I Am TNA

Becca Moody, RN, BSN, DNP Candidate

My aspiration to become a nurse dates back to my childhood. My father is a small-town physician, and I have looked up to his nurses since before I could talk. I saw them as heroes that helped make everyone better. They were always so kind and funny, and they let me listen to their hearts and look in their ears! My mind never really wandered to any other career path, even during high school. I was honored to be accepted into the University of Tennessee Knoxville’s nursing program my senior year of high school and graduated with my BSN in the spring of 2013. I began working in a hospital on a pulmonology floor for a short while before moving back home and accepting a position in the emergency department of our local hospital. I started pursuing my nurse practitioner degree in August of 2014, and I will graduate with my doctorate in July of 2017.

The past 4 years as a nurse have been a whirlwind. I have laughed, I have cried, I have at times questioned whether I should continue on this journey, but I have never doubted my “calling” to be a nurse because, on some very hard days, I have. But in my times of doubt, the Lord always shows me why I am supposed to be a nurse. Fortunately, He has placed some very helpful fellow nurses in my life that have kept me going when all seems to fall apart. I would not be the nurse I am today without the help of so many other nurses that have helped guide me along the way. We are all on the same team. We should strive to work together to help each other—in the clinic, in the hospital, and on Capitol Hill. TNA allows us all to feel the team spirit together at the state-level.

TNA has been a wonderful professional organization that I have been a part of since joining in February 2016. I still consider myself a “new member,” and I look forward to seeing what more TNA has in store for me in the future.

I Am TNA continued on page 3

You Could Win $1,000 Plus a FREE Membership!
Nurses Leading to the Future
2018 TNF Scholarly Writing Contest
Deadline: March 31, 2018

The Tennessee Nurses Foundation is sponsoring a scholarly writing contest for all Registered Nurses (within all specialties of nursing), in the State of Tennessee. A $1,000 award plus a free one-year membership in both the Tennessee Nurses Association and the American Nurses Association (value $290) will be presented to the winner/s as part of the celebration of Nurses Week 2018.

Criteria:
1. Registered Nurse (within all specialties of nursing)
2. Paper is in a publishable format and may be published in the Tennessee Nurse and/or TNA website.

Manuscript requirements:
1. Introduction: will provide adequate foundation for the body of the paper and will include a purpose statement for the paper.
2. Body of the Paper: will address one of the following:
   • Nursing research – how to use research in daily practice supported by an example and explanation of how you have used research in your daily practice.
   • The use of leadership in daily practice supported by an example and explanation of how you have either used or experienced a particular leadership style in your daily practice
   • How you have used or influenced the use of evidence based practice in your daily practice.
3. Conclusion: will summarize the main points of the body of the paper with implications for nursing practice.
4. References: will be adequately and appropriately referenced in the body of the paper and will be from contemporary peer reviewed resources.
5. Must not have been previously published.
6. Maximum of 10 pages (inclusive of references)
7. Double spaced, 10 – 12 point font.

A completed submission must include:
1. All applicant contact information, including email address.
2. Two (2) copies of the manuscript.

Deadline for submission: March 31, 2018. Submissions must be postmarked by this date. Fax submissions are not accepted. Entries will be judged by blind review by selected nursing experts. The winner/s will be notified by email. Members of the TNF Board of Trust and TNA Board of Directors are not eligible.

Please mail submissions to:
TNF Scholarly Writing Contest
545 Mainstream Drive, Suite 405
Nashville, TN 37228-1296

Manuscript requirements:
1. Introduction: will provide adequate foundation for the body of the paper and will include a purpose statement for the paper.
2. Body of the Paper: will address one of the following:
   • Nursing research – how to use research in daily practice supported by an example and explanation of how you have used research in your daily practice.
   • The use of leadership in daily practice supported by an example and explanation of how you have either used or experienced a particular leadership style in your daily practice
   • How you have used or influenced the use of evidence based practice in your daily practice.

April 4, 2018
TNA Legislative Summit
War Memorial Auditorium
Nashville, TN

Each year over 1,000 nurses and nursing students gain an understanding of the important role nurses have in shaping policy and how the nursing profession can be impacted by legislation.

Join us as we discuss hot topics on the Hill, how a bill becomes law and learn best practices for speaking with your legislator. Be sure to visit the NEW legislative offices and set your appointment to meet your Legislators. Register today at tna.societyconference.com
This is my first column as the Executive Director of the Tennessee Nurses Association and I am so excited to be here. I thought I’d share a little about myself and my aspirations for my first year here at TNA.

I grew up in the capital district area of New York, the eldest of six children. For as long as I can remember, I wanted to be a nurse; I believe that strong desire came from watching my grandmother care for her parents as they lived into their mid-90s. After I received my bachelor of science in nursing from the State University of New York at Plattsburgh, I began my nursing career on the spinal cord trauma and rehab unit at the tertiary care medical center in Albany. After three years, I returned to school and received my master’s degree as a family nurse practitioner and clinical nurse specialist from Binghamton University. During that time, I began lobbying and advocating for nursing and our patients in legislative and regulatory bodies; I have been doing so ever since. After graduation, I returned to the medical center as a clinical nurse specialist for the Department of Medicine. Since then I’ve worked in New York in leadership positions in risk and quality management, as a clinical consultant for the hospital association, as the deputy director and chief executive officer of the state nurses association, and in Washington DC as the deputy director for the Academic Progression in Nursing national program office for the Robert Wood Johnson Foundation. I wanted to return to association work and to the ANA family; this position at TNA seemed an ideal match to me.

My personal vision for my role as Executive Director is to advocate for and lead efforts to implement the Institute of Medicine recommendations for the Future of Nursing, including promoting full practice authority for all registered nurses, access to affordable, quality healthcare for all Tennesseans, and having at least one registered nurse on all leadership boards in Tennessee. I also look forward to working with members as we grow and strengthen nursing practice, education and research in Tennessee.

During my first year, I hope to visit as many of the district associations as I can fit into the year. I hope to promote the concept of “One TNA” and encourage all nurses to give of themselves and their time to advance the profession of nursing.

Tina Gerardi
Executive Director
When met, goals give you something to celebrate and measurable, and achievable. Goals are specific, resolutions. Goals are different from of person who sets New Year's great track record. I am the kind of New Year's resolutions? That is not a people fail at keeping their New shows that more than 90% of Did you know that research make New Year's resolutions. Why you might ask? Well, it is about your involvement in TNA this year. Dream big with me, “Don’t fear failure. Fear being in the exact same place next year as you are today.” Wow! Putting aside a fear of failure allows me to set goals — no matter how lofty they may be — knowing that efforts towards those goals will leave me better off than I am today. As we move into 2019, TNA has an opportunity to set and exceed goals for this new year. As an organization, TNA stands on a solid foundation of committed nurses who have invested in and remained dedicated to advancing the health of all Tennesseans. Building on that foundation, there are numerous avenues for TNA to experience growth and transformation. I can’t wait to see all that we achieve in 2018! I challenge each of you to set a New Year’s goal related to your involvement in TNA this year. I dream big my fellow nurses! Together we can be a mighty voice across Tennessee. This is a new year. This is the chance to develop into a new you, with no fear of failure and the courage to be stronger than you were the year before. Why Should You Be Involved? Allyson Neal, DNP, APRN, PMHNP-BC, CNS-BC, CPNP Director of Membership Tennessee Nurses Association (TNA) has begun Step 3 of the Membership Challenge, which started in June 2017. We have seen our largest membership to date and yet we have so far to go. Being a member of TNA allows nurses throughout the state to cooperate and work toward common goals that we could not accomplish alone. These goals include your rights to practice as a nurse in the state of Tennessee, that results in 110,000 plus RNs in Tennessee speaking with one voice, advocacy for practice safety and living wages. When you are a member of TNA you not only advocate for your profession, you also protect your patients and their families by setting the agenda for health reform. Nurses must be at the forefront for advocating for all patients and especially those that cannot do so themselves. Nursing understands that being seen in an outpatient office is only a very small part of healthcare. If our patients cannot afford the medications prescribed, arrange transportation to the pharmacy, therapy, or follow up appointments, our care is not complete. If a patient being discharged from the hospital cannot afford the supplies required for daily dressing changes, cannot read or does not understand the discharge instructions, our care is not complete. If our patients do not have access to healthcare in their rural areas due to hospitals closing and advanced practice registered nurses not being able to practice to their full extent of education and training, due to the lack of full practice authority, our care is not complete. Remember on any given day in the state of Tennessee nursing practice is what 17 members of the Senate and 50 members of the House say it is, TNA is your voice in that decision. Step 3 of the Membership Challenge in underway. The Each One, Bring One campaign is a challenge to all TNA members to recruit one new member by April 30th and another new member by August 30th. Email Diane Cunningham at diane.runningham@tnaonline.org between May 1-15th with the names of your new members recruited by April 30th and again September 1-15th with members recruited for the period May 1-August 30. The top recruiter award will be given at the TNA conference. Please join us in building our membership for our profession and the health of all Tennesseans.

From the Executive Director continued from page 2 to join their professional nurses association. There is power in numbers and increasing our membership will help increase our influence as we advocate on behalf of our patients, our nurses, and our profession. I want to personally invite every nurse in Tennessee to become actively involved in TNA. There are many degrees of involvement including joining TNA, volunteering for a committee, attending the Legislative Summit on April 4, running for office, and attending our annual conference October 26-28 in Murfreesboro. Please consider doing one or more of these this year.

I welcome your voice, your perspective, and your passion for our profession. I look forward to working with you as we grow and strengthen TNA.
TNA STRONGLY OPPOSES SB2154/HB2288

SB2154 Bell/HB2288 Ramsey -- Changes in veterinary medicine.

The bill would set precedents that TNA does not support. The bill has been characterized as a “pathway to independent practice”. TNA believes this bill could further restrict current APRN practice.

SB1495 Haile/HB1489 Hazlewood Use of tanning devices by minors prohibited. -- Prohibits any person under the age of 16 from using a tanning device in a tanning facility in this state. House Health Committee recommended with amendment 1 and amendment 2. Amendment 1 deletes all language after the enacting clause. Prohibits any person under the age of 16 from using a tanning device. Requires persons between ages 16 and 18 to be accompanied by a parent or legal guardian that is required to provide photo identification, proof of guardianship, if applicable, and sign a warning statement before entering the tanning facility. Specifies that the prohibition of any person under the age of 16 from using a tanning device applies to devices at tanning facilities. POSITION – TNA Supports and is part of a Collaboration of Healthcare advocates working to amend current law.

