Katie Thomas
Summit, and training for my first half marathon. With my friends and family, being outside with my dog, in what little spare time I have left, I enjoy spending time.

University of Tennessee, Knoxville. I hope to use my degree also pursing my DNP in nurse executive leadership at the University of Tennessee, Knoxville. I hope to use my degree to advocate for health policy change and healthcare reform. In what little spare time I have left, I enjoy spending time with my friends and family, being outside with my dog, Summit, and training for my first half marathon. I have been involved with state and national nursing associations since my junior year of nursing school. I have held both the legislative director and graduate assistant positions within the Tennessee Student Nurses Association. I was also a member of the resolutions committee for the National Student Nurses Association. These experiences led me to nursing, and I’ve never looked back. I graduated with my BSN from Tennessee Wesleyan University in 2015. I also pursued my DNP in nurse executive leadership at the University of Tennessee, Knoxville. I hope to use my degree to advocate for health policy change and healthcare reform. In what little spare time I have left, I enjoy spending time with my friends and family, being outside with my dog, Summit, and training for my first half marathon. I have been involved with state and national nursing associations since my junior year of nursing school. I have held both the legislative director and graduate assistant positions within the Tennessee Student Nurses Association. I was also a member of the resolutions committee for the National Student Nurses Association. These experiences led me to nursing, and I’ve never looked back. I graduated with my BSN from Tennessee Wesleyan University in 2015. I also pursued my DNP in nurse executive leadership at the University of Tennessee, Knoxville. I hope to use my degree to advocate for health policy change and healthcare reform. In what little spare time I have left, I enjoy spending time with my friends and family, being outside with my dog, Summit, and training for my first half marathon. I have been involved with state and national nursing associations since my junior year of nursing school. I have held both the legislative director and graduate assistant positions within the Tennessee Student Nurses Association. I was also a member of the resolutions committee for the National Student Nurses Association. These experiences led me to nursing, and I’ve never looked back. I graduated with my BSN from Tennessee Wesleyan University in 2015. I also pursued my DNP in nurse executive leadership at the University of Tennessee, Knoxville. I hope to use my degree to advocate for health policy change and healthcare reform. In what little spare time I have left, I enjoy spending time with my friends and family, being outside with my dog, Summit, and training for my first half marathon.

Nurses on Boards Coalition (NOBC) Summary

Carla Kirkland, MSN, RN, APRN, TNA President-Elect
Patti Scott, DNP, RN, PN, NCNS

The landmark 2010 Institute of Medicine (IOM) report, The Future of Nursing: Leading Change, Advancing Health recommended increasing the number of nurse leaders in pivotal decision-making roles on boards and other bodies that work to improve the health of everyone in America. The Future of Nursing: Campaign for Action was established to promote the recommendations and support state Action Coalitions (ACs) to carry out the recommendations. The Arkansas and Missouri Centers for Nursing (previously AR and MO ACs), and the Tennessee AC are working together to increase nursing participation on health-promoting boards. Nurse leaders and educators from each state developed the AR MO TN Nurses on Boards Training Intensive that was held October 1-2 in Branson, MO with attendees from each state. The aim of the training was to strengthen leadership skills in addressing social influences on health and building a Culture of Health through board service. Topics included: Culture of Health, board service, leadership assessment and skill building, and mentorship. Nurse leaders from each state served as faculty, including TNA members Dr. Alisa Haushalter and Dr. Patti Scott. The training was supported by the Robert Wood Johnson Foundation (RWJF) through Dr. Scott’s RWJF Public Health Nurse Leader Dissemination grant, a grant awarded to six of the 25 RWJF Public Health Nurse Leaders to scale up and disseminate their work. The Nurses on Boards Coalition (NOBC) is working to educate nurses and the public regarding ways that nurses can share their unique health perspectives by serving on local, state, and national boards. A goal of 10,000 nurses on boards by 2020 has been set. You may be serving already, but have not registered at the NOBC.
From the President

As we enter into this holiday season, I am in awe and grateful for the work of TNA over this year. In January, we welcomed a new Executive Director. Tina came in with a passion for nursing and a spirit to help grow the organization. Legislative session brought challenges that were somewhat unexpected; however, in true nursing fashion we rallied together to protect the title of registered nurse. Over a thousand nursing students and nurses flooded the capital during Legislative Summit with a passion for advocating for the profession of nursing. At the District level, we witnessed acts of service for those in need across the state through our Project Serve Event. This summer TNA helped to foster a sense of collaboration and unity in the development of the Coalition for Access to Care in Tennessee. This coalition – comprised of APRN groups from across the state – is ready to tackle the continued challenges ahead in order to obtain full practice authority for APRNs in Tennessee. Our annual TNA/TSNA Conference in October was a huge success! Thank you to each of you who participated and invested your time into the conference.

We had our first TNA board meeting with the newly elected board on November 2, 2018. This was a full day of both board orientation and business meeting. I am privileged to have the opportunity to work with such an amazing group of people. We are excited and ready to get to work! Looking ahead to 2019 – we need you! We need each and every one of you to come alongside us to advocate and advance all of nursing in Tennessee. There will be many opportunities for you to get involved in TNA this upcoming year. Be looking out for announcements and emails regarding committees and ongoing projects. Together we can make 2019 another successful year!

CORRECTION

last issue’s TNF Scholarship Recipient Announcement (Page 23):

Jenn Dolgoff’s credentials were posted incorrectly.

Correct credentials: Jenn Dolgoff, BSN, RN

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Diane Cunningham, Office Manager
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Sharon Hinton, RN, MSN, DN, CN, CE Administrator & Nurse Peer Review Leader
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The official publication of the Tennessee Nurses Foundation shall be the Tennessee Nurse. The purpose of the publication shall be to support the mission of the Tennessee Nurses Foundation and Tennessee Nurses Association through the communication of nursing issues, continuing education and significant events of interest. The statements and opinions expressed herein are those of the individual authors and do not necessarily reflect the views of the Tennessee Nurses Foundation, its staff, its Board of Directors, or editors of the Tennessee Nurse.

