul, Minnesota and was awarded a Master of Arts degree in Pediatric Nursing. She is certified as a Pediatric Nurse Practitioner by the National Association of Pediatric Nurse Practitioners. Shirley earned special distinction as a “Fellow” of the American Academy of Nurse Practitioners in 2001 and was awarded the “Maryland State Award for Nurse Practitioner Excellence” in 2005.

Shirley proudly served with distinction in the US Navy from 1990 to 2015. Her duty stations included Naval Hospitals- Bremerton, Washington; Rota, Spain; and Bethesda, Maryland; Navy Recruiting District- Dallas, Texas; Navy Medicine Headquarters (Bureau of Medicine and Surgery) in Washington, DC and the Walter Reed National Military Medical Center (WRNMMC) in Bethesda, Maryland.

During her tour at Navy Recruiting District- Dallas, Texas, Shirley earned recognition as the “District Medical Recruiter of the Year.” She served in numerous operational missions including a tri-service humanitarian mission to Benin, Africa; and on-board the USNS COMFORT (hospital ship) participating in mass casualty training exercises in Nova Scotia, and deployment in support of Operation Iraqi Freedom.

Shirley provided exceptional clinical care in Pediatric and Adolescent Clinics at several medical facilities in the US and overseas. She was a Nurse Practitioner in high demand by patients and a well-respected colleague. Her varied administrative assignments include serving as the Senior Nurse Executive for the National Naval Medical Center (NNMC)- Branch Health Clinics Directorate providing oversight to eleven ambulatory clinics throughout a five-state region. Shirley served as the Deputy Director for Clinical Care and Public Health responsible for policy development and management of Navy Medicine. Her assignment at WRNMMC involved providing nursing consultative services to over 70 ambulatory clinics and sub-specialty clinics.

Shirley has tirelessly committed her professional career to plan, implement and support the provision of quality and safe health care to civilians, military members and their families of all services. Shirley Bowens resides in Glenn Dale, MD with her husband, Michael, and extended family members.

When did you become an NP?

My initial training as a [Nurse Practitioner](#) (NP) was completed in 1978 as a Family Planning Nurse Practitioner (certificate program). I became a Pediatric Nurse Practitioner upon completion of a master's degree (MA) in 1992.

Membership Feature Column

Shirley M. Bowens, FAANP

Barbara Sheer, FAANP

What was the motivation?

I have taken two different paths during two distinct periods of time which were unique to NP's. The role of NPs was very new when I first became an NP. In conjunction with the University of Minnesota-School of Public Health, I was selected for a program offered by Planned Parenthood to become a "Family Planning" Nurse Practitioner. From my perspective, this training laid the foundation for what has evolved to now be identified as Women's Health Nurse Practitioners. Prior to becoming an NP, I was interested in the specialized field of Maternal-Child Health. In several of my roles as an RN, I was involved in the provision of hospital and clinic services to infants, children and adolescents as well as teaching childcare classes and family planning to young mothers. My desire to become an NP was an opportunity to become more actively involved in the independent decision-making process of patient care. At that time, particularly in the late 70s and early 80s I didn't fully realize the tremendous influence NPs had in affecting change in our health care system.

Nurses were developing greater visibility and slowly garnered greater respect by other health care professionals, specifically physicians and the patient community. I wanted to be at the forefront of this important movement. I viewed this role as a reflection of the changes that were occurring such as improving equality for me as a professional nurse, as a woman and as a black American. These three qualities inextricably overlapped and formed my identity. I wanted to represent positive change. Becoming an NP on the cusp of this new role transition was exciting and felt like a natural evolution at this point of my career.

After having worked years prior as a Family Planning NP, I (and the medical community) had become comfortable with the advanced practice role, now I desired to become a Pediatric Nurse Practitioner (PNP). My career experiences were varied, yet I wanted to expand beyond the realm of maternal health supervisory, administrative and consultant roles. It was important to me to engage in pediatrics to a greater degree. I wanted to make a global impact on the health of children. By 1990, I was also interested in joining the US Navy. The Navy was actively recruiting nurses and offered the incentive of assisting with the cost of graduate education. The Navy utilized PNPs to provide clinical care to the children and adolescents of the military families around the world and participated in humanitarian missions. It was a perfect fit for me!

What experiences did you bring into the role?

When I think of my career paths, I think pre-military work experiences (1975 to 1990) and the military related experiences (after 1990). It was my diverse work experiences as an RN that strengthen my ability to serve as an NP. These experiences contributed to my foundation of knowledge, effectiveness, efficiency and the compassion which I brought to this expanded role. I worked in a variety of roles since completing my baccalaureate nursing (BSN) degree in 1975. I worked briefly as a medical-surgical nurse, then identified my interest as a clinic nurse in the Family Planning Clinic and Child Health Clinic at a local health department. I also worked as a staff nurse in the antepartum, post-partum and newborn nursery units of a large County medical center.

As a public health nurse (PHN), I made home visits primarily to young families that had numerous medical and social challenges. It was during this experience that I became aware of the pressure that many PHN's were experiencing to provide more services which were beyond the scope of their practice. Later, I pursued administrative nursing as a Public Health Nurse Manager, where I gained experience serving as a liaison between a large County hospital and a community-based clinic in an ethnically diverse neighborhood.

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I participated as a nurse researcher collecting and analyzing data for a few studies. One of the most rewarding projects involved an interdisciplinary team project on "Community Control of Hypertension." By now, it should be apparent that I enjoy seeking new career experiences. I entered yet another innovative realm of nursing when I worked as a Health Consultant in a business corporate setting. My job entailed identifying and documenting factors related to health risk status and behavior change and conducting health promotion information sessions for corporate executive employees, spouses, and employee groups.

As a Maternal Child Health (MCH) Program Specialist for another County health department, I supervised public health nurses in the provision of consultation and training to childcare professionals working in state licensed childcare facilities. This position was ideal to draw upon my academic preparation and involvement in MCH and PH as well as my familiarity with rules and guidelines having been a Director of my own childcare facility.

Qualified child caregivers within home settings also became a huge focus as more women entered the workforce. In addition to my full-time position as a MCH Program Specialist, I worked part-time as an Instructor—where I taught growth and development, nutrition and related child-care topics to childcare specialist and nannies. My work as a Family Planning NP, initially at Planned Parenthood and later in a large metropolitan medical center definitely formed my identity as an advanced practice nurse. I also volunteered as an NP at a free community clinic serving marginalized adolescents.

One of my most influential positions was as Director of my own licensed family childcare business. This role made it possible for me to work and to positively impact other families while concurrently expanding and raising my own family. The variety of jobs (clinical, supervision, consultation, research, and education) that I held enabled me to gain a glimpse of nursing from multiple perspectives. These experiences helped to develop skills which prepared me for the next phase of my career as a leader and as a Nurse Practitioner in the US Navy.

Did you experience any challenges?