SB1515 Massey/HB2239 Faison -- Redefines physicians and physician assistants’ professional relationship. Changes references to the professional relationship between physicians and physician assistants from “supervisory” to “collaborative.” Makes similar changes to references to the professional relationship between physicians and advance practice registered nurses. POSITION – TNA is monitoring. The bill, after being amended, will mirror our Collaboration/Supervision legislation change passed last year.

SB1670 Green/HB1695 Pitts -- Honoring prescription for person displaced by natural disaster. -- Permits a pharmacist to honor a valid prescription written by a prescriber in another state or territory for a person from another state or territory that has been displaced by a disaster. POSITION – TNA Supports an amendment which applies to all healthcare prescribers.

SB2095 Dickerson /HB2310 Favors -- Prescribing of buprenorphine by certain nurse practitioners. -- Permits a licensed psychiatric nurse practitioner or physician assistant in this state for at least three years and has no limitations or conditions imposed on the practitioner’s licensure in the prior three years by the board of nursing or the committee on physician assistants to prescribe buprenorphine. POSITION: TNA Supports. FYI, the Comprehensive Addiction and Recovery Act (CARA), signed into law on July 22, 2016, made several changes to the law regarding office-based opioid addiction treatment with buprenorphine. One of these changes is that prescribing privileges be expanded to nurse practitioners (NPs) and physician assistants (PAs) for five years (until October 1, 2021). However, in Tennessee there has been push back by medical doctors in relaxing current laws relative to Nurse Practitioners and Physician Assistants prescribing scheduled drugs, so this bill is certainly a step in the right.

SB2257 Norris/HB1831 Hawk -- Requirements for prescribing, dispensing, and reporting of opioids. -- Authorizes commissioner of health to establish a program of requiring pharmacists to report Schedule II opioid prescriptions for patients filling their opioid prescriptions at the same pharmacy for a period of one week or more. Requires that the form contains a bar code identification number to identify each prescription. Requires the program to be implemented by October 1, 2018. Requires the commissioner to make a statement that would authorize the program to be implemented. Requires the commissioner to make a statement that the program will be reviewed by the Office of Inspector General. Requires the program to be reviewed by the Office of Inspector General. Requires the program to be reviewed by the Office of Inspector General. Requires the program to be reviewed by the Office of Inspector General.

Government Affairs continued on page 17
need. By taking on this mantle, and because of the legacy every man, woman, and child has access to the care they require, we are responsible to be a voice for the voiceless and ensure that everyone has access to care. As nurses and student nurses, we have a responsibility to advocate for it. Providing patients with highly skilled nursing services, but also ensuring that patients have access to care facilities. By presenting a resolution written by TSNA in support of increased government funding for existing rural hospitals to help prevent patients from losing vital health care facilities. Because I was born and raised in rural White County, TN, I have seen first hand how a lack of access to education and screenings can impact the health of a community. With adequate resources and funding for health education in areas such as smoking cessation and diet and exercise, chronic diseases can be prevented in this vulnerable population. However, with the closures of 79 rural hospitals since 2009, which has affected 47 million people across the nation, patients without access to care may face uncontrolled chronic conditions. For example, lesbian, gay, and bisexual individuals tend to be more obese, use more tobacco, consume more alcohol, and delay seeking care. Transgender persons struggle with finding a prescriber for hormone therapies and surgeons for sex reassignment operations. SGM youth smoke more and require mental health care for stigmatization and the process of coming out. Suicide rates among SGM youth are alarming. SGM seniors are more likely to have cancer, are more likely to experience depression, and may require more legal/ethical support for end-of-life care. Clearly, the SGM population has specific risks and health needs that should be addressed by the APRN. The national focus on the SGM population has waxed and waned for over 30 years. Initial large-scale visibility occurred with the discovery of HIV in the early 1980s and its spread, particularly through the Los Angeles gay community. The 1990s brought changes to gays and lesbians in the military with “Don’t Ask, Don’t Tell.” Hawaii was the first state for a judge to rule that same-sex marriages should share the same rights as heterosexual marriages. The late 1990s spotlighted SGM hate crimes via Matthew Shepherd’s tragedy. In the early 2000s, the first same-sex marriages became legal. In the last ten years, progress occurred to support the equal rights, lifestyle, and health of the SGM population. The current national climate is unsettled. The removal of SGM-specific data from both the United States Census and United States Department of Health & Human Services health surveys poses a challenge for data collection and subsequent health equity. Although the focus on SGM health equity has been sporadic, there are several national health-related initiatives designed to improve health equality. Healthypeople2020 places particular emphasis on improving health in this group through the collection of data to improve outcomes. The Joint Commission
Stroke has become one of the top contenders for death and disabilities in America today. Tennessee is part of the stroke belt representing one of eleven states with a culturally higher risk of a stroke than other places within the United States. Annually approximately 795,000 Americans suffer from a stroke; killing about 140,000 people in the United States. It is staggering to think that someone suffers a stroke every forty seconds and 1 in 20 strokes will lead to death. Economically, stroke is an estimated $34 billion dollar annual price tag for Americans when considering the disabilities resulting in loss of employment and healthcare cost between rehabilitation and medical needs.

As part of the healthcare profession, we as nurses are at the forefront in recognition of stroke signs and symptoms as well as advocating for patient awareness of risk factors. At Vanderbilt Medical Center (VMC), 1600+ patients arrive with the Code Stroke activation. There is an estimated 100 in-patients who suffer from a stroke while hospitalized. Remember—Time is brain!! Awareness and early recognition will save a patient’s life.

According to the American Stroke Association, recognition of early signs and symptoms are as easy as F.A.S.T:
- F=Facial Droop
- A=Arm Weakness
- S= Difficulty Speech
- T=Time to call 911 or in-house Emergency Response Services (ASA, 2017)

Stroke is often mimicked by:
- Alcohol Intoxication
- Cerebral Infections
- Drug Overdose/Toxicity
- Epidural Hematoma
- Hypoglycemia
- Metabolic Disorders
- Migraines
- Neuropathies such as Bell’s Palsy
- Seizures and post-seizure and Todd’s Paralysis
- Brain Tumors
- Hypertensive Encephalopathy

Mary Jeskey, RN, BSN, CNOR

Stroke Refresher--Part 1

One of the best ways to advocate for your patients is to know the risk factors for Stroke:

<table>
<thead>
<tr>
<th>Controllable Risk Factors</th>
<th>Non-Controllable Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Blood Pressure</td>
<td>Age</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>Gender</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Race</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>Family History</td>
</tr>
<tr>
<td>Alcohol Use</td>
<td>Previous Stroke or TIA</td>
</tr>
<tr>
<td>Physical Inactivity</td>
<td></td>
</tr>
<tr>
<td>Obesity</td>
<td></td>
</tr>
<tr>
<td>Heart Disease</td>
<td></td>
</tr>
<tr>
<td>Atrial Fibrillation</td>
<td></td>
</tr>
</tbody>
</table>

Prioritize Care:
- Support ABCs: Airway, Breathing, & Circulation
- Check glucose level
- Activate Emergency Medical Services or Rapid Response Team

References Available Upon Request

As a Registered Nurse, licensed in the state of Tennessee, you receive a free subscription to the Tennessee Nurse, provided by the Tennessee Nurses Foundation, but that does not include membership in TNA. Support the association that supports you. Join Today. Turn to page 15. Questions? Call 615-254-0350.

We can’t wait until we welcome you into TNA!
For the past few weeks, I have been given the opportunity to participate in an exchange program through the University of Tennessee College of Nursing and Robert Gordon University School of Nursing and Midwifery. Throughout this program I was given an insight on differences in healthcare services, staff, and systems.

In Scotland, there is a National Healthcare Service (NHS) that provides free healthcare for the entire country of Scotland. There is no insurance, thousands of dollars in medical bills, and, more importantly, there is not a lack of healthcare due to an inability to pay. These are just a few reasons how Scotland’s healthcare service is different from that of the United States. The care from staff that I observed was generally like the care I see given in America; however, the differences come with the variety of healthcare services, sense of community among staff, and outcomes.

As I participated in clinical at the hospitals, I witnessed so many amazing services throughout NHS. For example, on my clinical day in outpatient oncology, each patient was provided with a massage therapist, beauty therapist, and a movie/snack tray for the daily movie showing during treatment. I thought it was amazing how they gave the patients the opportunity to feel like they were at a home away from home instead of receiving hours of chemotherapy. I also loved the out-service homes that we visited such as Maggie’s center. At these services, counseling, group therapies, and places to stay were provided for patients and patients’ families going through treatments.

Another big difference in the NHS and the American Healthcare System is wait times. In the United States, there is no such thing as a “wait time” or a maximum amount of time that can elapse before a patient can be seen. However, in Scotland, the NHS has a maximum “wait time” of four hours in their emergency departments. If they then go past the maximum wait time, the NHS is fined money.

In Scotland, the nurse’s role is most importantly to care for the patient. Nurses oversee providing medicine, caring, being advocates, educating, reassuring, and being there for their patients. Throughout my clinical experiences, specifically in the oncology units, I witnessed the nurses truly caring and reassuring their patients about their treatments. Another example is my clinical experience at the mental health hospital. These patients needed much advocacy and care, especially reassurance. The nurses working at Cornhill Mental Hospital truly did their job and advocated for these patients.

After observing for a few weeks, I witnessed many differences, but also many similarities in a nurse’s role in Scotland compared to the United States. One big difference that stood out to me was that in Scotland they have midwives that tend to maternity patients and newborns, whereas in the United States, it is the nurse’s role to tend to maternity and newborn patients. In my pediatric clinical, I noticed similarities in a nurse’s role in Scotland compared to the United States. One big difference that stood out to me was that in Scotland they have midwives that tend to maternity and newborn patients. Where in the United States, it is the nurse’s role to tend to maternity and newborn patients. Overall, nursing roles such as care, skills, techniques, and most rules were similar.

In Scotland, nursing school begins after “University,” which is synonymous to a four-year college in America. Nursing school is three years and consists of time periods of either placement or theory. Placement is like clinical in the US; however, their placement periods are nine-month periods full time in hospitals. Whereas in America, our clinical time is mixed in with classes. After the nine-month placement, students then attend a nine-month period of “theory” or “classes.” Although this program is different than the one we participate in at the University of Tennessee, I like how much hands-on time and experience the Scotland students receive with their long placement periods.