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TNA 2019 District Presidents

Carla Kirkland, President, District 1; Traci Brackin, District 2; Tammy Schindel, District 3; Martina Harris, District 4; Stephanie Coakle, District 5; Raven Wentworth, District 6; Vacant, District 7; Slima Peay, District 8; Vacant, District 9; Brad Harrell, District 12; Vacant, District 15

EDITORIAL TEAM

Editorial Board: Laura Anderson, Amy Hamlin; Kathleen Jones; Haley Vance, Ex-Officio
Managing Editor, Kathryn A. Denton

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From the Executive Director

Tina Gerardi, MS, RN, CAE

As we are going to press for this issue, we have just completed our annual conference. Thank you to everyone who attended, if you weren’t able to join us, you missed a wonderful event. All of our speakers were fabulous and the Past Presidents’ Forum and Achievement Awards highlighted all that TNA leaders have done for the profession and for the patients we serve. Please plan to join us in Memphis on October 18-20, 2019 for next year’s conference. If you are interested in helping us plan the conference, or serving on a TNA committee, please complete a member interest form and return it to the TNA office by the end of the year! The form can be found online at: https://www.tnaonline.org/wp-content/uploads/2018/04/2018-committee-interest-form.pdf

As we look to the New Year with our new board and committees, we will be focusing on the four strategic priorities identified at the Board Strategic Planning Retreat in August: member recruitment, member retention, leadership development and nursing image. You can help us with all four, but especially with member recruitment and retention. As a membership organization, we rely on member dues to support our activities and advocacy on behalf of the profession and healthcare for all Tennesseans. We are asking every member to recruit one member, bring someone new to a district meeting, to the legislative summit, and to the annual conference. Our strength and influence will only increase as we increase our numbers and our diversity across the state! We will be having thoughtful conversations about leadership development at the state and district level as well as enhancing nursing’s image in the state. We hope you will join us in these conversations, your thoughts and suggestions are always welcome! Feel free to send ideas to tna@tnaonline.org or email any staff member, our emails are listed on the TNA website at https://www.tnaonline.org/about-tna/contact-us/. As I complete my first year as executive director of TNA, I want to thank you for this opportunity and for all the support and well wishes I have received. I am looking forward to doing even more together to support you, our profession, and our patients in 2019! Finally, I would like to wish you Happy Holidays and Happy New Year! May peace, comfort, love and joy surround you this holiday season and throughout the New Year!

Save the Date
April 3, 2019
TNA Legislative Summit
War Memorial Auditorium
Nashville, TN

Over 1,000 nurses and nursing students attend. Gain an understanding of how a bill becomes law, discuss hot topics on the Hill and visit legislators.

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The future is in your hands.
It seems the older we get and the more of life that we experience, the more reflective we become. This is the beginning of my 25th year as a Certified Registered Nurse Anesthetist (CRNA). These 25 years have been memorable and eventful for sure. As I have progressed through my nursing and anesthesia career, it is obvious to see how each segment of the journey has been interspersed with experiences and events continually building on each other. Some people call this coincidence but I believe it is the providential hand of God.

It seems we don’t really see where we have been until we get where we are going! That may sound a bit baffling, but think about the path you took to get where you are today. Do you perceive areas of your career that you would fail to appreciate if you had not taken unexpected turns along the way?

When I began my career as an RN, I worked in a cardiac intensive care unit where I had a favorable working experience. The hospital provided a six-week critical care course, great preceptors and opportunities to take care of many high acuity patients. I knew that I wanted to be a CRNA and the experiences I gained during that time would provide the foundation I needed as I proceeded in my career. In moving to another city, I worked in an ICU where I had the opportunity to be involved in setting up a CVICU. This was an incredibly stressful experience, but I learned so much about ‘fresh hearts’ and all of the challenges that go along with that.

Nurse anesthesia school was completed 2½ years later and my first job as a CRNA was in a large metropolitan hospital. Duties of the CRNA were limited but it was a great beginning for a new graduate. I was able to perform many anesthetics for a large variety of procedures.

Over time my husband and I desired to move closer to our childhood homes. With that move, I took a job in another large hospital and there was much autonomy in that role. My ability to function within my scope of practice increased as I performed with appreciated independence. I was thankful I had secured a strong foundation at my previous job and was able to build on that practice for the next few years.

After several years, a job became available in a small anesthesia group and I was able to fully function within my scope of practice at that facility. The world of anesthesia was open to me as I was able to do OB, cardiovascular, plastics, orthopedics, peripheral nerve blocks, thoracic and lumbar epidurals, central lines, etc. There was a learning curve as I took on all of these new professional adventures but I grew in proficiency by leaps and bounds. Having reached what I would consider the ‘pinnacle’ of anesthesia, I would not have guessed what could top that job and those experiences.

In 2005, I was contacted by a local university and asked if I would like to teach. Teaching had never been on my radar and I didn’t know if that was anything I even wanted to do. The Dean that talked to me convinced me to give it a try and provided words that will never be forgotten. He said that in teaching, I would have the ability to influence lives and ultimately careers by sharing what I had learned as a practitioner. The ability to pass that knowledge on to the students could affect future nurse anesthesia practice for years to come. Realizing that obligation could have been scary, but instead it was exhilarating!

After much prayer and thought, I decided to give it a try. As I taught the first OB course, I was able to call on memories and experiences of my time as an OB CRNA. The nights that I spent as the sole provider in a hospital afforded me many learning events that I was able to pass on to the students. Tricks of the trade were shared with the students along with positive patient results that affirmed those ‘tricks’! As time went on and I taught more courses, it was evident to me that all of my time as a CRNA, all of my experience as an advanced practice nurse were to prepare me for this very time! I had been prepared as a nurse and a CRNA to contribute to the future of our profession.

I never expected to have such a profound ‘aha moment’. As nurses and leaders in our professions, each of us have been prepared for where we are right now. Each procedure, each learned event, each time we thought we might die if the stress didn’t ease; all of it has been preparation for now and for what is to come.

I challenge every one of us to search for a way to share with those that come behind us. I encourage each of us to take the time and make the effort to invest in those that follow. The future of nursing really is OUR responsibility. If we don’t take the time to teach we cannot complain when younger nurses aren’t progressing into fully-bloomed professionals. You may think your experiences are not important, but they can be used to give encouragement to others, no matter what field of nursing in which you are serving.

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Seek opportunities to show you care. The smallest gestures often make the biggest difference.

— John Wooden
Kathleen Murphy joined the TNA staff in November as the Director of Government Affairs and Chief lobbyist. She is a Nashville native who grew up in politics. Kathleen comes to TNA with more than 10 years of experience lobbying at the state legislature. She has represented a variety of non-profit organizations and causes ranging from the mandatory requirements for newborn hearing testing, disability presumptions for fire fighters and EMS workers, workplace protections by increasing penalties for assault, and securing the first in the Nation dedicated funding for Tennessee’s Veteran’s Treatment Courts. She also has a background in fundraising, campaign management, communications and strategy including managing her own campaign for Nashville’s City Council.