The initial challenge in 1978 was simply transitioning to a new role as a NP. The advanced practice role still faced hostile resistance by many physicians. Surprisingly, there was also some resistance by other nurses and skepticism from patients. The concerns which prevailed related to scope of practice, competence, credibility, and trust. There were very few NP faculty during this time thus, most students were affiliated with physician faculty in certificate programs.

Interestingly, I was the only African- American person in both of the NP academic programs that I attended, and I never encountered an African- American faculty member in my graduate Nursing programs. I faced concerns related to one of the graduate school professors who was also on the Admission Committee. When I had my admission interview, this professor stated to me, "Why should **you** be interested in a graduate degree? Surely, as a young black woman, I would think that you should be happy with a bachelor's degree." When I explained my desire to seek higher education, the professor continued to share her myopic perspective when she said, "You don't appear to be particularly **deprived**" to me— why do you think this program will benefit you?" There were more amiss comments which left me feeling like I would not be selected to attend this program. Upon completion of the interview, I was confused about the criteria used to determine selection of students and I wondered whether all prospective applicants were approached in this manner.

Membership Feature Column

Shirley M. Bowens, FAANP

Barbara Sheer, FAANP

A major challenge that I faced throughout graduate school was being accepted and perceived as a professional on equal level with white students. There was the underlying message (covertly and at times overtly stated) - that you must be here because of a quota mandate. Despite the ability to articulate and represent oneself well, high academic achievements, stellar recommendation letters, pertinent work experience and other criteria- minority students are often scrutinized on subjective opinions. This struggle to be perceived as competent and professional can also exist in the workplace- at disproportionate levels for people of color. Issues related to differences- whether it is socio-economic, cultural, language or unique life experiences often provide an excuse for others to stereotype and hold biased perceptions towards other people.

Early in my career as an NP, I recall a meeting consisting of only five participants during which the Chairperson did not formally introduce me as the new representative nor acknowledge me at any point during the meeting- it was as though I wasn't sitting at the table. In a different meeting event, I recall a participant stating, "Should we introduce our new member?" and the Chairperson stated, "No, let us take care of the **important business** first." These types of comments leaves one to feel "invisible" and like an outsider.

When you overlay the characteristics of being a black female nurse practitioner- one questions whether you are treated differently because of sexism, racism, classism, or some combination of all. I believe that although improved, NPs continue to face some bias in certain communities that harbor misconceptions about this role. The need to prove oneself as intelligent, competent, trustworthy, and non-confrontational was an added stressor I've had to manage throughout various points of my career. I found myself consciously trying to always exhibit these qualities to dispel certain stereotypes and misconceptions- as a black female nurse practitioner. It was necessary for me to develop coping strategies to survive in what felt like a hostile environment at times exhibited by faculty, peers and patients.

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

There are several exceptional experiences that come to my mind which occurred during my nurse practitioner career, most notably while serving in the US Navy.

The first memorable experience was shortly after being assigned to my first duty station in Washington state. Two pediatricians served as my primary mentors, Dr. Forsell and Dr. Craig. Dr. Forsell taught me "pediatric pearls" of wisdom and tirelessly reviewed patient records with me as a novice PNP and helped with my transition to Navy healthcare. Dr. Craig was considered the world-wide Navy subject matter expert in conducting child sexual abuse examinations. It was under her skillful and meticulous guidance that I became the first Navy PNP to receive clinical training to conduct extensive interviews with children and adults related to sexual maltreatment cases. Additionally, I was taught how to conduct medical examinations, evaluation, and treatment of alleged sexually traumatized children. This was a memorable experience because I had the opportunity to acquire a unique skill set to conduct these specialized services in addition to my primary care responsibilities.

I also mention this as a memorable experience because I worked with incredibly gifted physicians in my first role as a PNP. They devoted time and energy to ensure that I was comfortable in my dual role as a Naval officer and PNP Nurse Corps officer. They verbalized and displayed the qualities that made me feel welcomed, appreciated and like a true member of the team in our bustling clinic, where I was the only Pediatric Nurse Practitioner in the department.

Membership Feature Column

Shirley M. Bowens, FAANP

Barbara Sheer, FAANP

Another very memorable experience as a PNP relates to me being selected to participate in a 70- member team of medical and dental health care professionals representing the Navy, Army and Air Force for a humanitarian mission in West Africa. I was the only Nurse Practitioner. I had always wanted to provide quality and compassionate care to people in areas that were underserved. As a young child, I had seen and heard the stories from family members of inequity in the health care system. As a teenager, I had the opportunity to visit several migrant camps in upstate New York and learned of teens my same age who were not enrolled in school nor did they have access to healthcare. It was appalling to see that they did not have suitable living conditions nor the basic pleasures of life that I enjoyed as a teenager further strengthening my desire to become a nurse-a public health nurse, who would reach unique populations and provide humanitarian assistance.

As an NP this experience in West Africa was the epitome of beginning to understand the complexities of the provision of international health care. This mission and my interest in Global Health led me to deliver a presentation titled, "International and Interdisciplinary Health: A Nurse Practitioner Perspective" at the 6th International Annual Nurse Practitioner Conference (1998) in Melbourne, Australia.

Another unforgettable event is my deployment in direct support of Operation Iraqi Freedom (2003) on-board the USNS COMFORT- hospital ship. The COMFORT is a 1,000 bed full service floating medical facility providing care for wounded and injured military members and civilians during this very historical era and contributed to my awareness of culturally appropriate care and the value and skill to effectively work with translators.

It's been said that the greatest honor is for one's accomplishments to be recognized by peers. Other highlights of my career which I'd like to share are regarding my induction as a Fellow of the American Academy of Nurse Practitioners in 2001. I also served as a member of the "*Nurse Practitioner*" Editorial Advisory Board. In 2005, I was the recipient of the highly coveted State of Maryland Award of Excellence in Practice from the American Academy of Nurse Practitioners. I will forever be thankful for acknowledgement of my contributions.

What was most challenging in your career/ most important?

Throughout my career it was challenging to be accepted as a professional black female that legitimately earned the right to work in professional positions, to be selected for advanced education or even selected for leadership job assignments.

Is there anything you would want to change?

If I could change something which impacts Nurse Practitioners and the people that we serve, I would start at the academic institutions that train NPs. I believe that recruitment and retention of students, faculty selection and NP curriculum are prime areas for review and revision. I would like to see a greater representation of ethnically, racially and gender diverse faculty. A lack of diverse nursing faculty has significant implications for nontraditional students. I would like to see more efforts placed on attracting faculty from all backgrounds and genders, particularly in institutions which faculty members have been traditionally white women. Students need culturally aware, culturally competent educators who respect and value the diverse attributes of their students. It is my belief that the value of a culturally diverse NP community has been confirmed- now our nursing institutions must reflect and support the needs of our changing society. One of the benefits of increasing faculty diversity in nursing education may contribute to improving the shortage of nurses by attracting students representing diverse, nontraditional characteristics. Diversity and quality health care are linked thus another area to consider for change involves the curriculum of our NP programs. NP students must be exposed to ethnic and cultural differences which impact health beliefs, behaviors and ultimately health outcomes. Students must be taught how to understand and communicate with and effectively interact with people of different life experiences based on their gender, race/ethnicity, disability, sexual preference, and socio-economic level.