Overall, I believe that there are both many advantages and disadvantages of the National Healthcare System. The maximum wait times, free healthcare, plethora of services, etc. are amazing advantages that I truly value within the NHS. After this experience, I want to begin to implement some of these tactics in our own healthcare system to better our patients. However, like any healthcare system, there are many flaws. For example, in my placement in the Emergency Department Triage Ward, there were five out of the eight patients that we saw abusing the healthcare system. Moreover, the patients would take advantage of the free healthcare and simply come to the emergency department for a cold or “being tired.” Other disadvantages that come from the emergency department include the lack of pay and appreciation that the nurses receive. The average pay for a nurse in Scotland is equal to about $30,000 a year in the United States. Whereas the average pay for a nurse in America is $60,000.

From my overall observations, I feel like the NHS both positively and negatively impacts patient care. I think many of the healthcare staff may feel pressured to only take the most acutely ill patients due to the free aspect of care. In positive views, I do believe that the NHS promotes community of care among the staff within the hospitals. Moreover, the doctors, nurses, domestics, etc. work together to provide the best care for their patients.

How did the exchange program change perception to American healthcare system? After my month experience comparing the American Healthcare System and the Scottish Healthcare System, I feel like the NHS both positively and negatively impacts patient care. I think many of the healthcare staff may feel pressured to take the most acutely ill patients due to the free aspect of care. In positive views, I do believe that the NHS promotes community of care among the staff within the hospitals. Moreover, the doctors, nurses, domestics, etc. work together to provide the best care for their patients.

From my overall observations, I feel like the NHS both positively and negatively impacts patient care. I think many of the healthcare staff may feel pressured to only take the most acutely ill patients due to the free aspect of care. In positive views, I do believe that the NHS promotes community of care among the staff within the hospitals. Moreover, the doctors, nurses, domestics, etc. work together to provide the best care for their patients. The nurses working at Cornhill Mental Hospital truly did their job and advocated for these patients.

After observing for a few weeks, I witnessed many differences, but also many similarities in a nurse’s role in Scotland compared to the United States. One big difference that stood out to me was that in Scotland they have midwives that tend to maternity patients and newborns, whereas in the United States, it is the nurse’s role to tend to maternity and newborn patients. In my pediatric clinical, I noticed similarities in a nurse’s role in Scotland compared to the United States. One big difference that stood out to me was that in Scotland they have midwives that tend to maternity patients and newborns, whereas in the United States, it is the nurse’s role to tend to maternity and newborn patients. Overall, nursing roles such as care, skills, techniques, and most rules were similar.

In Scotland, nursing school begins after “University,” which is synonymous to a four-year college in America. Nursing school is three years and consists of time periods of either placement or theory. Placement is like clinical in the US; however, their placement periods are nine-month periods full time in hospitals. Whereas in America, our clinical time is mixed in with classes. After the nine-month placement, students then attend a nine-month period of “theory” or “classes.” Although this program is different than the one we participate in at the University of Tennessee, I like how much hands-on time and experience the Scotland students receive with their long placement periods.

Overall, I believe that there are both many advantages and disadvantages of the National Healthcare System. The maximum wait times, free healthcare, plethora of services, etc. are amazing advantages that I truly value within the NHS. After this experience, I want to begin to implement some of these tactics in our own healthcare system to better our patients. However, like any healthcare system, there are many flaws. For example, in my placement in the Emergency Department Triage Ward, there were five out of the eight patients that we saw abusing the healthcare system. Moreover, the patients would take advantage of the free healthcare and simply come to the emergency department for a cold or “being tired.” Other disadvantages that come from the emergency department include the lack of pay and appreciation that the nurses receive. The average pay for a nurse in Scotland is equal to about $30,000 a year in the United States. Whereas the average pay for a nurse in America is $60,000.

From my overall observations, I feel like the NHS both positively and negatively impacts patient care. I think many of the healthcare staff may feel pressured to only take the most acutely ill patients due to the free aspect of care. In positive views, I do believe that the NHS promotes community of care among the staff within the hospitals. Moreover, the doctors, nurses, domestics, etc. work together to provide the best care for their patients.

How did the exchange program change perception to American healthcare system? After my month experience comparing the American Healthcare System and the Scottish Healthcare System, I feel like the NHS both positively and negatively impacts patient care. I think many of the healthcare staff may feel pressured to only take the most acutely ill patients due to the free aspect of care. In positive views, I do believe that the NHS promotes community of care among the staff within the hospitals. Moreover, the doctors, nurses, domestics, etc. work together to provide the best care for their patients.

From my overall observations, I feel like the NHS both positively and negatively impacts patient care. I think many of the healthcare staff may feel pressured to only take the most acutely ill patients due to the free aspect of care. In positive views, I do believe that the NHS promotes community of care among the staff within the hospitals. Moreover, the doctors, nurses, domestics, etc. work together to provide the best care for their patients.

From my overall observations, I feel like the NHS both positively and negatively impacts patient care. I think many of the healthcare staff may feel pressured to only take the most acutely ill patients due to the free aspect of care. In positive views, I do believe that the NHS promotes community of care among the staff within the hospitals. Moreover, the doctors, nurses, domestics, etc. work together to provide the best care for their patients.

From my overall observations, I feel like the NHS both positively and negatively impacts patient care. I think many of the healthcare staff may feel pressured to only take the most acutely ill patients due to the free aspect of care. In positive views, I do believe that the NHS promotes community of care among the staff within the hospitals. Moreover, the doctors, nurses, domestics, etc. work together to provide the best care for their patients.
In 2014, the National Council of State Boards of Nursing published the findings from a multisite, longitudinal study (Hayden, Smiley, Alexander, Kardong-Edgren & Jeffries, 2014) that examined the question: “Can simulation be used in the undergraduate nursing program for traditional clinical experiences in the undergraduate nursing program?” Specifically asking the following question:

Does substituting clinical hours with 25% and 50% of simulation impact educational outcomes assessed at the end of the program? Are there course by course differences in student outcomes? An overview of the results demonstrated no significant differences between the three groups in terms of exam results, clinical competency ratings by faculty, and NCLEX pass rates. The study results in total can be found in the Journal of Nursing Education (Hayden, Smiley, Alexander, Kardong-Edgren & Jeffries, 2014).

This study is important to nursing schools across the state; many schools are struggling to find suitable clinical sites and the use of simulation is very appealing. Accreditation by the SSHI, and adherence to the International Associate for Clinical and Simulated Learning (INACSL) Standards of Simulation, are two ways to ensure that simulation is being implemented in an effective manner. Belmont University College of Health Sciences and Nursing received full accreditation by SSHI in October of 2017, making Belmont the first center in the state to receive this honor.

The Belmont School of Nursing is transitioning to a new concept-based curriculum and simulation will augment the traditional clinical experience. David Gaba (2004) describes simulation as “…technology, not a substitute, to replicate or amplify real experiences with guided experiences, often immersive in nature, that evoke or replicate substantial aspects of the real world in a fully interactive fashion” (p. 12). It is imperative that as schools begin to use simulation in their nursing curricula that we not forget these wise words. The NCSBN has published recommendations for using simulation in nursing curricula; the Tennessee State Board of Nursing has aligned itself with these recommendations. Some highlights of the recommendations are faculty training in debriefing techniques, simulation design guidelines, evaluation of the participants, developing objectives and proficiency-based simulations. The Belmont School of Nursing faculty receive extensive training and mentoring on each standard.

In addition to using simulation for student experiential events, the simulation team is developing how to use simulation to train adjunct clinical faculty to be effective educators. This allows the inexperienced faculty member to be exposed to difficult conversations and student error in a simulated environment. Many faculty members are excellent clinical nurses but have not had the opportunity to teach students. Simulation allows us to participate in and reflect on many student scenarios and improve their teaching.

The simulation center at Belmont serves primarily the nursing school and is working intentionally to incorporate interprofessional simulation to include other programs in the college (Physical Therapy, Occupational Therapy, Social Work and Public Health). The mission of the simulation center is to improve patient safety and health outcomes by providing high quality, evidence-based, experiential education in a well-structured, supportive, and competitive environment.

The simulation programs vision is to become a national leader in interprofessional healthcare simulation education by: Integrating interprofessional experiences into the undergraduate health professions curricula, fostering simulation research to improve healthcare education, processes and outcomes; providing innovative learning strategies to enhance patient care quality in accordance with the American Nurses Association, the National Patient Safety goals; and enhancing statewide improvement in patient care and safety by collaborating with our external communities of interests to provide simulated experiences.

WhatAboutUs

Several commentators to the survey speculated that drug dependency is often the start of threats and violence; and other nurses who have contributed to the board. Physical threats appeared to stay the same over time, but sexual harassment decreased for older nurses in the last 21 years in practice but remained constant for nurses.

In the last year, there have been an increasing number of incidents involving nurses in newspapers around the country. A Massachusetts nurse was stabbed by a patient (June 14, 2017). Two nurses in Illinois were taken hostage, and one was beaten and raped (May 13, 2017). A nurse in Utah was shoved and wrongfully arrested by an officer (July 6, 2017) and a nurse in Arkansas was pushed down a flight of stairs (September 5, 2017). At the end of the year, there were 110% spikes in the rate of violence against healthcare workers, and nurses are at the forefront. There are lots of reasons for increased violence just because of the emotion and physical pain that nurses try to soothe and heal. It also has a lot to do with money, or lack of it, and healthcare coverage. Not to mention the lack of coverage for preventative and mental health services that could help prevent such violence and deform fibrotic tissue across the body. Those who have been hit also mean less resources to plan and respond. There is also the all too pervasive notion that this is just the job of a nurse, it is just their responsibility. It isn’t just patient violence either. In July, 2017, a nurse in Los Angeles was violently shoved by a surgeon that was caught on video. The nurse reported he later grabbed her arm saying he could do that because she “liked abuse.” She reported she was retaliated against at the hospital and the case has now gone to court. Ask any group of nurses and many will say they will not report such incidents or observed problems for fear of retaliation.

Nurses continue to be on the frontlines of violence and harassment in hospitals and clinics because they are the front line of patient care. The American Nurses Association launched the #EndNurseAbuse effort in 2017 to address all kinds of workplace abuse against nurses. The initiative promotes accountability and consequences for abuse, harassment, sexual assault, and inequities in the workplace. This builds on efforts of the ANA and other nursing organizations to improve the environment for practice.

Nurse safety is an ethical obligation and absolutely essential for safe and high quality patient care. Being safe is also key to prevent burnout and depersonalization, and high turnover in nursing positions. Three provisions in the ANA Code of Ethics speak to obligations related to safety. Provision 4 deals with nursing accountability for practice to promote health and provide optimal care. Provision 5 speaks to duties to self and to others for health and safety. Provision 6 is about the duties of the nurse alone and collectively to establish, maintain and improve the ethical environment of the work setting that is conducive to safe and quality health care.