Kathleen does not believe advocacy work is just a 9 to 5 job but is a personal commitment to making Tennessee a better place for everyone who lives here. She is known for being able to bring together groups from different sides of issues and across the aisle to find common ground. Finding that common ground is the key to being successful at the state legislature.

Kathleen was named the 2015 Volunteer of the Year for the Davidson County Veteran’s Treatment Court Foundation, has been nominated for the Athena Young Professional Leader Award and was named one of the Nashville Business Journal’s “Top 40 under 40” in 2018. In her spare time, she has run 11 half-marathons, is a Downtown Rotary member, a member of the Nashville Greenways Commission, and has won a ribbon at the State Fair in sewing. Kathleen said she is excited to be starting a new chapter with TNA and looks forward to being a tireless advocate for the nursing profession and healthcare in Tennessee.

TNA Board of Directors and Staff

Kathleen Murphy
Director of Government Affairs and Chief Lobbyist

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Advocacy in Action 2018 Conference Highlights

Mary Jo Assi, Keynote Speaker
TNA Executive Director, Tina Gerardi
Kathleen Murphy, TNA Director of Government Affairs and Lobbyist
Susan Hassmiller, Plenary Speaker on Saturday
Roxanne Filson, Plenary Speaker on Sunday
TNA President, Haley Vance

School Nurses Attending, Susan Hassmiller’s Session
Tina Gerardi speaks to nursing students during the conference. Teresa Johnson, far right, is the TNA staff liaison for TSNA.

TSNA President, Kamiko Ritchey
Trevor Martin opens Membership Assembly Saturday morning
Alvin Jeffery serves as Chair of the Reference Committee

Carla Kirkland Elected TNA President-Elect
Julie Hamm Elected TNA Vice President
Heather Jackson Elected TNA Treasurer
Tracy Collins Elected TNA Director - Membership
Shelley Hawkins Elected as one of two Nominating Committee members
Sarah Pierce Elected as one of two Nominating Committee members

Candidates Forum

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Advocacy in Action 2018 Conference Highlights

Legislative Forum

Carole Myers conducts Legislative Forum
Representing Gubernatorial Candidate Bill Lee, Bill Lee’s Campaign Policy Director, Tony Niknejad
Gubernatorial Candidate, Karl Dean
Senate District 13 candidate, Kelly Northcutt
House District 13 candidate, Gloria Johnson
House District 30 candidate, Joda Thongnopnua

Past Presidents Forum

Past Presidents in attendance; LtoR, Billie Sills; Sharon Adkins; Margaret Heins; Current TNA President, Haley Vance; Ginna Betts; Jill Kinch; and Sandy Murabito

Costume Contest

Advocacy in Action

The Tennessee Nurses Association expresses sincere and heartfelt thanks to the following Sponsors and Exhibitors for their support in helping to make the 2018 Annual Conference a huge success.

We extend a special recognition and appreciation to our Sponsors and Exhibitors!

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University of Tennessee at Chattanooga
University of Tennessee at Knoxville-
College of Nursing
United States Navy
Vanderbilt University School of Nursing
VA Tennessee Valley Healthcare System

Western Institute
Western Governors University - TN

Poster Session

Students from Bethel University present poster
Election Results

President-Elect: Carla Kirkland
Vice President: Julie Hamm
Treasurer: Heather Jackson
Director-Membership: Tracy Collins
Director-Education: Nancy Stevens
Nominating Committee: Shondell Hickson and Sarah Pierce

Election results announced Sunday afternoon.

2018 TNA Achievement Awards

Congratulations to the outstanding nurses honored at the TNA Annual Achievement Awards. Honorees were nominated by fellow TNA members for their exceptional dedication, commitment and professionalism to nursing. To those of which were honored, we give a special thanks for the contributions you have made to the nursing profession and to your professional organization, the Tennessee Nurses Association.

LtoR: Loretta Bond; Laura Reed; Sarah Pierce; Tracy Collins; Julie Hamm; Carla Kirkland; Haley Vance; Donna Copenhaver

Remaining on the TNA Board:
Haley Vance, President; Donna Copenhaver, Secretary; Patricia (Trish) Baise – Director-Operations; Loretta Bond – Director-Government Affairs; Laura Reed – Director-Practice
The 2018 – 2019 TNA Board of Directors is on page five.

Special Lifetime Achievement Award
Michael Carter
DNSc, RN, FAAN

Outstanding Member Award
Lisa Beasley, DNP, APRN, NP-C, RN

Louise Browning Political Nurse Award
Carla Kirkland
MSN, RN, ACNP-BC, FNP-BC, ENP-BC

Alma E. Gault Leadership Award
Carole Myers
PhD, RN

Nursing Excellence Award
Sandy Murabito
Ed.D, MSN, RN

Professional Promise Award
Erin Morgan
DNP, FNP-BC

Bethel University Awarded 100% Faculty Membership Award
Jenny Webb, PhD, MSN, RN, CNE, Director of the Department of Nursing at Bethel University, accepts award.

Freed-Hardeman University Awarded 100% Faculty Membership Award
Accepting the award on behalf of Dean Chris White—Raven Wentworth, DNP, RN, APRN, AGFCNP-BC, FNP-BC, Associate Professor, Department of Nursing; Linda Hodges, MSN, RN, Instructor of Nursing; and Sarah Pierce, DNP, AGACNP-BC, CCRN, PLNC, Assistant Professor of Nursing

President’s Membership Recognition
TNA’s District 8 achieved the largest increase in membership over the past year!

2018 TNA Achievement Awards

Exhibits

TNPAC Auction

Sharon Adkins came out of retirement to be TNPAC’s auctioneer!
Mike Harkreder, MS, RN, CARN  
Executive Director  
Tennessee Professional Assistance Program  
(TnPAP)

On July 1, 2017, Tennessee passed a law that will require new reporting requirements on employers in the healthcare sector whose licensed healthcare practitioner (HCP) test positive on a drug test or refuse to submit to a drug test when directed to do so. Note that this includes pre-employment screening.

HB 1067/SB1309: As enacted, specifies that a healthcare practitioner violates the practitioner’s practice act by refusing to submit to a drug test or testing positive for a drug when the practitioner does not have a lawful prescription for using the drug or a valid medical reason for using the drug; establishes procedural requirements to be followed in such situations.