Membership Feature Column

Shirley M. Bowens, FAANP

Barbara Sheer, FAANP

One of the benefits of increasing faculty diversity in nursing education may contribute to improving the shortage of nurses by attracting students representing diverse, nontraditional characteristics. Diversity and quality health care are linked thus another area to consider for change involves the curriculum of our NP programs. NP students must be exposed to ethnic and cultural differences which impact health beliefs, behaviors and ultimately health outcomes. Students must be taught how to understand and communicate with and effectively interact with people of different life experiences based on their gender, race/ethnicity, disability, sexual preference, and socio-economic level.

It is also important that the physical assessment training reflect the wide range of people in our society. When I was initially trained as an NP, the textbook chapter on dermatology stated, “Normal skin tones range from pink to olive color.” As an African- American person, when I read that chapter I felt invisible- again. There was no mention of melanin, there was no mention of “normal” variations of highly pigmented skin nor was there mention of dermatologic conditions which are more prevalent in people of color. Undoubtedly, there was a gap in the provision of comprehensive basic dermatological assessment. To some healthcare professionals omission of this educational information may not seem to be a serious concern however, as a NP I have witnessed Asian- American and African- American parents be accused of child abuse due to the lack of awareness of Mongolian spots or the cultural practice of coining often used by Southeast Asian families. Dermatology is only one example of the numerous physical differences that pathological conditions can present dependent upon a patient’s race. At the Uniformed Services University, for many years I participated as Adjunct Assistant Professor for the Graduate School of Nursing which was another highlight of my career. This opportunity enabled me to “give back” within the academic setting and to share my unique experiences with military service nurse practitioner students. It was a wonderful experience to be associated with such a progressive institution.

Our NP programs must transform to provide culturally appropriate information and teach the skills required to effectively interview, accurately evaluate, diagnose, and treat diverse patients. Although NPs cannot claim to be an expert of all cultures, it is key to know where to seek the necessary resources and to develop consultative partnerships with knowledgeable professionals.

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

The most pivotal moment of my professional career was when I made the decision to join the US Navy. This decision provided the opportunity to return to graduate school to seek a second master’s degree and become a Pediatric Nurse Practitioner. My clinical preparation as a Family Planning Nurse Practitioner complemented my interest in Maternal-Child Health. It was my work as a PNP that enriched my Maternal-Child Health expertise and passion. Additionally, my career as a PNP lead to numerous incredible experiences including living abroad with my family; attending several International Nurse Practitioner Conferences; participating in humanitarian missions and joint training missions with healthcare professionals from other countries, developing lifelong professional friendships and most importantly, providing exceptional healthcare to the children.

What advice would you give to new nurse practitioners?

Be comfortable with your role as a nurse first. In my opinion, prior to becoming an NP, nurses should establish their professional identity as a registered nurse before pursuing a career as an advanced practice nurse. The strong foundation of skills which nurses already possess will only be further enhanced with more experience and academic preparation.

Identify your practice theory. I have served as a preceptor to many student NPs and one recommendation I have is [to identify one’s practice theory](#). I implemented the Transcultural Nursing Theory created by Madeleine Leininger. It was always the foundation of my practice to integrate transcultural concepts and to provide culturally congruent care- to meet the cultural needs of patients, families, and groups.

Membership Feature Column

Shirley M. Bowens, FAANP

Barbara Sheer, FAANP

Respect divergent opinions.

It is important to keep an open mind and respect divergent opinions while maintaining the highest level of personal and professional standards. Avoid judging others and other cultures as inferior to one's own and realize that your own cultural ideals are not the standard by which all others are measured.

Seek opportunities to expand your professional growth.

Get involved with professional organizations. It is important to realize that professionals are required and obligated to maintain on-going education and awareness of current events. It is critical to have a broad awareness of health policies, systems, products, technologies, and services- particularly as they may impact your practice.

Solicit feedback from your colleagues and mentors.

Do not forget the value of soliciting feedback and constructive criticism to become a more productive member of the team or enhancement of your independent practice.

Give back.

Return to others the mentorship blessing which you have received during your transition from a student to novice practitioner and later to a more experienced clinician.

Seek balance of personal and professional demands.

Identify your stressors and implement a plan to address these concerns. Make time to care for your physical, psychological, emotional and spiritual needs and healing. Often so much of our lives are consumed with the professional, social and financial aspects of life that we save little for our other needs. Realize that balance is not a 50-50 assertion however, a conscious effort must be made. The challenge of meeting the demands of life vs. personal care is forever in motion but continuous giving of time, energy, etc. can be destructive if one totally neglects other important aspects of themselves.

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

I have observed significant changes in the NP role since I initially made the transition over 40 years ago. I have a strong commitment to the on-going development of the NP role, the support of ethnic and gender diversity in NP academic preparation and interest in the areas of research and health policy. Nurse Practitioners will continue to provide legislative leadership in the health care area.

I see NPs continuing to lead the way for primary care and filling the gap to meet the health care needs of families particularly in rural and urban areas- especially utilizing tele-health options. Technology will play a critical role in patient access to health care. I anticipate NP's working collaboratively with other nurse professionals in the fields of Nursing Informatics and Genetics & Genomics. Mental Health nurse practitioners will serve as significant partners with designated professionals to jointly meet the needs of Veterans and others faced with mental health challenges.

I predict that NPs will have significant roles in settings beyond the hospital, clinic, or urgent care centers. Areas that will likely continue to enjoy even greater benefits from the expertise and versatility of NPs include corporate settings, cruise ships, travel and airport drop-in clinics, health & wellness spas and other non-traditional settings. In addition to innovative settings, it is my hope that nurse practitioners will consider specializing in the provision of healthcare to unique populations such as Veterans, LGBTQ individuals, incarcerated persons, and other marginalized groups.

It is apparent today, that there is greater demand and appreciation for Nurse Practitioners, and this will likely accelerate in the areas of education, practice, research, legislation and regulation.

Memorial Day has passed, and summer has arrived. This has been an exceedingly long year but there is hope for the future. We are looking forward to a new normal. The news is now focused on the number of people traveling rather than the number of Covid infections. During the PBS Memorial Day concert hosted by Joe Mantegna and Gary Sinise there was a very moving tribute to the nurses and women who served in Vietnam. The experiences of Diane Carlson Evans the founder of the Vietnam Women's Memorial in Washington DC was highlighted. Over 265,000 women served in Vietnam saving thousands of lives. This was a fitting tribute on a special day of remembrance.

Nurses continue to be in forefront with acts of heroism. We are continuing with the year of the nurse and midwife. We have learned or not learned from the past in the response to pandemics.