Around the world many men, and a few women, have been called out about harassment and violence. They are the famous and powerful from Hollywood, politicians, and physicians and others. Take a stand on the bedrock of nursing about caring for self, others and the profession and take a pledge to end violence. #MeToo should be part of #MeToo and support others who have been abused. Know that #Timesup and it’s time to step up and have zero tolerance for harassment and abuse.

Left to Right Sara Camp, Michael Elder, Beth Hallmark and Dr. Mary Kay Smith, Vice Chair of the SSHI Accreditation Committee.

What About Us?

Several commentators to the survey speculated that drug dependency is often the start of threats and violence; and other nurses who have contributed to the board. Physical threats appeared to stay the same over time, but sexual harassment decreased for older nurses in the last 21 years in practice but remained constant for nurses.

In the last year, there have been an increasing number of incidents involving nurses in newspapers around the country. A Massachusetts nurse was stabbed by a patient (June 14, 2017). Two nurses in Illinois were taken hostage, and one was beaten and raped (May 13, 2017). A nurse in Utah was shoved and wrongfully arrested by an officer (July 6, 2017) and a nurse in Arkansas was pushed down a flight of stairs (September 5, 2017). At the end of the year, there were 110% spikes in the rate of violence against healthcare workers, and nurses are at the forefront. There are lots of reasons for increased violence just because of the emotion and physical pain that nurses try to soothe and heal. It also has a lot to do with money, or lack of it, and healthcare coverage. Not to mention the lack of coverage for preventative and mental health services that could help prevent such violence and deform fibrotic tissue across the body. Those who have been hit also mean less resources to plan and respond. There is also the all too pervasive notion that this is just the job of a nurse, it is just their responsibility. It isn’t just patient violence either. In July, 2017, a nurse in Los Angeles was violently shoved by a surgeon that was caught on video. The nurse reported he later grabbed her arm saying he could do that because she “liked abuse.” She reported she was retaliated against at the hospital and the case has now gone to court. Ask any group of nurses and many will say they will not report such incidents or observed problems for fear of retaliation.

Nurses continue to be on the frontlines of violence and harassment in hospitals and clinics because they are the front line of patient care. The American Nurses Association launched the #EndNurseAbuse effort in 2017 to address all kinds of workplace abuse against nurses. The initiative promotes accountability and consequences for abuse, harassment, sexual assault, and inequities in the workplace. This builds on efforts of the ANA and other nursing organizations to improve the environment for practice.

Nurse safety is an ethical obligation and absolutely essential for safe and high quality patient care. Being safe is also key to prevent burnout and depersonalization, and high turnover in nursing positions. Three provisions in the ANA Code of Ethics speak to obligations related to safety. Provision 4 deals with nursing accountability for practice to promote health and provide optimal care. Provision 5 speaks to duties to self and to others for health and safety. Provision 6 is about the duties of the nurse alone and collectively to establish, maintain and improve the ethical environment of the work setting that is conducive to safe and quality health care.

Around the world many men, and a few women, have been called out about harassment and violence. They are the famous and powerful from Hollywood, politicians, and physicians and others. Take a stand on the bedrock of nursing about caring for self, others and the profession and take a pledge to end violence. #MeToo should be part of #MeToo and support others who have been abused. Know that #Timesup and it’s time to step up and have zero tolerance for harassment and abuse.

References Available Upon Request
According to the U.S. Census Bureau, the number of people 65 and older is expected to double to 84 million by the year 2050 (Goldstein, 2016). While Congress is attempting to repeal the Affordable Care Act, in the first five years of its establishment an additional 16.4 million Americans obtained health insurance improving their access to health services (Goldstein, 2016). These two statistics illustrate the growing need for healthcare service providers. The nursing profession alone is expected to have 2.1 million job openings by the year 2024. Unfortunately, the increase in job availability does not ensure there will be enough nurses to fill these positions. By the year 2040, a gap of 35% is expected between the demand for nurses and the actual supply (Schneider, 2016). A gap of this extent will negatively affect patient care with too few nurses for patient care, and the nurses who are available will be overworked and could potentially become burned out. This gap is not due to a lack of willing individuals who desire to become nurses. Data presented by the American Association of Colleges of Nursing (AACN) revealed that in 2016 alone, 64,067 qualified applicants to baccalaureate and graduate nursing programs were turned away due to lack of qualified nursing faculty, acceptable clinical sites, classroom space, and funding (AACN, 2017). Most schools cited faculty shortages as the primary reason applicants were denied admission. In order to provide the necessary prepared nurses to bridge the gap between demand and supply, ample nursing faculty must be available to properly educate these nursing students.

This presents a significant problem for the nursing profession to overcome. Recent statistics revealed that the average age of nursing faculty is 58 years (Schneider, 2016). With full retirement age being 66 years for this group, at this pace, half of the current nursing faculty will retire in 10 years leaving even fewer qualified faculty to develop and mentor nursing students. Currently the faculty vacancy rate in these programs is 7.9% (AACN, 2017). In addition to retirement, faculty are leaving the academic setting for other reasons such as increased workload and salaries that are less than those available in other settings (Fisher, 2016). This significant decrease in faculty will further separate the demand for nurses from the actual supply as thousands of qualified applicants to nursing programs are turned away.

These figures clearly indicate that unless solutions are found, the American public is risking a decrease in care at the same time their needs for healthcare services are dramatically increasing. Several strategies may be considered to address this problem. Some of these include more funding for scholarships and loan forgiveness for appropriately prepared nurses willing to enter a teaching career, as well as federal funding for students seeking careers as nursing faculty especially those students who represent minorities. Increased funding only addresses part of the problem. If qualified graduates do not consider the academic setting as a viable career option, the problem is only perpetuated.

One potential solution being seen across the country is the establishment of post master’s academic nurse educator certificate options. A few of these programs are available in Tennessee. These programs are developed to provide those with a desire to teach, the tools necessary to be successful in the academic role. These skills include curriculum development, teaching strategies, testing and measurement and academic role development. With this knowledge nurses are more likely to be successful in academia and thus remain in that role.

References


Dr. Barbara Norwood, MSN, EdD, RN is a professor at the University of Tennessee at Chattanooga (UTC), School of Nursing. She is the co-founder of the on-line post master’s nurse educator certificate program at UTC. She has extensive experience teaching in baccalaureate and graduate programs. She is a long-standing member of the Tennessee Nurses Association.

Dr. Cherry Guinn, MSN, EdD, RN is a professor at the University of Tennessee at Chattanooga (UTC), School of Nursing. She is the co-founder of the on-line post master’s nurse educator certificate program at UTC. She has extensive experience teaching in baccalaureate and graduate levels.

For more information contact either author at PM-ANE@utc.edu

HELP!

Nurses play a critical role in the lives of patients across the country. That is why the U.S. Department of Health and Human Services is dedicated to providing you, policy makers, and researchers with the most comprehensive data on U.S. registered nurses and nurse practitioners. To accomplish this, we need your help.

Please support and encourage participation in the 2018 National Sample Survey of Registered Nurses (NSSRN). This vital national survey is the primary source of data on the nursing workforce, the largest group of healthcare providers.

The Purpose of the Study
The NSSRN will gather up-to-date information about the status of registered nurses in the U.S. These data will be used to describe the registered nurse population at both the national and state level, so policymakers can ensure an adequate supply of registered nurses locally and nationally.

Data Collection
The NSSRN will be sent to over 100,000 registered nurses in March of 2018. Nurses will be able to fill out the survey electronically or through a paper questionnaire. It is imperative that nurses participate and send back as soon as possible.

The Survey Contractor
HRSA has contracted with the U.S. Census Bureau, the leading statistical federal agency in the United States. Census has assembled a team of expert survey methodologists responsible for gathering the lists of licensed RNs, constructing the national sample, and administering the survey by mail, and on the internet.

Did you Know?
Did you know...employment settings change as nurses age? The vast majority of registered nurses under 30 years old work in hospitals, but over 50 percent of registered nurses 55 years or older work in non-hospital employment settings. Information like this from the NSSRN survey helps policymakers and healthcare leaders plan for future staffing needs.

The Survey Results
We plan to release the public use file from the 2018 study by January 2019. A report from the 2008 study is available at http://bhsw.hrsa.gov/healthworkforce.

Endorsements
The following nursing organizations have endorsed this survey. The National Council of State Board of Nursing and individual state boards of nursing have generously provided mailing lists for the survey.

American Academy of Ambulatory Care Nursing
American Association of Colleges of Nursing
American Association of Nurse Anesthetists
American Nurses Association
American Organization of Nurse Executives
National Association of Hispanic Nurses
National Black Nurses Association, Inc.
National Council of State Boards of Nursing
National League for Nursing
National Organization of Nurse Practitioner Faculties

2018 National Sample Survey of Registered Nurses

Visit the Tennessee Nurses Association Career Center today and discover the difference we can make for you.

To search or post a job, please visit us at: http://tnaonline.careerwebsite.com

Dr. Barbara Norwood, MSN, EdD, RN
Dr. Cherry Guinn, MSN, EdD, RN

Job Seekers: Keep Your Career on the Move!
Our Career Center is the best source for jobs in all practice settings for nurses. It's where Tennessee nurses go to find the right job and where employers go to find the right talent. With easy to use tools like customizable job alerts and multiple resumes, the TNA Career Center is the best place to grow your career!

Employers: Find the Most Qualified Candidate!
Reach the highest qualified job seeking nurses by recruiting with the TNA Career Center. Our members are highly qualified and passionate about nursing and are looking for a rewarding opportunity.

Need more information?
Contact Brian Dilorio at 1-866-376-0949 x 6028 or bdliorio@associationcareernetwork.com

Employers: Find the Most Qualified Candidate!
District 2 hosted a Legislative forum to hear from local Senators and Representatives before they returned to Nashville for the spring legislative session. Dr. Carole Myers of the University of Tennessee College of Nursing moderated the forum focusing on topics related to nursing and healthcare. Five legislators attended the session, including Senator Richard Briggs (District 7), Senator Becky Massey (District 6), Representative Bill Dunn (District 16), Representative Bob Ramsey (District 20), and newly elected Representative Rick Staples (District 15).

Nursing students, RNs, APRNs and members of the community were in attendance to hear the legislators’ views on topics such as increasing the number of school nurses, legalization of medical cannabis, and rural hospital closures. Finally, there was a discussion of the opioid crisis with a focus on plans and goals for the future. The meeting concluded with questions from the audience.