Amends TCA Title 50, Chapter 9; Title 63 and Title 68.

For a positive drug test, the healthcare practitioner’s employer must provide the employee three (3) business days to either: (1) present evidence of a lawful prescription for the drug or valid medical reason for using it; or (2) self-report the substance abuse to the practitioner’s peer assistance or substance abuse treatment program established by the State licensing board that oversees the practitioner.

HB 1067/SB1309 continued on page 10
Nurses Must Take the Lead to Stem Workplace Violence

Erin Morgan, DNP, MSN, FNP-BC

We never think it will happen to us or someone we know. “I know what to do when a patient gets out of control.” “Security will help.” “The patient is just acting out.”

Despite these well laid plans, healthcare workers are more likely than any other profession to suffer an assault.1 This will help psychiatrists identify and treat their patient.

The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as any physical assault, threatening behavior, or verbal abuse occurring in the workplace setting. Workplace violence is categorized into four groups: Type I Criminal intent, Type II Customer/Client/Patient, Type III Co-worker, Type IV Personal (ex. Domestic). Most nurses related violence falls into the Type II and Type III groups.

In 2016, Bureau of Labor and Statistics reported that 70% of all non-fatal work related injuries occur in the healthcare and social assistance sectors.2 This is more than construction and manufacturing injuries combined. However, the number of patient and family-related workplace assaults are underestimated due to multiple factors.3 These include fear of reprisal, lack of faith in the reporting system, or poor understanding of the reporting systems in place. Reporting systems are most interested in data related to injuries causing time away from work or death. They leave out minor injuries, events which result in no physical harm at all, or mental distress. Some health care workers may consider a patient as being confused, elderly, or “they didn’t know what they were doing.”

Nurses must report all assaults before they become career limiting in the workplace.

In 2016, the American Nurses Association concluded the Health Risk Appraisal Survey of 14,000 nurses. This assessment asked about questions about workplace concerns for safety, and wellness of those who were willing to respond.4 Twenty-five percent of the nurses report they had been physically assaulted by a patient or family member while at work. Despite this history of assault, nurses do not go to work concerning that safety for their safety, nor do nurses need to become paranoid that every patient will become violent. Instead the truth is that most patients we go to work to serve.

The Occupational Safety and Health Administration (OSHA) oversees safety in the workplace. OSHA defines workplace violence as “any physical assault threatening behavior, or verbal abuse occurring in the workplace setting.”5 However, the organization currently does not define violence in the workplace as being becoming normalized in the workplace. This is indicative of a serious substance use disorder. Our evaluators then must try to tweeze out the facts. Our evaluators then must try to evaluate can be very complex and time consuming.

The bottom line for nurses and other health care professionals is to make certain that you do not take any medication that is not specifically prescribed for you, because the consequences can be enormous.

References
As a nurse, you're always keeping up with the most up to date information. Whether it's healthcare, insurance or personal continuing education, there is plenty to remember. Medicare can be a pain to keep up with, they make changes frequently.

Thankfully for 2019, these changes are beneficial to the seniors in our communities. There are countless Medicare beneficiaries that have enrolled in a Medicare Advantage plan at some point, only to realize in January that their doctor didn’t accept their new coverage, or to realize they had a network they needed to stay in. For many Medicare beneficiaries, this meant staying in a plan that wasn’t ideal for them for an entire year.

Medicare recipients will have better healthcare options and more flexibility. In 2010, lawmakers and CMS agreed to reinstate the Medicare Open Enrollment Period and now they’re reinstating it for Medicare beneficiaries.

Change Is Beneficial to Medicare Beneficiaries

The Open Enrollment Period for residents in Tennessee will take the place of the Medicare Advantage Disenrollment Period (MADP) which was January 1 through February 14 every year. This MADP would only allow beneficiaries to disenroll from their Medicare Advantage coverage and switch back to Original Medicare, they couldn’t switch from MA plan to MA plan.

There are some things beneficiaries will be able to do during the OEP; like:

- Switch from one Medicare Advantage plan to another
- Make one change, so they need to make it the best.
- Disenroll from a Medicare Advantage plan and switch back to Traditional Medicare with or without a Part D plan.

Why are Beneficiaries Confused by the “Open Enrollment Period”?

The only reason this gets complicated for beneficiaries is because CMS failed to create better terminology for the different enrollment periods available.

The Medicare Supplement Open Enrollment Period is for beneficiaries that are new to Medicare Part B and just turned 65.

The Medicare Annual Enrollment Period (AEP) is commonly, (and incorrectly), referred to as an Open Enrollment Period.

Then we have the Initial Enrollment Period (IEP), which is typically confused with the Medicare Supplement Open Enrollment Period. The IEP gives Medicare beneficiaries seven months to enroll in a Medicare Advantage plan. The three months before, the month of, and the three months after they turn 65 and become eligible for Medicare Part B.

The Returning Open Enrollment Period Simplified

It can be confusing when talking about the Open Enrollment Period, since there are many different enrollment periods referred to as an “Open Enrollment Period,” correctly and incorrectly. This Open Enrollment Period is for Medicare Advantage plan recipients and will begin on January 1 and end on March 31.

Things are changing for beneficiaries and it's for the better. The new Medicare changes of 2019 will make changing from an unsuitable Medicare Advantage plan to a more suitable plan, possible.

While this new law allows beneficiaries to change plans, it’s important for them to understand that they won’t be able to switch Part D plans during the Medicare Open Enrollment Period.

Medicare eligible beneficiaries that are enrolled in a stand-alone Part D prescription drug plan need to make changes to their Part D Prescription Drug plan during AEP (October 15 through December 7 of every year).

Each year by September 30th, Medicare Advantage recipients will receive an Annual Notice of Change (ANC) and Evidence of Coverage (EOC) from their existing insurance carrier for their Medicare Advantage and Medicare Prescription drug plans.

When beneficiaries get this information, they need to look at the changes and adjust their coverage if needed. CMS will post plan changes for the following year in October, several months before the new year. Medicare.gov is a great resource for Medicare beneficiaries; they can use it to compare plans, look up information and learn more about their Medicare.
I began my nursing career in the late 1970s. My first assignment was a fifty-bed unit. I was in charge of twenty-five patients, and with me were a staff of two licensed practical nurses and two nursing assistants. That’s where I met my first mentor, my supervisor at Church Home and Hospital in Baltimore, Maria Gloria Ferro.