The history committee sponsored a writing contest and heard stories of resilience and courage. Another contest will be sponsored in conjunction with nurse practitioner week. We hope to see stories of the new normal and the lessons we have learned. Many colleagues, family and communities will never be the same. In the process over the year, we have gained a deeper appreciation for the little things in life like a hug, seeing friends and colleagues and meeting face to face. We have learned to appreciate every day, and many have taken time to enjoy nature and wildlife. The climate has appreciated the time out.

It is our hope that as we enter the next phase, nurses will continue to document and journal their stories. The University of Virginia has extended the deadline for the history grant until the end of June. Proposals can be sent to Dominique Tobbell PhD, Director of the Bjoring Center for Nursing Historical Inquiry at the University of Virginia, at dtobbell@virginia.edu.

The AANP history committee continues to identify photos from the past. Members may be contacted to identify some of our members. Our memories are short and hair styles continue to evolve. There are so few photos of the early years 1985-2000. Any contributions are appreciated. The committee has also proposed that AANP also offer a grant for historical research. We hope that there will be funding for both historical research and to assist the states in locating and archiving their pivotal moments.

We wish to congratulate Carolyn Torre and Kim Curry on their continued work in history of NP's in Florida and Elayne DeSimone and Mary Koslap Petraco for their work in preserving the history of the New York State Coalition. We would also like to recognize Louise Kaplan for sharing a wealth of information for Washington State. It is a goal to continue to document the history of every state before it is lost forever.

On the international front the Nightengale museum has reopened. They are offering an opportunity to commemorate or honor nurses as part of a fundraising effort to support the museum. They have instituted a wall of honor and a book of honor to help keep the museum open. Information can be found at <https://www.florence-nightingale.co.uk/donate/#wall>.

We continue to work on the interviews which are now open to all cohorts. If you would like to be interviewed or interview someone who inspired, you please contact us. The entire committee wishes everyone a happy and safe summer until we meet in September.

The history committee would like to recognize two AANP staff members who are retiring this month. Dennis Smith has been an advocate serving as a liaison to the AANP board. We thank him for his service and wish him a happy retirement. Nancy McMurrey has been with us for many years. She is best known for our public relations, posters of our history and achievements at conferences and our Silver Anniversary Tribute, celebrating 25 years as the voice of nurse practitioners. We are grateful for her support throughout our formative years and wish her a happy retirement.



In Memoriam

Dr. Ted Rigney, FAANP

Judith Berg, FAANP and Kenneth Wysocki, FAANP

Donna McArthur, FAANP and Mary Jo Gagan, FAANP

It is with great sorrow that we write about the passing of our dear friend and colleague, Dr. Ted Rigney. Ted was living in Puerto Vallarta, Mexico, when he passed on March 12, 2021, following a brief and sudden illness. He is survived by his husband Michael Monyak who continues to reside in Puerto Vallarta. Ted leaves a legacy of clinical excellence, outstanding educational contributions, expertise in research and advocacy for patients with delirium, and NP leadership on local, state, and national levels. More, he leaves dozens of friends and colleagues who were forever changed by his kind and loving presence in their lives. He will always be missed.

Dr. Rigney earned his Master of Science degree from the University of California, San Francisco School of Nursing in 1999 and his PhD in Nursing/Gerontology from the University of Arizona College of Nursing (UACON) in 2009. These degrees plus his many years of clinical practice as an acute care NP in the management of hospitalized adults across a wide spectrum of inpatient services, including interventional cardiology, cardiothoracic surgery and trauma, formed the foundation for his teaching excellence at both the University of California San Francisco School of Nursing and UACON. In the early 2000s Dr. Rigney pioneered, built respect, then expanded the ACNP role in the San Francisco Bay Area. Dr. Rigney served as the Director of the Doctor of Nursing Practice blended online program at UACON for four years (2010-2014) then led the ACNP track. His innovative teaching approaches led the way to consulting with many other academic programs developing NP programs online. In these positions, he demonstrated outstanding leadership skills that encouraged and reinforced academic excellence in the many students he mentored. This gentle giant espoused clinical and professional excellence as he encouraged many to develop their very best version of themselves. Spending time with Ted was like coming home to the peace and comfort within and around us. He retired from UACON and moved with his husband to their dream home on the Pacific Ocean in Puerto Vallarta, Mexico about four years ago.



Dr. Rigney devoted much of his professional service in Arizona on the Advance Practice Advisory Committee of the Arizona State Board of Nursing. In this capacity, he spurred legislation that resulted in psychologists obtaining prescriptive authority and he helped write advisory opinions, such as one on the use of controlled substances for treatment of chronic pain. He also served on the Executive Committee, Arizona Nurse Practitioner Council as Secretary. On the national level, he was appointed to the American Association of Nurse Practitioners Foundation as a Charter Board Member and Secretary. He was co-Facilitator for the Acute Care Special Interest Group of the American Association of Nurse Practitioners, Acute Care track Co-Lead on the Program Committee of the American Association of Nurse Practitioners, Clinical Practice Committee Member of the American Association of Nurse Practitioners and served on the Program Committee of the National Nurse Practitioner Symposium. In all of these positions, Dr. Rigney worked tirelessly to improve practice parameters and elevate the public's knowledge of the many contributions NPs make to improving health. He was inducted as a Fellow of the American Academy of Nurse Practitioners in 2007.

In Memoriam

Many of you may not know that Ted Rigney had a performance career before becoming a nurse practitioner. He continued singing even while practicing as an NP. His tenor voice was incredibly beautiful and enjoyed by many in his performances. Ted Rigney studied voice at the University of Arizona and theatre arts at the University of Southern California. From there, he performed in many different contexts over the course of his career. His stage work included many well-known theatre roles and productions including in *Jesus Christ Superstar* (Zealot), *Hello Dolly* (Cornelius Hackl), *Oklahoma* (Curly), *Kiss Me Kate* (Bill), *Showboat* (Gaylord Ravenal), *My Fair Lady* (Freddy), *Pippin* (Pippin), and *Gondoliers* (Giuseppe), a Gilbert and Sullivan Company production in Arizona. He also performed in many nightclub acts such as Studio One-Backlot, the Rose Tattoo, American Celebration and at the Hyatt Hotel in LA. His choral work includes being featured as a soloist with Tucson Symphony Chorus, the Mission Dolores Basilica Choir, and the San Francisco Gay Men's Chorus. He gave many performances with *Reveille*, a gay man's chorus in Tucson, Arizona. Ted was a tenor soloist in the Fall 2001 San Francisco Lyric Chorus performance of Charpentier's *Messe de minuit pour Noel*, the Summer 2002 performance of Mendelssohn's *Ave Maria*, and the Fall 2002 performances of Copeland's *The Promise of Living* and Bernstein's *Candide*. You can hear Ted Rigney's tenor solo performance of *Amazing Grace* with Mission Dolores Basilica Choir 2002 at <https://www.youtube.com/watch?v=vTNmkgMZcuM>

We know that you join us in mourning the passing of such a fine man whose kind compassion for all pervaded his very being. Besides his many accomplishments, service to his profession, promotion of colleagues and students, Ted Rigney was just plain fun. We miss everything about him. When we're all together, let's raise a glass to toast our dear friend, Ted Rigney!