District 3

President: Chita Farrar

Welcome District 3’s newly elected Board Members

President Elect

Tammy Schindel, BSN, RN
Williamson Medical Center

Vice President

Jenny M Cooke, MSN, APN, FNC-NP
Austin Peay State University

Director

Tasha Ruffin, MSN, RN
Austin Peay State University

Director

Mary Jeskey, BSN, CNOR
Vanderbilt Medical Center

The answer is: St. Thomas Hospital, which was established in 1898. The training school was opened in 1902. (On page 5 of TNA's history book)
January 22, 2018 Music City District 3 Meeting

Music City District 3 held an exciting educational meeting & social networking event on January 22, 2018 on “What is Human Trafficking?” presented by Special Agent Bryna Warnock from homeland security investigations. Zoom was available for the presentation. Maggiano’s Little Italy provided amazing Italian food and a cash bar was available for a relaxing educational and social event.

Our district meetings are quarterly, the third Thursday of the month. The next meeting will be at Maggiano’s Little Italy from 6:00-8:00 pm with the presentation starting at 7:00 pm on April 19. We will send specific meeting information early April. If you would like to de-stress, meet new people, fulfill your lifelong learning need, or just want to have fun, come to our meetings. We welcome members, non-members, and students. Hope to see you April 19!

District 4
President: Martina Harris

CHI Memorial is pleased to announce that its RN Residency Program achieved accreditation from the American Nurses Credentialing Center (ANCC). It is the only ANCC accredited program in Tennessee.

ANCC Practice Transition Accreditation validates hospital residency or fellowship programs that transition registered nurses (RNs) and advanced practice registered nurses (APRNs) into new practice settings that meet rigorous, evidence-based standards for quality and excellence. Nurses in accredited transition programs, like CHI Memorial’s RN Residency program, experience curricula that promote the acquisition of knowledge, skills and professional behaviors necessary to deliver safe, high-quality care.

District 5
President: Christine Reed

District 5 has an exciting 2018 planned for all of our TNA General Meetings with guest speakers, CE education, and hands on training for nurses through the month of September 2018. We hope you will come out and support our District and get involved. Our February 20 guest speaker was Frank Anderson Jr. presenting how to defend speaker was Frank Anderson Jr. presenting how to defend

Upcoming District 5 Meetings:
April 17 from 6-8pm, the Honorable Judge Jim Goodwin will be presenting New Legislation that addresses the opioid crisis in our region and

District 6
President: Raven Wentworth

District 6 held a meeting November 30th, 2017, at Perkin’s Restaurant in Jackson, Tennessee. Kay Wilkes, RN was the guest speaker and discussed legal matters and concerns for the registered nurse.

TNA’s Executive Director, Tina Gerardi, will be in attendance. RSVP Required.

Week of May 6-12, Nurses Night Out: date to be announced – we will be helping to host Nurses Night Out with a local radio station 98.5 WITM with food, giveaways and entertainment to abound for all Registered Nurses in our area.

June 19 from 6-8pm, Teresa Boynton, MS, OTR, C5PHP, Safe Patient Handling Program and Services Director for Mobility Solutions, will be providing CE on “The Bariatric Patient: Promoting Safe Transfers and Mobility for Patients of Size” RSVP required.

Course Objectives:
- Review obesity research and prevalence in the U.S.
- Discuss risk related to obesity
- Consider the patient body type
- Consider room design and challenges
- Assess and apply appropriate solutions

After completing this CE slide deck, she will review the following:
- Experiences with patients-of-size
- The Bedside Mobility Assessment Tool for Nurses (BMAT) applied to bariatric patients
- Creating bariatric algorithms for surgical, ED and OR admits, including a Bariatric Equipment Bundle and room assignment
- Standard-of-care for bariatric patients; Sensitive and Dignified Care for the Bariatric Patient
- Tracking BMIs for 24 hospitals for a year, and lessons learned
- ADA compliance

August 11 will be our Legislative Day—Location: Franklin Woods Summit room from 10am till noon.

September TBA our TNA General Assembly Meeting in Memphis, TN this year.

District 9
President: Chaundel Presley

District 9 held a successful revitalization meeting on January 4, 2018 at Tennessee Technological University. Immediate Past President of TNA, Sandy Murabito, and the new TNA Executive Director, Tina Gerardi, were special guests to help support this important activity. Eight district 9 members were in attendance. There was general interest and support in the revitalization effort of the district. A new board of directors was successfully established. District 9 members, please stay tuned via email, US mail and this publication for further updates on the growth of the district.

The TNA Legislative Summit will be 4/4/2018. We would like for our district to be well represented. Please follow this link: https://www.tnaonline.org/tna-legislative-summit/

Are you enrolled in a nursing program? District 6 is offering an educational scholarship. The application form may be found on the District 6 page and TNA District 6 website. Have you applied for the TNA District 6 Educational Scholarship that is sponsored by the Tennessee Nurses Foundation? For more information follow this link: http://www.tnaonline.org/tna-district-educational-scholarship/

Our next meeting will be April 19 and during the month of April, district members will participate in TNA’s Project Serve. Information about this meeting and the project will be posted on Facebook, as well as emailed to TNA members. Please follow us on Facebook - TN Nurse’s Association - District 6.

District News

On February 1, 2018, members gathered to learn about HPV cancer prevention. Dr. Shavetta Conner, the Regional Health Officer for the West Region TN Department of Health, was the guest speaker.

I would love to have you visit my shop! If you have questions or would like to request a custom order, please do not hesitate to contact me.

This shop specializes in handmade, natural looking wreaths that enhance the beauty of your home, both inside and out.

https://www.facebook.com/simplewreath
https://www.facebook.com/shop.simplewreath
Etsy: https://www.etsy.com/shop/simplewreath

Please enjoy 10% off with coupon code: NURSE10

I would love to have you visit my shop! If you have questions or would like to request a custom order, please do not hesitate to contact me.

This shop specializes in handmade, natural looking wreaths that enhance the beauty of your home, both inside and out.

https://www.facebook.com/simplewreath
https://www.facebook.com/shop.simplewreath
Etsy: https://www.etsy.com/shop/simplewreath

Please enjoy 10% off with coupon code: NURSE10

I would love to have you visit my shop! If you have questions or would like to request a custom order, please do not hesitate to contact me.

This shop specializes in handmade, natural looking wreaths that enhance the beauty of your home, both inside and out.

https://www.facebook.com/simplewreath
https://www.facebook.com/shop.simplewreath
Etsy: https://www.etsy.com/shop/simplewreath

Please enjoy 10% off with coupon code: NURSE10
Jeneen Carman, Assistant Vice President of Emergency Services, Erlanger Medical Center was recently notified she had been accepted to present at the 2016 Congress on Healthcare Leadership in Chicago. This is the American College of Healthcare Executives annual congress. Additionally, Carman will graduate in February with a doctorate of nursing practice.

William Crowe, Assistant Vice President, Medicine Service Line and Nursing Services at Erlanger Health System, is now a board certified healthcare executive and Fellow of the American College of Healthcare Executives. He along with other new fellows will participate in a ceremony in their honour in Chicago this coming March. Additionally, Crowe leads a collaborative effort with the School of Nursing at the University of Tennessee at Chattanooga and Erlanger Health System, which has established an acute care nurse practitioner program at UTC. Dr. Crowe serves as the concentration coordinator, and Erlanger Health System serves as the main clinical site. The program began when Erlanger recognized the need for additional acute care trained nurse practitioners and asked UTC to start a program. As UTC was lacking a faculty member with both a doctorate and acute care certification, Erlanger allowed Dr. Crowe to devote a portion of his time coordinating and teaching in the program.

In an announcement reception on December 7, 2017, Dr. Martina Harris, President of TNA District 4, was selected by the Girls, Inc. of Chattanooga as one of this year’s Unbought and Unbossed honorees. The awards luncheon is to be held on April 11, 2018.

Jeneen Carman, MSN, RN, CEN TNA District 4

AI Donadio attended the Gubernatorial Forum on Health Care January 19 at Spark Center in downtown Nashville hosted by Lipscomb University. Candidates of both the Republican and Democrat Party met to discuss healthcare in Tennessee. The forum was hosted by Vanderbilt University Medical Center’s Manny Sethi, M.D. and Lipscomb University’s President L. Randolph Lowry III. Candidates present were Karl Dean, Craig Fitzhugh, Beth Harwell, Bill Lee, Mae Beavers and Randy Boyd. An overarching theme was the future of healthcare in Tennessee and looming budgetary implications. Discussion ranged from the individual responsibility for health promotion, Medicaid expansion, the ACA, block grants from the federal government and state solutions. Andrew “A.J.” Donadio, DNP, RN, BC, CNE is running for Putnam County Commission in the 7th District, and is Vice President of the TNA District 9.

In an announcement reception on December 7, 2017, Dr. Martina Harris, President of TNA District 4, was selected by the Girls, Inc. of Chattanooga as one of this year’s Unbought and Unbossed honorees. The awards luncheon is to be held on April 11, 2018.

Murphy School of Nursing Celebrates New FAAN Members

Congratulations! New FAAN members have arrived:

Pat Poole Cagle, PhD, RN, FAAN TNA District 3

Jeneen Carman, MSN, RN, CEN TNA District 4

Jeneen Carman, Assistant Vice President of Emergency Services, Erlanger Medical Center was recently notified she had been accepted to present at the 2016 Congress on Healthcare Leadership in Chicago. This is the American College of Healthcare Executives annual congress. Additionally, Carman will graduate in February with a doctorate of nursing practice.

William Crowe, Assistant Vice President, Medicine Service Line and Nursing Services at Erlanger Health System, is now a board certified healthcare executive and Fellow of the American College of Healthcare Executives. He along with other new fellows will participate in a ceremony in their honour in Chicago this coming March. Additionally, Crowe leads a collaborative effort with the School of Nursing at the University of Tennessee at Chattanooga and Erlanger Health System, which has established an acute care nurse practitioner program at UTC. Dr. Crowe serves as the concentration coordinator, and Erlanger Health System serves as the main clinical site. The program began when Erlanger recognized the need for additional acute care trained nurse practitioners and asked UTC to start a program. As UTC was lacking a faculty member with both a doctorate and acute care certification, Erlanger allowed Dr. Crowe to devote a portion of his time coordinating and teaching in the program.

Three TNA members were distinguished with the title of FAAN - Fellow of the American Academy of Nursing. This honor is awarded to nursing leaders in education, management, practice, and research. We are proud of Tennessee’s newest FAAN members. Congratulations!