There was nothing about Miss Ferro that I did not like. Her perfectly crisp uniform was uniform. Her attention to detail, almost military in its precision. I never saw a wrinkle. When she evaluated our nursing areas and the care patients were receiving in quickest order, I wanted to be like her. As a new nurse trying to find my identity, Miss Ferro was a Godsend.

Years later as an ICU nurse, I learned that when she came to work she wore her overcoat over her slip because her uniforms were delivered directly to the hospital from the cleaners weekly.

Besides Miss Ferro’s precision skills, and her prefect uniforms she also had a heart. Today the uniforms most often have wrinkles, times have changed, but what remains is the heart of a nurse. A nurse’s wrinkled uniform is one thing, but if a nurse has a wrinkled heart the results can prove disastrous.

Over my career I have served as a nurse in many different work situations. I’ve been in the ICU to Open Heart Surgery to Neuro ICU. Still, in the 1980s when my father contracted Parkinson’s disease, my entire life was turned upside down. This time the disease robbed my father of most everything which was precious and cherished. It was difficult to see this vibrant, kind-hearted man sink daily as the progression of this incurable condition moved forward. It was the fearmonging of being helpless.

But helplessness was only a consequence of our fear. We discovered, after hospice came knocking at our door, that we were all, including my dear father, far from being helpless.

I was a seasoned nurse before hospice met me in this family situation and, even still, I could not believe what difference their presence made in our lives.

My father died. Life moved on, but my world was irrevocably changed. I knew I wanted to use my life, my nursing knowledge and skills, to be a hospice nurse.

Much has already been written about the meaning of hospice experience, but for me there is one aspect that cannot be overstated: this nursing specialty is one of the few places where a patient and their family are able to direct the care they receive. It’s a living example of a quote by Florence Measner which I found myself frequently saying: “It’s not about how much you do, but how much love you put into what you do that counts.”

Ferro was a Godsend.

Dr. Cicely Saunders, and she is credited with starting the first standing hospice in the world.

Dr. Saunders inspires me, not only because she was a woman, and a talented, intelligent person, but also because she pursued social work.  During the war, Cicely found Great Britain went to war and Cicely became a nurse.  Years later as an ICU nurse, I learned that when she came to work she wore her overcoat over her slip because her uniforms were delivered directly to the hospital from the cleaners weekly.

Dr. Saunders was a waiter from Poland who had survived World War II, escaped Nazism, and moved to London. It was while living in London, in the last stages of cancer, that David met nurse Saunders.

During his dying experience, Saunders shared with David her vision for a “good death.” David was so impressed with the nobility and compassion of this vision that in 1971 he left her 500.00 sterling and a note: “I will be a window in your home for the dying.”

Even with this buoyancy of spirit, the attacks against Dr. Saunders went on. As a nurse she experienced the arrogance of the medical profession high-ups, and when she suggested something, many, things that could be done.

Dr. Cicely Saunders died on July 14, 2005.  She was 87 years old.

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I Am TNA continued from page 1

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Webinar highlights:
- Physical and mental health benefits of being outdoors
- Tennessee Healthy Parks Healthy Person program, the mobile app and Parks Rx

Presenters
- Ryan Jenkins, Park Manager, Henry Horton State Park
- Denise Werner, MD, Tennessee Department of Health, South Central Region Physician
- Rose Vick, PhD, MSN, PMHNP-BC, Instructor, Vanderbilt University School of Nursing

If you are not able to attend the LIVE session, this webinar is available for TDH employees: Office of Primary Prevention SharePoint Site

For others: http://tennedgethealth.adobecommunications.com/llwworld jim47/

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I didn't think it would feel this bad.” That’s a phrase I hear from many of my patients, typically followed by anxiety as day transitions into night, family members make their exit and my patients are faced with the task of making it through another night.

Every night, I have the privilege to take care of patients who have undergone major cardiac procedures including heart transplants, open heart surgery and cardiac valve replacements. They come to me from ICU, nervous and unfamiliar with what occurs after surgery. And every shift, I am reminded of why I started nursing.

I was 18 when my lower abdomen started giving me sharp pains. As a biology major, the pressure of midterms and homework kept me from seeking care. Flash forward two weeks, and I was in the hospital, being prepared for an emergency appendectomy at 2am. My appendix had ruptured days prior and I was not prepared for the recovery process ahead.

The oncoming 16 days were filled with drains coming out of me every which way, anxiety, new physical limitations and a mental and physical persistence to overcome these barriers. My nurses were the ones who led me through this journey.

Every night, I had anxiety and my nurse would sit with me and calm me down. She educated me on what to expect, what life would look like at home and she would set up a plan for me to achieve my goals while at the hospital. I never forgot what my nurses did for me, and now, 10 years and two degrees later, I am a registered nurse, guiding my patients through their post-surgical milestones.

As a new nurse, I have had many emotions and phases within these last six months of my new, exhilarating and nerve-wracking career. I have laughed, cried and questioned the many tools in my self care tool belt to combat this frustration. The Tennessee Nurses Association became a great support through this phase because I met seasoned nurses and new nurses in my area who were there to hear my frustrations and give me their advice based on their experience. It feels heartwarming to have the support of nurses in Tennessee and to know that I am not alone in my feelings.

When time, I overcame the frustration and entered a new phase of recovery and resolution. Through learning from other nurses that I met through TNA, I have been able to balance both the positive and negative aspects of nursing. I feel part of a community that is so important for new nurses, especially new nurses who come from a different part of the country. I moved here from California, with no family or friends. It is the community of like-minded nurses helped me feel less alone.

We all know that nursing has both positive and negative aspects – that’s why we love it so much. The emotions we feel as nurses span a broad range and the skills and wisdom we gain from experiencing these emotions are invaluable.

Our love for nursing is deep because we know all the negative sides and we still choose to face them head on every day in hopes of aiding our patients to recovery and well-being. Our profession is unlike any other and I am so happy to have found an association that provides resources to further the lives of nurses in Tennessee.

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website. To register your board service and be added to the total, go to https://www.nursesonboardscoalition.org/. If you are interested in serving, but don’t know how to start, visit the same website to sign up to serve in your areas of interest and expertise.

Sue Hassmiller, PhD, RN, FAAN, Robert Wood Johnson Foundation, was a keynote speaker at the recent Tennessee Nurses Association annual conference, October 26-28. She is quoted on the NOBC website: “Board service can be rewarding to nurses both personally and professionally. It not only requires them to exercise leadership; it expands those skills and advances their capabilities and knowledge. It gives nurses a chance to meet people and enhance their professional networks. And it can be inspirational and empowering.”