"Dr. Rigney was inducted into the FAANP in 2007. Dr. Rigney is the past Director of the Doctor of Nursing Practice Program and Clinical Associate Professor at the University of Arizona College of Nursing. He earned his Master's of Science degree from the University of California, San Francisco and his PhD from the University of Arizona. Dr. Rigney has considerable clinical experience as an acute care nurse practitioner in the management of the hospitalized adult, across a wide spectrum of inpatient services, including interventional cardiology, cardiothoracic surgery and traumatology. His academic experience includes teaching and curriculum development in the graduate programs at the University of California, San Francisco and currently at the University of Arizona. Dr. Rigney's scholarship involves investigation of delirium in the hospitalized older adult and the education and practice of acute care nurse practitioners. He is a published author and speaks nationally on topics related to delirium. Dr. Rigney was inducted as a Fellow into the American Academy of Nurse Practitioners in 2007. He has been a member of AANP since 1999."

AANP ACCOUNT

In Memoriam

Dr. Diane Berry, FAANP

UNC-Chapel Hill School of Nursing



The UNC School of Nursing mourns scholar, mentor, and educator: Diane Berry

By Courtney Mitchell

Diane Berry, PhD, ANP-BC, FAANP, FAAN, Jane Sox Monroe Distinguished Professor in Nursing, passed away unexpectedly March 24, 2021, leaving a remarkable legacy of research, mentorship and leadership at Carolina that spanned nearly two decades.

Berry was a talented nurse scientist with internationally recognized expertise in chronic illness prevention and management among individuals from underrepresented or disadvantaged backgrounds. Her work focused on management and prevention of obesity, Type 2 diabetes and gestational diabetes mellitus using community-based research in English and Spanish in the United States and in Mexico. She was dedicated to community research centered on the needs and perspectives of the communities with which she partnered.

“Diane’s tireless dedication and selfless commitment to advancing nursing research, supporting her peers, and guiding junior faculty and students is an example to us all,” said Nena Peragallo Montano, DrPH, RN, FAAN, dean and professor at the UNC School of Nursing. “All of us who knew and worked with Diane deeply valued her many contributions to our School and to nursing.”

For her most recent project, Berry was awarded nearly \$3 million in research grant funding from the National Institute for Nursing Research to improve nutrition and physical activity among overweight Hispanic mothers and their young children in order to inhibit the development of prediabetes, Type 2 diabetes, and cardiovascular disease later in life. In 2016, she received funding from Eunice Kennedy Shriver National Institute of Child Health and Human Development as co-principal investigator of MOMPOD (Medical Optimization and Management of Pregnancies with Overt Type 2 Diabetes), the largest trial of Type 2 diabetes in pregnancy ever conducted in the U.S., which seeks to optimize treatment for pregnant women with Type 2 diabetes.

Her MOMPOD co-Principal Investigator, Kim Boggess, MD, of the UNC School of Medicine, said Berry’s passion and enthusiasm for women’s health was “infectious.”

“She brought that passion to our project in spades and was very motivating not only to me, but the whole team, to do the best we could to help the women we were serving, whether it be clinically or as part of our research project,” said Boggess. “Diane had a unique skillset in that she had a lot of experience with community-based research, so she brought that perspective to our research project and helped us think about what the impact of our research is on the women and on the community and how we factor in what the women need, not just as research subjects, but as community members.”

In Memoriam

Dr. Diane Berry, FAANP

UNC-Chapel Hill School of Nursing

Dr. Berry obtained a Diploma in Nursing at the Sisters of Charity Hospital School of Nursing and Canisius College in Buffalo, New York in 1976. She received a BSN from Lenoir Rhyne College in Hickory, North Carolina in 1987. In 1997, she received her MSN and ANP-BC from Boston College in Chestnut Hill, Massachusetts. Dr. Berry received her PhD at Boston College in Chestnut Hill, Massachusetts in Philosophy of Science. She was a Postdoctoral Fellow at Yale University from 2003-2005 in Nursing and Self and Family Management of Chronic Conditions before coming to the UNC School of Nursing.

In 2020, Berry received both the School of Nursing's Tribute Award and Faculty Mentoring Award. She was devoted to graduate education and future generations of scholars, as well as the development of junior faculty at the School. Hudson Santos, PhD, RN, met Berry when he arrived at the school in 2015. He looked to her as a mentor as she helped him navigate academic life. From Berry, he learned to juggle faculty and research commitments, maintain the rigor of his work and stay lighthearted amid life and work challenges.

"Diane Berry was my go-to person," said Santos. "She was so genuine in helping me and other junior faculty, always going out of her way to promote our professional and personal growth. She didn't need anything in return, she just loved to mentor, and she was *good* at it. Seeing her celebrate her mentees' achievements was a joy! I have learned so much from Diane, but she had so much more to teach me. I miss her tremendously as a mentor, a friend and a confidant. I will miss our phone calls and the shared laughs. The ripples of her work will forever be felt in the school."

Santos said Berry inspired him not only to consider how he could be a better citizen of the University and the School, but also how using the power of a position of prestige could lift up those around you. From leadership, to faculty, to students, she offered all she encountered equal respect.

"A great lesson I learned from Diane is that you can be genuine, you can be nice, you can be forthcoming, and you can still be a great scientist and do very important work. You know how when someone very successful walks into a room, all the attention goes to them? Diane was completely the opposite. You would know her presence, and how influential she was, but she never took the spotlight. She wanted it on others."

Berry was inducted into the Sigma Theta Tau International's Nurse Researcher Hall of Fame and was a fellow of the American Academy of Nursing and the American Academy of Nurse Practitioners. At Carolina, she served as a UNC Center for Public Service Faculty Scholar (2009-11) and a UNC Faculty Development Scholar in Health Literacy, Practice Improvement and Aging (2012-13).

The UNC School of Nursing has established the Diane Berry Memorial Fund to support a yet-to-be-determined area of interest to Diane. Colleagues and friends who wish to contribute may do so at go.unc.edu/DianeBerryFund. A virtual memorial was hosted by the School of Nursing community on April 8th.

<https://nursing.unc.edu/the-unc-school-of-nursing-mourns-scholar-mentor-and-educator-diane-berry/>

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Member News Column

Pat Alpert, FAANP

What's Happening Now?

Every quarter we receive self-reported accomplishments by fellows. In this issue we are proud to recognize distinguished fellows who contributed much to advance the field of healthcare and or the professional role of nurse practitioners. **Do you have an achievement you would like to share with us?** Send to <https://www.surveymonkey.com/r/FAANPAchievements>

CONGRATULATIONS !!