Diane Pace, PhD, FNP-BC, NCM, FAANP TNA District 1

Lora Beebe, PhD, FMHNP-BC, FAAN TNA District 2

Terrah Akard, PhD, RN, FAAN TNA District 3

Pat Poole Cagle graduated with a DNP from University of Alabama-Huntsville in December, 2016. The scholarly program was implemented as an Evidence Based Early Sepsis Recognition and Treatment project in the Emergency Department and Critical Care. Cagle currently has a hospitalist NP position with Blount Memorial Hospital, Maryville, TN

Spiritual care is expected of nurses. Are you ready?
April 9-11 Memphis, Tennessee
expanding horizons of FDN practice westberg symposium 2018
westberg Institute
for nurses and healthcare professionals westberg institute.org

LtoR: Martina Harris, Taylor Harris, Deb Chyka TNA District 4

Martina Harris, EdD, RN TNA District 4

Pat Poole Cagle graduated with a DNP from University of Alabama-Huntsville in December, 2016. The scholarly program was implemented as an Evidence Based Early Sepsis Recognition and Treatment project in the Emergency Department and Critical Care. Cagle currently has a hospitalist NP position with Blount Memorial Hospital, Maryville, TN

Jeneen Carman, MSN, RN, CEN TNA District 4

Jeneen Carman, Assistant Vice President of Emergency Services, Erlanger Medical Center was recently notified she had been accepted to present at the 2016 Congress on Healthcare Leadership in Chicago. This is the American College of Healthcare Executives annual congress. Additionally, Carman will graduate in February with a doctorate of nursing practice.

William Crowe, Assistant Vice President, Medicine Service Line and Nursing Services at Erlanger Health System, is now a board certified healthcare executive and Fellow of the American College of Healthcare Executives. He along with other new fellows will participate in a ceremony in their honour in Chicago this coming March. Additionally, Crowe leads a collaborative effort with the School of Nursing at the University of Tennessee at Chattanooga and Erlanger Health System, which has established an acute care nurse practitioner program at UTC. Dr. Crowe serves as the concentration coordinator, and Erlanger Health System serves as the main clinical site. The program began when Erlanger recognized the need for additional acute care trained nurse practitioners and asked UTC to start a program. As UTC was lacking a faculty member with both a doctorate and acute care certification, Erlanger allowed Dr. Crowe to devote a portion of his time coordinating and teaching in the program.

In an announcement reception on December 7, 2017, Dr. Martina Harris, President of TNA District 4, was selected by the Girls, Inc. of Chattanooga as one of this year’s Unbought and Unbossed honorees. The awards luncheon is to be held on April 11, 2018.

In an announcement reception on December 7, 2017, Dr. Martina Harris, President of TNA District 4, was selected by the Girls, Inc. of Chattanooga as one of this year’s Unbought and Unbossed honorees. The awards luncheon is to be held on April 11, 2018.

Marta Harris’ daughter, Taylor Harris, graduated from UT Knoxville from an accelerated BSN program. Martina is the president of TNA’s District 4 and Assistant Dean at Chattanooga State University School of Nursing. Dr. Deb Chyka is the president of TNA’s District 2 and TNA’s Representative-President Council. Chyka is also a faculty member of UT Knoxville.

Angela Heathery has recently earned her Doctorate of Nursing Practice from UT Chattanooga. The scholarly project was titled Transitional Care to Decrease 30-day Hospital Readmissions for Patients Diagnosed with Heart Failure and was conducted at LaFollette Medical Center.

Angela Heathery, DNP, RN TNA District 2

ANGELA HEATHERY
Member News

Alvin Jeffery has been selected by the Alliance for Nursing Informatics (ANI) as 1 of 2 participants in the Nursing Informatics Emerging Leaders Program, which is an exclusive two-year program designed to develop professionals capable of assuming national leadership positions in informatics-related organizations.

Alvin also has a few recent publications that might be of interest to TN nurses: “Healthy Schedules, Healthy Nurses” in American Nurse Today, “Units of Distinction: Creating a Blueprint for Recognition of High-Performing Medical-Surgical Nursing Units” in Journal of Nursing Administration, and “Participatory Design of Probability-Based Decision Support Tools for In-Hospital Nurses” in JAMIA.

Jan Keys, Chief Nurse Executive, Erlanger Health System, was presented with the Excellence in Nursing Leadership Award during the Tennessee Organization of Nurse Executives annual meeting in October, 2017.

Beth Fentress Hallmark, PhD, CHSE
Belmont University
Gordon E. Inman College of Health Sciences & Nursing

Women’s Health

Jan Keys, DNP, RN, FACHE
TNA District 4

Victoria Niederhauser has been appointed to the Board of Directors for the Friends of the National Institute of Nursing Research.

Cynthia Rhodes, Chief Nursing Officer at Children’s Hospital at Erlanger, is now a board certified health care executive and Fellow of the American College of Healthcare Executives. She along with other new fellows will participate in a ceremony in their honour in Chicago this coming March.

Nancy Stevens, Clinical Resource Specialist/APRN at Erlanger Health System, leads a collaborative effort with the School of Nursing at Chattanooga State Community College to enroll more licensed practical nurses into registered nurse tract programs. Dr. Stevens coordinates the program and teaches as well in the program.

Ginny Moore, DNP, APRN
Vanderbilt University
School of Nursing

Nancy Stevens, DNP, FNP-BC, CEN, FAEN
TNA District 4

TNA would like to congratulate our members that were honored as outstanding leaders at the March of Dimes Nurse of the Year Awards, held in November at Belmont University. These outstanding nurses are recognized for living out the March of Dimes vision for a healthier, stronger generation of babies and families.

Nursing Education

Hospice & Palliative Care

Erin Havrilla, RN
Vanderbilt University Medical Center

Vanderbilt University
School of Nursing

Janet Tucker, PhD, RNC-OB
TNA District 1

Debra Rose Wilson, PhD MSN RN IBCLC
AHN-BC CHT

TNA would like to congratulate our members that were honored as outstanding leaders at the March of Dimes Nurse of the Year Awards, held in November at Belmont University. These outstanding nurses are recognized for living out the March of Dimes vision for a healthier, stronger generation of babies and families.

Nursing Education

Hospice & Palliative Care

Erin Havrilla, RN
Vanderbilt University Medical Center

Vanderbilt University
School of Nursing

Janet Tucker, PhD, RNC-OB
TNA District 1

Debra Rose Wilson, PhD MSN RN IBCLC
AHN-BC CHT

Alvin Jeffery has been selected by the Alliance for Nursing Informatics (ANI) as 1 of 2 participants in the Nursing Informatics Emerging Leaders Program, which is an exclusive two-year program designed to develop professionals capable of assuming national leadership positions in informatics-related organizations.

Alvin also has a few recent publications that might be of interest to TN nurses: “Healthy Schedules, Healthy Nurses” in American Nurse Today, “Units of Distinction: Creating a Blueprint for Recognition of High-Performing Medical-Surgical Nursing Units” in Journal of Nursing Administration, and “Participatory Design of Probability-Based Decision Support Tools for In-Hospital Nurses” in JAMIA.

Jan Keys, Chief Nurse Executive, Erlanger Health System, was presented with the Excellence in Nursing Leadership Award during the Tennessee Organization of Nurse Executives annual meeting in October, 2017.

Beth Fentress Hallmark, PhD, CHSE
Belmont University
Gordon E. Inman College of Health Sciences & Nursing

Women’s Health

Jan Keys, DNP, RN, FACHE
TNA District 4

Victoria Niederhauser has been appointed to the Board of Directors for the Friends of the National Institute of Nursing Research.

Cynthia Rhodes, Chief Nursing Officer at Children’s Hospital at Erlanger, is now a board certified health care executive and Fellow of the American College of Healthcare Executives. She along with other new fellows will participate in a ceremony in their honour in Chicago this coming March.

Nancy Stevens, Clinical Resource Specialist/APRN at Erlanger Health System, leads a collaborative effort with the School of Nursing at Chattanooga State Community College to enroll more licensed practical nurses into registered nurse tract programs. Dr. Stevens coordinates the program and teaches as well in the program.

Ginny Moore, DNP, APRN
Vanderbilt University
School of Nursing

Nancy Stevens, DNP, FNP-BC, CEN, FAEN
TNA District 4

TNA would like to congratulate our members that were honored as outstanding leaders at the March of Dimes Nurse of the Year Awards, held in November at Belmont University. These outstanding nurses are recognized for living out the March of Dimes vision for a healthier, stronger generation of babies and families.

Nursing Education

Hospice & Palliative Care

Erin Havrilla, RN
Vanderbilt University Medical Center

Vanderbilt University
School of Nursing

Janet Tucker, PhD, RNC-OB
TNA District 1

Debra Rose Wilson, PhD MSN RN IBCLC
AHN-BC CHT

TNA would like to congratulate our members that were honored as outstanding leaders at the March of Dimes Nurse of the Year Awards, held in November at Belmont University. These outstanding nurses are recognized for living out the March of Dimes vision for a healthier, stronger generation of babies and families.

Nursing Education

Hospice & Palliative Care

Erin Havrilla, RN
Vanderbilt University Medical Center

Vanderbilt University
School of Nursing

Janet Tucker, PhD, RNC-OB
TNA District 1

Debra Rose Wilson, PhD MSN RN IBCLC
AHN-BC CHT
Take Advantage of the Many Scholarship Opportunities Available through the Tennessee Nurses Foundation

Scholarship applications—reviewed once each year.
  The deadline is November 1.
  ▪ RN to BSN Scholarship
  ▪ Maureen Nalle Memorial Graduate Nursing Scholarship
  ▪ Arthur Davis LPN to RN Scholarship

Grant applications—reviewed twice each year.
  The deadline is the last day of February and August.
  ▪ Nursing Research Grants
  ▪ Leadership Nursing Program

Additional Opportunities!
  ▪ Nurse Mentoring Toolkit
  ▪ Honor A Nurse
  ▪ Edna Mason Memorial TNA Conference Scholarship
  ▪ TNA Membership Dues Scholarship
  ▪ Tennessee Professional Assistance Program (TnPAP)

TNF Grant Review Process
The review process will take approximately four to six weeks. If you miss a deadline, your application will not be reviewed until after the next deadline date. Deadline dates vary, please visit tnaonline.org and click on the TNF link for complete details.

Visit tnaonline.org and click on the TNF link for complete details, email tnf@tnaonline.org or call 615-254-0350. The mission of the Tennessee Nurse Foundation is to promote professional excellence in nursing.

TNF, 545 Mainstream Drive, Suite 405, Nashville, TN 37228-1296
Donate to TNF and HELP A NURSE—Thank you!