To join the Tennessee Action Coalition, get in touch through: https://campaignforaction.org/state/tennessee/

Tennessee participants at the Nurses on Boards Training Intensive—Branson, MO

Social Media
Primary:
#RNsBeCounted
Secondary:
#RNsOnBoards
#10Kby2020

Twitter Handle
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NOBC website
http://www.nursesonboardscoalition.org/
Welcome New & Reinstated Members

District 1
Olamide Adeleye, Elizabeth Alford, Tamara Ali, Jo Ann Allen, Jeffrey Banham, Briana Becton, Hortense Bissia, Cashawna Bost, Lai Brooks, Kathryn Buntyn, Kristin Bursi, Virginia Coleman, April Dandridge, Darel Davis, Paula Decrow, Janice English, Lisa Erhardt, Monika Ferguson, Linda Fletcher, Michele Freeman, Paula Harrell, Monica Hidiq, Charlotte Isabel, Virginia Jenkins, Clara Joe, Stefan Kirkland, Lisa Lafafette, Emily Laird, Leigh Landy, Kathryn Mabie, Tijuana Nichols, Schrice Patterson, Ashley Portis, Samantha Rasons, Lataya Rey, Yvette Rhoton, Shennell Robinson, Molly Rolan, Kelli Saucerman-Howard, Barbara Seay, Nakiesha Shepherd, Brett Snodgrass, Bobby Stewart, Mariah Story, Sara Sullivan, Hailin Swan, Telsie Turner, Madison Warne, Keona Washington, Jessica Watson, Rita West, Tynisha Williams, Cindy Wooten, Kayandre Wooten

District 2

District 3

District 4
Dorene Abordo, Debora Angel-Pompe, Nancy Casaday, Chelsea Chamberlain, Vickie Collins, Kayla Cooper, Kathryn England, Tonya Freeman, Tarra Hernandez, Regina Lankford, Diana Morrow, Jane “Janey” Patten, Michelle Reavis, Leigh Rogers, Larry Schumacher, Kari Sivley, Angela Tant, Mareshah Wehmeyer, Cornelia Williams

District 5

District 6
Jill Appleton, Courtney Brush, Regina Chandler, Roman Comer, Lisa Dyer, Travis Geisel, Linda Hodges, Gwendolyn Hutchison, Crystal Johnson, Brittney Mehry, Kathy O’Connor-Wray, Tina Prescott, Paula Shackelford, Molly Wright, Megan Yates

District 8
Michelle Bull, Mary Ellen Ehmam

District 9
Catherine Cantrell, Kimberly Hanna, Anne Koci, Fran Beth Lombardo, Bethany Pack, Deborah Redmond, Robin Retallack, Stacie Rothfus, Amanda Smith-Rodriguez

District 10
Dayna Edwards, Edythe Fanning, Mandy Haywood, Lisa Trogdon

District 12
Patricia Clem, Angela Johnson, Jennifer Kidd, Brittang Lyncho, Virginia Smith, Leslie Wuni

District 15
Jennifer Hargrove, Maggie Keil, Mary Keith-Marcus, Kathryn McDearman, Courtney Michael, Madison Patterson, Jennifer Rea, Melody Rose, Heather Spencer, James Sutton, John Whicker

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Fetal Infant Mortality Review Program

Metro Public Health Department

Fetal mortality, defined as the number of infant deaths per 1,000 live births, is a public health concern across the United States. Nationally, about 3,500 infants a year are lost to sleep related deaths before their first birthday. Tennessee is working to improve this statistic as well as the disparity among races of infant death. At the conclusion of 2016 the overall infant mortality rate in Davidson County was 7.5 (compared to the national infant mortality rate of 6.9); 5.8 for white infants, 7.2 for blacks infants and 12.1 for black infants. Public health officials are working hard to better understand and address these problems. In Davidson County, our greatest contributor to preventable infant death is unsafe sleep. Between 2011 and 2016, 74 infants died in Nashville due to unsafe sleep practices. This is the equivalent of 4 kindergarten classrooms that will never be realized.

One program working hard to improve these statistics is the Fetal Infant Mortality Review Program (FIMR). Working within the context of Public Health Departments, FIMR programs are currently active in four regions of Tennessee with the goal of understanding the problem of fetal and infant loss and influencing community action to improve the outcomes of our babies. Each linking families to issues that must be addressed to improve the outcomes for all of our babies across Tennessee.

FIMR programs follow a four step process that research has shown to be an effective way to reduce fetal and infant deaths. Tennessee legislation in 2007 allows local health departments to receive fetal and infant death notifications and gain access to the relevant medical records. After receiving a death notification, the first step in the FIMR process is a medical record review of each case. Through a detailed record review a determination is made if the death meets the criteria of the FIMR Cohort. Next a maternal interviewer contacts the family and, when possible, interviews the mother to listen to her story and create a summary that will be shared with the Case Review Team. The mother’s story sheds light on the factors that influence pregnancy and infant loss. At this visit, much needed resources for grief support and counseling are shared with the family. One of the key features of the FIMR process is that all of the information that is gathered is documented and must be shared in confidence. To further protect the confidential nature of this effort, the Case Review Team is comprised of physicians, nurses, social service providers, chaplains, and community volunteers with a common purpose of addressing the problem of fetal and infant death in Davidson County. This team thoroughly reviews the details of each death and provides recommendations. In the final FIMR step, the recommendations of the Case Review Team are sent to the Community Action Team whose members are tasked with prioritizing and addressing the identified areas for improvement and planning action at the local level.

Since inception, the FIMR process has resulted in many improvements in the following areas; promoting widespread safe sleep education and resources, linking families to resources, reducing barriers to prenatal care and other needed services, and improving the spiritual and emotional support for families at the community level.

Working with bereaved parents is a task that many agencies share. Local birthing hospitals in Davidson County provide caring and comprehensive bereavement services. For many families the fetal or infant loss occurs unexpectedly and they find themselves unprepared for all of the decisions they face. Most of the bereaved parents have little or no prior experience with such a loss. The FIMR Maternal Interviewer interacts with post loss families and discusses the grief support services in the community. Nurses often play a vital role at the point of hospital discharge by providing information and referral to local sources of grief care and support as well.