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



Susan J. Appel, FAANP

Publication: Appel, S.J., Wadas, T. M., & Andrabi, M. (2021). Management of diabetes during a dual pandemic. *The Journal for Nurse Practitioners*. <https://doi.org/10.1016/j.nurpra.2020.12.021> [https://www.npjjournal.org/article/S1555-4155\(20\)30717-0/fulltext](https://www.npjjournal.org/article/S1555-4155(20)30717-0/fulltext)

Kathy Baldrige, FAANP

Presentations: (1) Baldrige, K. (2020, Oct). *Neurology case studies in primary care*. Louisiana Association of Nurse Practitioners Annual NP Conference. Virtual program. (2) Baldrige, K. (2021, January). *2021 changes to E/M Coding Guidelines: Outpatient clinical setting*. Louisiana Association of Nurse Practitioners, CE Program. (3) Baldrige, K. (2021, February). *Leadership development: Becoming an influencer*. Louisiana Association of Nurse Practitioners Board. (4) Baldrige, K. (2021, February). *Access to care: Recognizing and removing barriers*. Louisiana Association of Nurse Practitioners, CE Program.

Publications: (1) Baldrige, K. (2021). Billing & coding in the outpatient clinical setting: A quick reference. Advanced Practice Education Associates, Inc. (2) Baldrige, K. (2021). Headaches: Cluster. In Amelie Hollier (Eds.), *Clinical Guidelines in Primary Care* (4th ed., pp. 527-30). APEA, Inc. (3) Baldrige, K. (2021). Bell's Palsy. In Amelie Hollier (Eds.), *Clinical Guidelines in Primary Care* (4th ed., pp. 515-18). APEA, Inc. (4) Baldrige, K. (2021). Headaches: Migraine. In Amelie Hollier (Eds.), *Clinical Guidelines in Primary Care* (4th ed., pp. 530-38). APEA, Inc.

Hillary Barnes, FAANP

Award: Hillary Barnes received the AANP Open Access Award from the American Association for Nurse Practitioners on January 27, 2021. Funding to support open access publishing of: "Development of the Novice Nurse Practitioner Role Transition Scale: An Exploratory Factor Analysis" in the *Journal of the American Association of Nurse Practitioners*.

Publication: Barnes, H., Faraz Covelli, A., & Rubright, J. D. (2021). Development of the Novice Nurse Practitioner Role Transition Scale: An exploratory factor analysis. *Journal of the American Association of Nurse Practitioners*. <https://doi.org/10.1097/JXX>.

Member News Column

Pat Alpert, FAANP

Bobby Bellflower, FAANP

Election: Elected Chair, National Association of Neonatal Nurse Practitioners in October 2019. She started her term on October 15, 2020 and will serve until October 22 and as Past Chair until October 2023.

Susan Calloway, FAANP

Award: Susan Calloway received the Texas Tech University System Chancellor's Teaching Award on May 6, 2021.

Presentations: (1) Calloway, S. (2020, November). The telehealth tsunami and implications for NP education. *National Organization of Nurse Practitioner's Special Topics Conference*. (2) Calloway, S. (2021, April). Mock TeleECHO © clinics as a force multiplier in nurse practitioner education. *The National Organization of Nurse Practitioner Faculties Annual Conference*. (3) Calloway, S. (2021, March). *Help for the healer; practice skills for promoting resilience*. 25th Annual Nurse Practitioner Conference.

Publications: Guenther, J., Branham, S., Calloway, S., Hilliard, W., Jimenez, R. & Merrill, E. (2021). Five steps to integrating telehealth into APRN curricula, *The Journal for Nurse Practitioners*. :<https://doi.org/10.1016/j.nurpra.2020.12.004>

Tearsanee Davis, FAANP

Recognition: UAB School of Nursing's 70 Visionary Leaders! As a Visionary Leader, Tearsanee Davis was recognized by her peers for her exemplary leadership, innovation, and far-reaching impact on nursing and health care.

M. Elayne DeSimone, FAANP

Appointment: Elayne DeSimone was appointed to the board of directors of the Chester Community Coalition in Delaware County, PA. This organization works to reduce the trauma associated with gun violence in the City of Chester, PA. She is also the co-chair of its Development Committee.

Sattaria S. Dilks, FAANP

Award: Sattaria Dilks was inducted into the Louisiana Nurses Hall of Fame at the 2020 Nightingale Awards Ceremony.

Presentations: (1) Dilks, S., Melnyk, B. & Davidson, J. (2020). *How to survive the pandemic with an unbroken spirit: Actions to take right now to stay strong and focused*. American Nurses Association on demand webinar. <https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/education/ana-covid-19-video-education/> (2) Dilks, S. (2020, August). *Coping with the new reality as a leader*. Nursing Alliance Leadership Academy (NALA) conference. (3) Dilks, S. (2021, April). *COVID-19 impacts on aging adults: Addiction, isolation, and loneliness*. Addiction and the Elderly III conference at the University of Louisiana Monroe.

Publication: Davidson, J., Choflet, A. Early, M., Clark, P., Dilks, S. Morrow, L, Tucker, S & Mims, T. (2021). Nurse suicide prevention starts with crisis intervention. *Am Nurse J*, 16(2). 1-8.

Elizabeth Downes, FAANP

Award: Elizabeth Downes was named a Visionary Leader by the University of Alabama at Birmingham (UAB) on April 8, 2021. The Visionary Leader distinction recognizes outstanding UAB School of Nursing graduates for exemplary service in education and research, exemplary leadership, innovation, and far-reaching impact on nursing and health care on state, national, and international levels. Elizabeth Downes was recognized for her global work in Advanced Practice Nursing and care of vulnerable populations.

Stephen Ferrara, FAANP

Appointment: Stephen Ferrara was selected to the DNPs of Color Inaugural Advisory Committee in March 2020.

Laurie Anne Ferguson, FAANP

New Employment: Laurie Anne Ferguson was named the Founding Dean of the new School of Nursing at Emory & Henry College. Most recently, Laurie Ferguson served as Dean of the College of Nursing and Health and Director of the School of Nursing at Loyola University in New Orleans, Louisiana. She has been a nursing educator since 1991 and maintained an active clinical practice in rural Louisiana caring for patients of all ages. Laurie is recognized for her leadership in the nursing profession and is a fellow both in the National Academies of Practice (NAP) and the American Association of Nurse Practitioners (AANP). She was elected to and is currently serving on the executive committee of the Fellows of AANP.

Linda Gibson-Young, FAANP

Award: Linda Gibson-Young was inducted in the class of 2021 National Academies of Practice Fellows and Professional Members.

Promotion: Linda Gibson-Young was promoted to full Professor at Auburn University, which will begin on August 16, 2021.

Publication: *Barrios, L.C., Riggs, M.A., Green, R.F., Czarnik, M., Nett, R.J., Staples, E. Welton, M.D., Mulienburg, J.L., Zullig, K.J., Gibson-Young, L., Perkins, A.V., Prins, C., Lauzardo, M., Shapiro, J., Asimellis, G., Kilgore-Bowling, G., Ortiz-Jurado, K., & Gutilla, M.J. (2021, in press). Observed mask use at six universities during fall semester- United States September – November 2020. *MMWR Surveillance Fall 2020*; 70, 6: 208-211. <http://dx.doi.org/10.15585/mmwr.mm7006e1>

Karen Hande, FAANP

Other: On January 4, 2021 Karen Hande was selected to serve as a Practice Transition Accreditation Program Team Leader for the American Nurses Credentialing Center.