The answer is: Tennessee’s first Nurse Practice Act, which passed in 1911, provided for a Board of Examiners composed of five graduate nurses to be appointed by the Governor, for state “registration” of graduate nurses, and gave registrants the right to use the title “Registered Nurse.” Registration was dependent upon passing the state board examination. (See page 9-10 of TNA’s history book)

Tennessee Nurses Foundation • Contribution Form

Honor A Nurse

The Tennessee Nurses Foundation (TNF) welcomes you to publicly recognize a nurse. With your $50 tax-deductible donation to TNF, your honored nurse’s name will appear in the Tennessee Nurse, mailed to over 90,000 RNs, as well as in the designated “Honor A Nurse” section of the Tennessee Nurses Association’s (TNA) website at www.tnaonline.org. A photo and brief paragraph may also be submitted to further recognize your honored nurse.

Make a statewide commitment to honor a special nurse that:
  ▪ won an award
  ▪ is a nurse family member
  ▪ is retired
  ▪ is dedicated to nursing and to patients
  ▪ received a promotion
  ▪ has a special event or occasion coming up
  ▪ is a friend, or a colleague
  ▪ is in memoriam
  ▪ is in celebration of Nurses Week
  ▪ is a nurse family member
  ▪ is a friend, or a colleague
  ▪ is in memoriam
  ▪ is in celebration of Nurses Week

Patients and patient’s family member:
  ▪ Honor A Nurse that truly made a difference in their care, or the care of a family member.

Your $50 donation will go toward continued support of the TNF and their work pertaining to scholarships, and grants that support the needs of nurses in Tennessee. TNF is a non-profit, 501(c)(3) organization. Donations are tax-deductible to the fullest extent allowed by law and support the mission of TNF.

DONOR INFORMATION
Donor Name: __________________________ Email Address: __________________________
Address: __________________________
(Street)      (City)        (State) (Zip)
Phone Number: __________________________
(Home)     (Work)
PAYMENT INFORMATION
Authorized Payment Amount: $ __________________________
  (Minimum $50 donation for each nurse honored)
  □ Check payable to TNF is enclosed
  □ MasterCard/Visa/American Express/Discover
Card Number: __________________________ Exp. Date: ______/____ Code: __________
Cardholder Name: __________________________
Address: __________________________
(City)____________________________________  State______  Zip__
HONORED NURSE INFORMATION
  ▪ Honoree’s Name & Credentials:
  ▪ Choose which quarter you would like the honored nurse listed in the Tennessee Nurse publication and the TNA website, (choose only one quarter for both listings)
    □ Winter
    □ Spring
    □ Summer
    □ Fall
  ▪ Comments regarding the Honored Nurse:
  ▪ Include photo of Honored Nurse (if available) with contribution form or email to tnf@tnaonline.org. Photo requirements:
    digital photo that has been taken at a high resolution of 300 dpi (which equates into setting the digital camera to take the largest file size possible) or an actual commercially printed photograph, (we cannot accept photographs that have been printed on a desktop printer)
  ▪ Send notification of gift to:

CHI Memorial
CHI Memorial in Chattanooga, TN has open positions for full time, part time and PRN registered nurses in Critical Care, Telemetry/Med-Surg and Cath Lab. Qualified applicants will have 1 – 5 years of recent nursing experience. BLS required. BSN preferred.
To apply online visit www.memorial.org.
For more information contact Jamie Elliott, Clinical Recruiter, at BestRN@memorial.org or (423) 495-2769.

EEO/DFW/Title VII/Section 504

Follow us on Twitter: @CHIMemorial
Follow us on Facebook: CHI Memorial
Watch us on YouTube: MemorialChattanooga

Put your passion to work at CHI Memorial

2525 de Sales Avenue
Chattanooga, TN 37404
memorial.org/careers

Study at the Top-ranked Christian Nursing Program

Study at the Top-ranked

Christian Nursing Program

Ranked as the #1 Nursing Degree Program nationally for 2017 by Christian University Online, Union University has one of the most comprehensive Christian Higher education schools of nursing. Nursing students have access to experienced faculty and one of the largest simulation environments in the southern United States. If you want to study nursing at a top-tier Christian university, Union is the place for you.

Learn More. Apply today!
uu.edu/nursing
Foundation

I WANT TO SUPPORT TNA

Name
Address
City, State, Zip  
Home Phone  Office Phone
Fax  Email

Please accept my donation of:

$100.00
$50.00
$25.00
$10.00
$5.00
$1.00

I would like to make my donation as an Annual Pledge (Annual pledges limited to gifts of $250 or more)

I will honor my Annual Pledge until June 30 (July 1 to December 31, no donations)

I will pay my annual contribution in 4 equal payments:

Quarterly (July, October, January, April

Please use my donation for:

General Fund (Unrestricted)

Memorial Education Scholarship (Restricted)

Leadership Nursing Program (Restricted)

Research Grants (Restricted)

If I die:

In Name of

Send acknowledgment to:

Name
City/State/Zip

The TNA Membership Scholarship and Honor a Nurse program require additional forms. Please visit www.tnacareline.org or call 615-254-0350 for details.

Method of Payment

Check enclosed in the amount of $__________

VISA  MasterCard

Cardholder Name  Exp. Date  Signature

City  State  Zip  Exp. Date  Signature

Charge to My Credit/Debit Card

Method # (please choose one)

1. A
2. Reduced (50%)
3. CCM
4. PD

Bill Method:

1. Payroll Deduction
2. Automatic Monthly Payment
3. Charge to My Credit/Debit Card

Amount Enclosed:

Person Who Referre You to TNA:  Referral’s Email:

Graduation from basic nursing program (Month/Year)

RN License #

Date of Birth

Employer's Address

Employed at

Home Fax  Work Fax  Pager

Home Phone  Work Phone  Cell Phone

Last Four Digits of Social Security Number

City  State  Zip  County

Academic Degree(s)

Certification(s)

TO BE COMPLETED BY TNA STAFF

Membership Status:

Membership Type:

Membership Dues:

Bill Method:

Amount Enclosed:

Amount Discounted:

Approved By:

Today's Date:

Part of Your ANA/TNA Dues Are Tax Deductible!

You are allowed to deduct, as a professional/business expense, the percentage of dues that are NOT used by ANA or by TNA for political activities such as lobbying at the legislature. In 2017, the non-deductible percentage for ANA’s portion of the dues was 18.59%. The non-deductible percentage for TNA’s portion of the dues is 15.10%.

Deductible Amounts

Full ANA/TNA: $290 @ 66.31% – deduction $186.61

Reduced ANA/TNA: $145 @ 66.31% – deduction $96.15

State-Only: $199 @ 84.90% – deduction $6.54

Reduced ANA/TNA: $145 @ 66.31% – deduction $96.15

Reduced ANA/TNA: $145 @ 66.31% – deduction $96.15

Do you work at the VA?

Join TNA today for only $11.15 a pay period.

Check Payroll Deduction on the lower right-hand side of the TNA Membership application.

A TNA staff member will send you a payroll deduction form to take to the VA payroll department to setup your TNA membership dues plan. It’s that simple. You will never miss $11.15 from your paycheck and you will have gained so much more. In fact, you can ask any questions, call 615-254-0350.

TNA also has Payroll Deduction for any licensed registered nurse living or working in Tennessee. $11.15 per month in payroll deduction for membership dues in the American Nurses Association and the TNA District Association.
February 15, 1939. The standards were published in 1940 and schools were given two years to meet them, and long range goals were established to be attained by 1945. (On page 19 of TNA’s history book)

District 01
Catherine Aslin, Selina Bandy, Karen Baxter, Margaret Bryant, Linda Caughron, Tracy Champion, Stephanie Cowan, Renetria Drake, Amanda Eaves, Jody Fernandez, Marie Gill, Shannon Gaines, Natika Gott, Nour Haddad, Fridah Hammons, Alyson Harder, Tori Holmes, Edina Hopper, Dhaiya Jackson, Tiffany Lackey, Alyce Langley, Anita Larkin, Tasha Moore, Rachel Puckett, Christina Ray, Gwendolyn Reese, Katrina Robinson, Tina Shinnault, Terri Stewart, Chameka Taylor, Tijuan Terrell, Eddie Thompson, Jessica Vinas, Laila Walani, Erica Walker, Paula Walker, Emily Ward, Beverly West, Phyllis Weston, Kimberly White, Kathryn Wright

District 02

District 03

District 04
Angela Basham-Saif, Vicki Bennett, Kerri Bowman, Jeneen Carman, Bernadette Depez, Rebekah Gilman, Christine Goodrich, Rebecca Harris, Stefanie Harvey, Brittany Hinkle, Cynthia Johnson, Marla Jordan, Melissa Ledford, Charlotte Manley, Timothy Neal, Cathy Patty, Donald Potter, Zeizia Ramos, Sabrina Stover, Susan Thul, Latisha Toney, Pamela Wells

District 05

District 06
Stacey Bennett, Cynthia Hayes, Coreen Johnson, Morgan Law, Jacqueline Scott, Lori Taylor, Julie Timberlake, Audrey Trammell

District 08
Lindsey Bevels, Filipina Schnabel

District 09
Huey-Ming Tzeng

District 10
Amber Palmer, Joanna Smith

District 12
Ashley Armstrong, Carol Copeland, Casey Dean, Tamekia Hall, Tammy Hines, Jodie Holman, Kyla Lee, Susanne McKinney, Dorothy Rose

District 15
Mark Autry, Amelia Bowen, Tasha Brantley, Lisa Davenport, Samantha Dobler, Alex Farley, Holly Hanna, Jeff Novick, Suzanne Rothacker, Robin Young
prescribing and dispensing the substances to patients, and to check the database every six months, instead of annually, of the patient’s treatment. Provides the health commissioner with control of this database. Forbids practitioners from providing more than a five-day supply of opiates to patients, a ten-day supply in situations where refilling the prescription would prove difficult for the patient. Restricts the use of opiates to the treatment of patients in severe conditions where traditional treatment methods have been tried, and only after consultation with the patient. Requires the health commissioner to file a report on the effect of these restrictions by no later than November 2021. Part of administration package. POSITION – TNA working with others on amending bill to address concerns.

HJR713 DeBerry -- Expresses support for a minimum mandatory school nurse to student ratio of 1:750, encourages LEAs to access grants to fund school nurses, and encourages school nurses to work in collaboration with other health care professionals. POSITION – TNA STRONGLY SUPPORTS THIS RESOLUTION. FYI, HJR 713 is a resolution to express and keep on the minds of legislators the importance of funding legislation such as SB534/HB503 introduced last year, which if enacted would increase the number of BEP funded full-time public school nurse positions from one for every 3,000 students to one for every 750 students.