The work of FIMR is vital to our community’s health and we cannot do it alone. There are opportunities for nurses to volunteer with our Community Action Team and provide expertise in helping all of Nashville’s babies reach their 1st birthday! For more information please contact: Davidson County – Trevor Crowder, M.A., Program Director (615) 340-7775 or trevor.crowder@nashville.gov

FIMR Cohort includes:

- Davidson County, only deaths that fit our identified problem areas of being born too small too soon or if an infant death is determined to be due to SIDS (Sudden Infant Death Syndrome), SUID (Sudden Unexplained Death of an Infant), or undetermined without any suspicion for abuse or neglect are reviewed. They include:
  - Fetal Deaths: At least 24 weeks gestation OR 500 grams
  - Infant Deaths: At least 20 weeks gestation AND less than 1,500 grams

To obtain information about the other three FIMR projects in Tennessee contact the Shelby County Health Department, Hamilton County Health Department, or the Knox County Health Department FIMR programs.

Written by: Alison Butler BSN RN, Maternal Interviewer, Metro Public Health Dept., Nashville, TN
Invest in your practice, your patients, and your career. Many members will tell you they are where they are today because of their relationship with TNA and its’ members! Join the TNA and ANA Network Today!

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- 90% discount on TNA standards

For more information, visit www.tennessee.org or contact 615-254-0350.
District News

District 1
President: Carla Kirkland

Educational opportunities for District 1 included a two-part update on the opioid epidemic. In July, Delta Medical Center hosted our educational dinner meeting. Alisa Haushalter, DNP, RN, Director of the Shelby County Health Department, presented part one: “What Shelby County is doing about the Opioid Crisis?”

Lakeside Behavioral Health hosted District 1 in August, with Joy Golden, MSN, RN, CEO of Lakeside, presenting part two of our opioid update, “Opioids, Overdose, and Overwhelmed.” Newly elected Tennessee State Senator Katrina Robinson RN, District 1 member, gave our legislative update.

Our September educational program was hosted by gammaCore. Christina Treppendahl, RN, MSN, FNP-BC, AQH, founder and director of The Headache Center in Ridgeland, MS, introduced us to a new non-invasive vagus nerve stimulator for outpatient migraine treatment.

July 31st, we were also pleased to be a sponsor for “Run Women Run, Sizlin’ Women 2018: A Celebration of Women Who Run.” This nonpartisan event was held at the Hattiloo Theater, hosted by the National Coalition of 100 Black Women Inc., Memphis Chapter; the Memphis Area Women’s Council; and the League of Women Voters Memphis/Shelby County.

The members of District 2 have been very busy these past several months! We had our September meeting at Blount Memorial Hospital. We were very excited to have Natalie Ivey as our guest speaker. She is the director of advocacy and outreach for the Community Coalition Against Human Trafficking. We were also able to deliver some late night dinner to the nursing staff at the hospital that evening!

The members of District 2 members who earned awards at the annual conference. Dr. Carole Myers is the recipient of the Alma Gault Leadership Award (left) and Dr. Erin Morgan received the Professional Promise award. These ladies are such an inspiration and their respective awards are certainly well deserved!

Dr. Alisa Haushalter gives a presentation on the opioid crisis to District 1 nurses

District 1 nurses networking at the opioid program hosted by Lakeside Behavioral Health

District 2
President: Traci Brackin

The members of District 2 have been very busy this year expanding their footprint. We have increased our membership and thank you to all those who have helped to make district 5 stronger than ever.

We recently held our elections for the following positions to serve District 5 November 1, 2018 through October 31, 2020.

New President elect is our former Board Member Stephanie Cook, RN, MSN, congratulations. Stephanie is director of nursing at Franklin Woods Community Hospital. Looking forward to her leading successfully these next 2 years in District 5.

We elected two new Board Members; Nikki Vanburen, RN, MSN, MBA who is the Chief Nursing Officer at Franklin Woods Community Hospital, and Woodbridge Psychiatric Hospital and Mary Anne Gilbert-Smitherman RN, BSN Clinical Informatics Coordinator for Ballad Health. Please welcome these ladies for stepping up to the plate to help lead our district. We are well positioned for a great year 2019.

We celebrated the TNA conference this year and were proud of the basket that our district put together to raise money for TNPAC. The DS basket was auctioned at $350 for TNPAC.

It has been an honor and privilege to serve as your President these last 3 years for District 5 TNA. We have had exponential growth in our membership and looking forward to continued growth next year. We have made an impact in our communities with our Legislative Breakfasts in getting to know our Legislators and discussing some of the issues that have a profound effect on each of us facing the opioid crisis and neonatal abstinence syndrome (NAS). Our area has also gone through some major changes in 2018 by merging two major health systems Mountain States Health Alliance and Wellmont Health System to form Ballad Health consisting of 21 hospitals, 815 Physicians, with over $308 million to be invested in the community over the next 10 years. Ballad’s mission is to honor those they serve by delivering the best possible care. Ballad’s vision is to build a legacy of superior health by listening to and caring for those we serve.

On Thursday, September 20th, District 6 met in the Medical Founders Room C at Jackson-Madison County General Hospital. Dr. Michelle Baldwin, DNP, BSPA, APRN, FNP-BC shared her own experience from attending the 2018 ANA Membership Assembly in Washington, D.C. Dr. Baldwin discussed the role of American Nurses Association (ANA) and the importance of being a member of ANA.

District 3
President: Christine Reed

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District 3
President: Traci Brackin

Traci Brackin, President of District 2, spent some time with nursing students from the University of Tennessee, Knoxville. Traci is a wound care specialist and provided some education for the students about fundamentals of wound care, but she also takes opportunities like this to discuss TNA and our upcoming events. Many members of our TNA Board of Directors in District 2 serve in education and clinical leadership roles or come in contact with nursing students very frequently. As TNA leaders, it is important to share with other nurses (and future nurses) about the importance of TNA membership!

Lisa Beasley and Telise Turner at Run Women Run, an event to support women candidates, campaign managers, and staffers who took up the challenge to run for office.

District 4
President: Lisa Beasley

At our September meeting, Alisa Haushalter, DNP, RN, Director of the Shelby County Health Department, gave an update on the Shelby County Health Department’s role in helping to address the Opioid Crisis in our area. She also gave an update on the upcoming legislative session, which includes topics such as the Opioid Epidemic, Social Determinants of Health, and more.

Our September meeting was also held at the University of Memphis College of Nursing Career Fair. Many of our members had the opportunity to network with nursing students from the University of Memphis, the University of Tennessee at Memphis, and other local universities. Our members also had the opportunity to network with other TNA leaders, staff, and members from surrounding districts.