Meredith Heyde, FAANP

Appointment: Meredith Ann Heyde was one of three clinicians in the UnitedHealth Group organization to serve as an Executive Clinical Fellow for the Center For Clinician Advancement for the 2021 calendar year. This year-long appointment includes completing various projects that will enhance clinician professional development and leadership. She is working with senior leadership to expand on her own professional experiences.

Legislative/Policy: Meredith Ann Heyde was invited to give testimony on April 14, 2021 at the Washington State Senate meeting for Health & Long-Term Care Committee via Zoom. She spoke on behalf of United Health Group about the positive impact of the nurse licensure compact on Telehealth.

Debra Kosko, FAANP

Publications: (1) Kosko, D. (March 2021). Immunizing North Carolina. *The North Carolina Medical Journal*, 82 (2) 109-112. <https://doi.org/10.18043/ncm.82.2.109>. (2) Guest Editor; *North Carolina Medical Journal*, 82(2) 109-11. <https://doi.org/10.18043/ncm.82.2.109>

Gary Laustsen, FAANP

Presentation: Gary Laustsen. (2021, April). *Caring for the climate changed: Health, environment and policy for the common good*. Lindfield University Faculty Lecture Series. <https://inside.linfield.edu/faculty-resources/faculty-lecture-series.html> This presentation looks at some of the health impacts of climate change, air and water quality and toxic chemical exposure. Recommended actions by social and healthcare leaders include work to build environmental health literacy and empowerment, advocacy for regulatory protection and enforcement, and environmental engagement within healthcare, educational, and social systems

Laura G. Leahy, FAANP

Appointment: In May 2021 Laura Leahy was appointed as Lead Mentor by Providers Clinical Support System (PCSS) & the American Academy of Addiction Psychiatry (AAAP). Lead Mentors offer nationwide response to inquiries and support to providers engaged in treatment of individuals with substance & opioid use disorders.

Award: Awarded Fellowship in the American Academy of Nursing (October 2020).

Legislative/Policy: Provided testimony to NJ State Assembly Health Committee regarding the impact of COVID on and access to treatment for psychiatric & substance use disorders (June 2020).

Denise Linton, FAANP

Award: Linton, D. (2020). *Portable RN: The all in one nursing reference* (5th Ed). Wolters Kluwer was awarded first place in the 2020 AJN Book of the Year Award in Adult Primary Care.

Presentation: Linton, D, Mitchell, S., & Stager, S. (April 24, 2021). *Seamless BSN-DNP program classification and breakdown of the 1000 hours*. 47th Annual Conference National Organization of Nurse Practitioner Faculties. <https://web.event.com/event/7ba5c14c-3dd6-4d92-9e62-2730fd80f23c/summary>

Publications: Linton, D (2021). Beliefs related to Pap smear intention among Jamaicans: A qualitative research study. *The Nurse Practitioner*, 46(3), 51- 55. doi:10.1097/01.NPR.0000733696.44874.ec

Member News Column

Pat Alpert, FAANP

Billie Madler, FAANP

Promotion: Billie Madler was promoted to Associated Dean for Nursing for the University of Mary St. Gianna School of Health Science and will assume her new role on September 1, 2021. She served as the Chair of Graduate Nursing for the past 11 years. Prior to that she was the FNP program coordinator for 6 years.

Kathleen McCoy, FAANP

Appointments: (1) Steering Committee for Website development for NPs serving PMH populations. <https://www.nppsychnavigator.com/> (2) Advisory Board Appointment: American Psychiatric Nurses Association/ Diversity, Inclusion & Equity Council. Appointed to serve to larger purposes of APNA as expressed through this council to meet the needs of PMH nurses on all levels as they serve the mental health of the globe and PMH populations.

Publication: McCoy, KT. Dilks, T. (2021). The Pass Formula PMHNP Question Bank/Study Guide Website: <https://www.thepassformula.com/>

Recognition: McCoy KT, AbbVie. (2021) NP Perspectives Spotlight: Kathleen T McCoy DNSc PMHNP-BC PMHCNS -BC FNP-BC FAANP. Website: <https://www.nppsychnavigator.com/>

Lee Moss, FAANP

Appointment: Lee Moss was appointed to serve on the American Burn Association's Diversity, Equity and Inclusion Committee on April 9, 2021.

Poster Presentation: Lee Moss' poster "Practical Burn Prevention Across the Life Span" was accepted on March 26, 2021 for presentation at the 2021 AANP National Conference this summer.

Jamesetta A. Newland, FAANP

Publications: (1) Yearwood, E. L., Pearson, G. S., & Newland, J. A. (Eds.). (2021). *Child and adolescent behavioral health: A resource for advanced practice psychiatric and primary care practitioners in nursing*. Wiley-Blackwell. (2) Drayton-Brooks, S. M., Gray, P. A., Turner, N. P., & Newland, J. A. (2020). The use of big data and data mining in nurse practitioner clinical education. *Journal of Professional Nursing*, 36(6), 484-489. <https://doi.org/10.1016/j.profnurs.2020.03.012>. (3) Newland, J. A. (2020). A path to leadership in nursing: Developing clinical scholars through effective mentoring relationships. *Japanese Journal of Nursing and Health Sciences*, 18(2), 40-48. http://www.oita-nhs.ac.jp/journal/PDF/18_2/18_2_3.pdf. (4) Owens, J. K., Cowell, J. M., Kennedy, M. S., Newland, J. A., & Pierson, C. A. (2020). Mentoring the novice writer to publication: An update from the INANE student papers work group. *Nurse Author & Editor*, 30(3), 5. <https://doi.org/10.1111/nae2.6>. (5) Blazeveciene, A., Laurs, L., & Newland, J. A. (2020). Attitudes of registered nurses about the end-of-life care in multi-profile hospitals: A cross sectional survey. *BMC Palliative Care* 19(1), 131. <https://doi.org/10.1186/s12904-020-00637-7>.

Joyce Pulcini, FAANP

Award: Joyce Pulcini received the 2021 Lifetime Achievement Award from the National Organization of Nurse Practitioner Faculties in April 2021 at the Annual Conference.

Member News Column

Pat Alpert, FAANP

Susanne Quallich, FAANP

Other: On December 7, 2020 Susanne Quallich became a part of the 1st [inaugural] NP clinical ladder cohort at Michigan Medicine recognized as "Master" level NP, the highest level.

Patricia A. Quigley, FAANP

Appointment: Patricia A. Quigley, PhD, APRN, CRRN, FAAN, FAANP, FARN, has been appointed to a 2-year position (2021-2023) on the National Quality Forum's Prevention and Population Health Committee.