As a reminder, a complete bills report is located on TNA’s website under the Government Affairs link at tnaonline.org. Also, TNA encourages its members to contact their legislators to voice TNA’s position on these bills in their district either with email, a phone call or a scheduled face to face meeting. It’s important that Legislators know they have constituents who are professional nurses whom they can contact with questions or concerns on various healthcare legislation as well as legislation having an impact on the nursing profession. To find contact information for legislators, please visit the Tennessee General Assembly’s website at http://www.capitol.tn.gov, this website also allows you to view committee meetings, floor proceedings and gives detailed information on the status of legislation.

This year TNA’s 2018 Legislative Summit is scheduled for April 4 at the War Memorial Auditorium in Nashville. This annual event offers nurses, nursing students, and faculty an opportunity to gain a better understanding of the legislative process and legislative updates of bills with particular interest to TNA. The Summit also is an opportune time to visit the new Legislative offices now located in Cordell Hull Building in downtown Nashville. TNA encourages our attendees to schedule meetings with their own legislators and to feel free to attend committees that are meeting at the time of their visit. Please visit www.tnaonline.org for more Summit information and registration.
TNA Supports Collaboration to Decrease Abuse and Misuse of Opioids

April Kapa, DNP, APRN, ACNP-BC, FAANP, Co-Chair, TNA Government Affairs Committee

On November 14 and 15 of last year, Tennessee held its first Opioid Summit bringing together healthcare associations and organizations from across the state. In the media release prior to the event, the Tennessee Department of Health stated that “the goal of this summit is to facilitate collaboration across the Tennessee health care community to identify interventions to decrease abuse and misuse of opioids and improve quality of care and patient safety for treatment of acute and chronic pain. Focus areas include patient education, prescriber education, perioperative pain management and emergency department pain management.” Keynote speakers included Jim Henry, Deputy to the Governor, John Dreyzehner, MD, MPH, Commissioner, Tennessee Department of Health, David Reagan, MD, PhD, Chief Medical Officer, Tennessee Department of Health, Michael Warren, MD, MPH, Deputy Commissioner for Population Health, TDH and Megan Barry, Mayor, Metropolitan Government of Nashville & Davidson County.

In her speech, Mayor Barry urged attendees to work towards turning the tide of the opioid epidemic and stated that the opioid crisis was one of Tennessee’s greatest healthcare challenges. “I need your help. I need you to help me turn the tide,” the mayor said before hundreds of healthcare providers. “The first step is to talk about it.” It was a somber moment when Mayor Barry shared her personal story of losing her beloved son to overdose. At the end of her moving speech, she stated that we can take action immediately and called for all Tennesseans to go to their medicine cabinets and throw out unused medications. “Go home and look in your own medicine cabinet, your own medicine cabinet,” the mayor said as she closed. “You get a prescription for something and you stick it in your medicine cabinet and you forget about it, and (finding it) it may not be something you would use yourself,” she said. “You get a prescription for something and you stick it in your medicine cabinet and you forget about it, and (finding it) it may not be your kid, it might be somebody else’s kid.”

The summit brought together people from many different associations but all with one objective, which is to stop the opioid crisis in Tennessee. Tennessee is one of the highest states for opioid related overdose deaths. According to the CDC, Tennessee had 1600 overdose deaths in 2016, compared with 1457 in 2015 and 1269 in 2014. The rate of increase is staggering at >10% per year. There are many ways that opioids are acquired but one way is that these medications are prescribed; and once acquired but one way is that these medications are prescribed; and once acquired, the next step is to talk about it.” It was a somber moment before hundreds of healthcare providers. “The first step is to talk about it.” It was a somber moment when Mayor Barry shared her personal story of losing her beloved son to overdose. At the end of her moving speech, she stated that we can take action immediately and called for all Tennesseans to go to their medicine cabinets and throw out unused medications. “Go home and look in your own medicine cabinet, your own medicine cabinet,” the mayor said as she closed. “You get a prescription for something and you stick it in your medicine cabinet and you forget about it, and (finding it) it may not be your kid, it might be somebody else’s kid.”

Correctional Nursing: the best kept secret in Nursing.

At CoreCivic, we do more than manage inmates, we care for people.

CoreCivic is currently seeking Registered Nurses and Licensed Practical Nurses in Tennessee who have a passion for providing the highest quality care in an institutional setting.

NOW HIRING:

- WHITEVILLE CORRECTIONAL FACILITY
  - RNs AND LPNs FULL TIME
- METRO-DAVIDSON COUNTY DETENTION FACILITY
  - RNs FULL TIME AND PRN
  - LPN PRN
- SILVERDALE DETENTION FACILITY AND TROUSDALE TURNER CORRECTIONAL CENTER
  - RN CONTRACT COMPLIANCE
- WEST TENNESSEE DETENTION FACILITY
  - RN FULL TIME
  - LPN PART TIME AND PRN

This is your opportunity to make a satisfying career even more rewarding. We have a passion for providing the highest quality care. CoreCivic is seeking RNs and LPNs to join our team. We offer a variety of positions in different locations to meet your needs.

- Medical, Dental, Vision, Life, Disability
- 9 Paid Holidays
- 401(k) Retirement Savings Plan
- Paid Training
- Free Uniforms

We are committed to providing our employees with a safe and healthy work environment. As a CoreCivic employee, you will be eligible for our comprehensive benefits package, which includes insurance coverage, paid time off, and opportunities for career development.

To apply today, visit jobs.corecivic.com or contact Sherry Cameron at 615.263.3285.
published a recommendation that the assessments of all patients include SGM-related questions. The Institute of Medicine outlined SGM as a priority for research. The National Institutes of Health identified advancing SGM research funding as a component of their 2016-2020 strategic plan. Interestingly, the Office of the National Coordinator for Health Information Technology required that electronic health records include sexual orientation and gender identity data to achieve Meaningful Use Stage 3. Clearly, we have a national movement to support the collection of data to improve SGM health.

In Tennessee, very little occurs to move the equality needle. Recently introduced state legislation would actually increase inequity. The counseling discipline law, a bill to ignore the United States Supreme Court’s marriage equality ruling, and the transgender bathroom bill are a few recent examples of our state’s reluctance to embrace equality for all. Efforts to improve the health of the SGM population in the state rely on private association, or grant-funded community centers in urban areas and leave Tennessee’s largest population – the rural population - mostly unserved. These local groups support advocacy efforts in addition to activities by the Tennessee group of the American Civil Liberties Union, Human Rights Campaign efforts, and the work of the Tennessee Equality Project/Foundation. Vanderbilt University’s recent work in their Program for LGBTI Health housed in the medical school is a step in the right direction. The 2016 Tennessee Nurses Association State Conference highlighted the work of this program. Other universities and health systems are slowly becoming more intentional with diversity, inclusivity, and equality with less emphasis on “lip-service only.” It is time for Tennessee’s APRNs to take a stand and advocate for the care of all Tennessee citizens - especially the SGM community.

Tennessee’s APRNs should indeed forge ahead! Break ground! Fertilize and invest in existing efforts! Nurses have long stood as a bulwark for quality care and as a voice for the vulnerable. Unfortunately, the profession of nursing around the world has had very little to say about the health of SGM individuals. A thorough combing of international research reveals that nursing has largely been silent on addressing the needs of this population. The professions of social work, psychology, medicine, and law are actively engaging the unique needs of SGMs. The scarce collection of existing SGM nursing research often reflects the need for nurses of all types to engage, evaluate, advocate, and improve SGM health through inquiry and dissemination. Nurse educators, nurse practitioners, nurse anesthetists, clinical nurse specialists, executive nurse leaders and nurses of all kinds share a duty, professional responsibility, and ethical obligation to improve health outcomes and equality for all. Consider this a call to action to transform care for the vulnerable, underserved, and largely ignored SGM population. Just as nurses transform quality, champion safety, and continue to birth full practice authority, we can effectively revolutionize health equality for sexual/gender minorities and for all.

Citations and references omitted due to space. Please contact the author with questions or references as needed. If you are interested in participating in SGM health equity research or are interested in responding to related APRN surveys, please contact Dr. Brad Harrell at bharrell@memphis.edu. Brad Harrell, DNP, APRN, ACNP-BC
Assistant Professor, Director of MSN and TNCampus Programs
Loewenberg College of Nursing, University of Memphis
bharrell@memphis.edu

Continuing Nursing Education Updates
Sharon T. Hinton DMin, MSN, RN-BC
Nursing Professional Development Specialist Nurse Peer Review Leader & Administrator for CNE Tennessee Nurses Association

The updated individual activity application, forms, and guidelines based on current ANCC standards are now on the website. Many thanks to the editorial volunteers. Please use these updated forms for your applications. All applications must be submitted electronically. No paper-based (postal mail or FAX) applications will be accepted. If you have questions or need assistance please email tna.cne@tnaonline.org.

Attention all Provider Units: an updated report form for your 2017 activities has been posted to the website. Reports are due no later than February 28, 2018. All Provider Unit materials will undergo revisions to comply with current ANCC standards beginning in February.

Save the date: June 12, 2018 is our annual live Provider Unit update meeting. Jennifer Grabe from ANCC will be our speaker. Details and registration information will be available soon.

Project Serve

As we launch into 2018, let us join together in anticipation, in hope, in strength, and in service. Let us rally for the greater good of those around us, whether it is our neighbors or the people we have yet to meet.

TNA is honored to sponsor Project Serve, a time of service dedicated to meeting the needs of others. During the month of April, we invite you to be the hands and feet of love and hope to those in your community and surrounding areas. Our service will be a tangible gift given to others to let them know that they are valued. There are opportunities for service in front of each of us every single day. Let us commit to saying yes to making a difference in the lives of those around us. Invite your fellow nurses, friends, co-workers, family members, and children to join us in giving back. May we serve together fulfilling a greater purpose for which we have been called too.

We invite you - as a district or as an individual - to identify an opportunity for service in your area. Remember, it isn’t the size of the project that matters but rather the heart behind the service. Won’t you join us?

If you need assistance identifying a service project, please contact Haley Vance at Haley.Vance@vanderbilt.edu

Send TNA your photos for possible inclusion in future marketing efforts. Send to tna@tnaonline.org, subject Project Serve. Thank you.

March, April, May 2018
Spotlight on Practice continued from page 5

Tennessee Nurse
Page 19
THE UNIVERSITY OF NURSING DEGREES, ON A NURSE’S SCHEDULE.

Study for your BSN or MSN wherever you are, whenever your schedule allows. Earn your degree at WGU, named a Center of Excellence™ by The National League for Nursing for visionary leadership in nursing education and professional development.

WGU TENNESSEE
A NEW KIND OF U.

tennesssee.wgu.edu
© 2017 Western Governors University. All Rights Reserved.