At our September meeting, Alisa Haushalter, DNP, RN, Director of the Shelby County Health Department, gave an update on the Shelby County Health Department’s role in helping to address the Opioid Crisis in our area. She also gave an update on the upcoming legislative session, which includes topics such as the Opioid Epidemic, Social Determinants of Health, and more.

The members of District 2 have been very busy these past several months! We had our September meeting at Blount Memorial Hospital. We were very excited to have Natalie Ivey as our guest speaker. She is the director of advocacy and outreach for the Community Coalition Against Human Trafficking. We were also able to deliver some late night dinner to the nursing staff at the hospital that evening!

District 6
President: Raven Wentworth

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District 2 nurses networking at the opioid program hosted by Lakeside Behavioral Health

District 5 nurses networking at the opioid program hosted by Lakeside Behavioral Health

Raven Wentworth

Dr. Alisa Haushalter gives a presentation on the opioid crisis to District 1 nurses

Traci Brackin

Tracey Power, District 1 Vice President, staffing TNA District 1’s table at the University of Memphis Löwenberg College of Nursing Career Fair September 25, with U of M students.

President: Carla Kirkland

Lisa Beasley and Telise Turner at Run Women Run, an event to support women candidates, campaign managers, and staffers who took up the challenge to run for office.

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Raven Wentworth
District 6
members had a
great time at the
TNA/TSNA Joint
Conference held
in Murfreesboro,
Tennessee on
October 26-28.
Congratulations
to Dr. Sarah Pierce as
she was elected
to the Nominating
Committee. Dr. Sara
Pierce, a faculty member at Freed-Hardeman University,
also presented in a break-out session, “Teaching Nursing
Students How to Care: Mission to Haiti.” Dr. LeAnne
Wilhite, a Union University faculty member, presented a
poster at conference entitled, “Transition into Practice.”
Also, Union University faculty members Dr. Cindy Powers
and Mary Lee Jacobson presented a poster at conference
entitled, “Gaming in the Classroom.” Please save the date
for 2019, as the conference will be October 18-20th in
Memphis, Tennessee.

Dr. Michelle Baldwin
Dr. Sarah Pierce
Dr. LeAnne Wilhite

District 6 is looking forward to 2019 as an exciting and
busy year. The first meeting for 2019 will begin at 5:30
p.m. on Thursday, January 31st. The meeting will be
held at Jackson-Madison County General Hospital in the
Medical Founders Room. Mark Wray, Investigator for the
Metro Narcotics Unit will be discussing Opioids: How Did
We Get Here and Where Are We Going? Other business
topics that will be discussed include Project Serve and the
Legislative Summit planned for April 3, 2019. Please follow this link: https://www.tnaonline.org/tna-
legislative-summit/. We invite members, nonmembers
and students to attend district meetings. Please like and
follow us on Facebook at TN Nurse’s Association - District
6. An event for the January meeting will be created on the
FB page. Please RSVP if able.

Dr. Cindy Powers and Mary Lee Jacobson

District 9

President: Chaundel Presley

Things have really started
to gear up in District 9 this fall! We held a successful dinner
meeting at Nick’s restaurant in Cookeville in September
where annual board elections were held. We are pleased to
welcome new board members Amy Emerick, Michelle Jackson
and a new secretary Pam Isom. Three district members
attended the annual TNA conference in October: Sylvia
Cowan, Tammy Howard and Chaundel Presley. AJ Donadio has been working hard
promoting our new district on Facebook, and we are
spreading the news about TNA and our district to nurses
throughout the Upper Cumberland.

Carol Etherington was inducted into the 2018
Tennessee Health Care Hall of Fame. The Induction
Ceremony and luncheon was held October 16 at
Belmont University.

Rolanda Johnson, Assistant Dean for Academics and
Associate Professor of Nursing, has been named
Assistant Dean for Diversity and Inclusion for Vanderbilt
University School of Nursing. As Assistant Dean for Diversity
and Inclusion, Johnson oversees VUSN’s efforts
to support and foster an environment that is culturally
appreciative and inclusive, particularly for historically
underrepresented and marginalized groups and
individuals. She also continues as Assistant Dean for Academics, charged with assisting students with special curriculum needs or who experience academic difficulty. Johnson is the founding President of the Nashville Chapter of the National Black Nurses Association and earlier in 2018, she was honored as a Vanderbilt Pioneer for her role with the
Faculty Senate and at VUSN.

Marco Fernandez Schklar has been named chief
nursing officer at Saint Thomas Health. Schklar has
been with Saint Thomas since 1995, where he has
served in a variety of leadership roles.

Photo Not Available
Marco Schklar is a member of TNA District 3

Debra Rose Wilson published a peer reviewed book for RNs that includes
Continuing Nursing Education (CNE) entitled Humor in
Healthcare: The Laughter
Prescription.

Debra Rose
Wilson, PhD, MSN, RN, IBCLC, AHN-BC, CHT
TNA District 15

This holiday season, give the gift of a
Tennessee Nurses Foundation License Plate
with a Gift-TAG.

This holiday season, give the gift of a
Tennessee Nurses Foundation License Plate
with a Gift-TAG.

TENNESSEE GIFT-A-TAG
TENNESSEE "N" F 0000
Nurses Change Lives

Member News

Loretta Bond has been appointed to the
Hospital Authority Board at Nashville General Hospital.

Carol Etherington, RN, CNE
TNA District 3

Loretta Bond, PhD, RN, CNE
TNA District 3

Carol Etherington, PhD, MSN, RN, FAAN
TNA District 3

Rolanda Johnson, PhD, MSN, RN
TNA District 3

Welcome new board members
Amy Emerick, Michelle Jackson
and a new secretary Pam
Cowan, Tammy Howard and
Chaundel Presley. AJ Donadio has been working hard
promoting our new district on Facebook, and we are
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Bradford's innovative approach includes these key program components:

- Multi-disciplinary Evaluation
- Relapse Prevention Therapy
- Desensitization Group
- Trauma Recovery Group
- Grief and Loss Group
- Adventure-Based Therapy

The program addresses:

- realities of the work place
- demands and pressures that contribute to stress
- burn out
- depression
- alcohol and drug abuse

The goal is patient recovery and the successful return to professional practice.

Bradford Health Services has been helping Tennessee nurses heal for decades. Bradford's Healthcare Professional's program is designed to help nurses and other medical professionals resolve issues surrounding their chemical dependency and the unique difficulties faced when reentering practice.