Presentation: Quigley, P., & Votruba, L. (2021, February). *National Program of Research: Patient and workforce safety outcomes before and during COVID-19*. Virtual National Quality Leadership Symposium

Publication: Quigley, P., Votruba, L., & Kaminski, J. (2021). Registered nurses, patient engaged video surveillance and COVID-19 patient outcomes. *MEDSURG Nursing*, 30(2), 89-96.

Richard Ricciardi, FAANP

Publication: Ricciardi R. (2021). Perspectives: Envisioning healthcare quality and safety in 2030. *Journal of Research in Nursing*, 26(1-2):168-175. (Content is Open Source). <https://doi.org/10.1177/174498712>

William E. Rosa, FAANP

Appointment: Appointed to the Editorial Board of the Journal of Pain and Symptom Management in April 2021.

Award: Received the national Advanced Certified Hospice & Palliative Care Nurse of the Year Award in February 2021 from the Hospice & Palliative Credentialing Center.

Legislative/Policy: Designated as the International Association for Hospice & Palliative Care U.S.A. Advocacy Focal Point to hold the government accountable for integrating universal palliative care access as a component of comprehensive health coverage in December 2020. Served as lead researcher for international policy report (May 2021): *Nurses for Health Equity: Guidelines for Tackling the Social Determinants of Health*. Available: <https://www.wish.org.qa/wp-content/uploads/2021/05/Nurses-for-Health-Equity-report.pdf>

Other: In January 2021 William Rosa was inducted to the inaugural class of Health Equity Scholars by the American Psychosocial Oncology Society to support his research and advocacy efforts focused on eradicating palliative care inequities for LGBTQ+ identified patients and their families of choice.

Publication: Helming, M.A.B., Shields, D.A., Avino, K.M., & Rosa, W.E. (Eds.) (2012). *Dossey & Keegan's holistic nursing: A handbook for practice* (8th ed.). Jones & Bartlett Learning.

Susan Ruppert, FAANP

Award: Susan Ruppert received the prestigious Minnie Stevens Piper Professor Award for 2021. Ten Piper Professors are selected each year from among educators across all fields nominated by colleges and universities throughout Texas. Susan Ruppert is the first Cizik School of Nursing at UTHealth faculty member to be honored.

Assanatu (Sana) I. Savage, FAANP

Publications: (1) Savage, A. I. (2021). Alcohol use during breastfeeding. In Hollier, A., *Clinical Guidelines in Primary Care* (pp.899-901). Los Angeles: Advance Practice Education Associates. (2) Savage, A. I. (2021). Smoking by nursing mothers. In Hollier, A., *Clinical Guidelines in Primary Care* (pp.904-905). Los Angeles: APEA.

Susan Smith, FAANP

Presentation: Smith, S. (2021, April 7-9). *Impact of pre-existing functional mobility impairments on outcomes in burn-injured patients- 10-year review*. American Burn Association National Conference. <https://ameriburn.org/education/annual-meeting/virtual-content/>

Publication: Burmeister, D. M., Smith, S. L., Muthumalaiappan, K., Hill, D. M., Moffatt, L.T., Carlson, D.L., Kubasiak, J.C., Chung, K.K., Wade, C.E., Cancio, L.C., & Shupp, J.W. (2021). An assessment of research priorities to dampen the pendulum swing of burn resuscitation. *Journal of Burn Care and Research*, (Editor's Choice) 42(2), 113-125. <https://doi.org/10.1093/jcbr/iraa214>

D'Ann Somerall, FAANP

Recognition: D'Ann Somerall was recognized as one of the "70 Visionary Leaders" being highlighted during the 70th Anniversary, University of Alabama at Birmingham School of Nursing. She has worked tirelessly as the President of the state nurse practitioner association, NPAA, to advance the role and privileges of Alabama NPs.

Suzanne Staebler, FAANP

Elected: Suzanne Staebler, elected to represent the NP role on the new LACE Steering Committee, in March 2021.

Alice M. Teall, FAANP

Appointment: Alice Teall was appointed as the Co-Chair of the newly formed National Academy of Nurse Practitioner Faculties (NONPF) Telehealth Committee on April 23, 2021.

Publication: Teall, A.M., & Mazurek Melnyk, B. (2021). An innovative wellness partner program to support the health and well-being of nurses during the COVID-19 pandemic: Implementation and outcomes. *Nursing Administration Quarterly*, 45(2), 169-174. <https://doi.org/10.1097/NAQ.0000000000000457>

Tami L. Thomas, FAANP

Award: Tami L Thomas, named The Dr. Herbert and Nicole Wertheim Endowed Chair in Prevention and Family Health on October 28, 2020, has been awarded ten funded research grants by the National Institutes of Health, The Robert Wood Johnson Foundation, National Institute of Minority Health and Health Disparities and Health Resources and Services Administration. Her work has been credited with reducing health disparities and improving health regionally, nationally, and internationally. Her research findings serve as a national model for implementing culturally appropriate patient education to the underserved.

ANNOUNCEMENTS

Nancy Dirubbo, FAANP



Call for Papers: JAANP Fellows

The Fellows Column is a recurring special feature of JAANP. Each column, written by an AANP Fellow, informs readers of: issues, trends, and factors impacting the NP role, professional responsibilities and related strategies to promote stewardship of the NP role.

This broad purpose provides opportunities for Fellows to share their reflections on current issues, informed by their experiences, knowledge and expertise in NP practice, policy, research, and education. Fellows Column manuscripts should provide thoughtful, scholarly discussions of topics with informed synthesis and/or opinion of their topic. Manuscripts primarily written as clinical articles or research reports are not be suitable for the column.

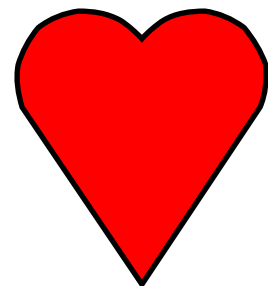
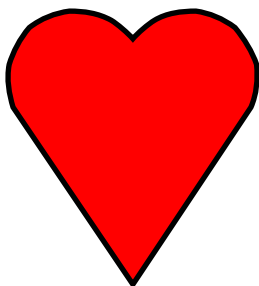
Fellows Column manuscripts are limited to approximately 1500 words and 10 references. They are submitted through the JAANP Authors Submission Site. In order for a manuscript to be considered as a Fellows Column, authors must select “Fellows Column” as the manuscript type during submission. Fellows Column manuscripts undergo peer review, although reviewers are aware of the authors’ identity.

Questions can be referred to members of the Fellows Column editorial review committee:

Nancy Dirubbo, column co-editor	Elayne DeSimone, column co-editor
Gary Laustsen, column reviewer	Mary Jo Goolsby, column reviewer
Debra Hain, column reviewer	Leslie Taub, column reviewer
Pat Kelley, column reviewer	

Reminders

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



FAANP OFFICERS AND COMMITTEES

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

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

History Committee

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

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Kim Curry	Classic Reads	kcurry@aanp.org
Kathy Wheeler	Policy	kjwheeler623@gmail.com

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