

National Black Nurses Association, Inc.

# NBNA NEWS

## NBNA Salutes Nurses in the Uniformed Services



# NBNA NEWS

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Ronnie Ursin, DNP, MBA, RN, NEA-BC, Editor-in-Chief



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Dr. Deidre Walton, President  
National Black Nurses Association

## A Message from the President

ONE OF THE RECOMMENDATIONS from the Institute of Medicine's Report on the Future of Nursing detailed the need to prepare and enable nurses to lead change to advance health. Nurses, nursing education programs, and nursing associations should prepare the nursing workforce to assume leadership positions across all levels, while public, private, and governmental health care decision makers should ensure that leadership positions are available and filled by nurses. Two points to achieve this outcome were: (1) Nursing associations should provide leadership development, mentoring programs, and opportunities to lead for all their members; and (2) Public, private, and governmental health care decision makers at every level should include representation from nursing on boards, on executive management teams, and in other key leadership positions (Robert Wood Johnson Foundation, 2011).

Armed Forces leaders must have a basis of understanding of leadership. The U.S. military has studied leadership in depth. Leadership is a process by which a person influences others to accomplish an objective and directs the organization in a way that makes it more cohesive and coherent. U.S. military defines leadership as a process by which a soldier influences others to accomplish a mission (Headquarters, Department of the Army, 2007).

Leader behaviors create an inclusive environment and maximize stakeholder's potential. Leadership seeks to engage in improving each member of the team to improve not only individuals but the team and organization. One of the core behaviors is executive presence that produces synergy, enthusiasm and courage to reach beyond the present.

Dr. Patricia Benner introduced the concept that expert nurses develop skills and understanding of patient care over time through a sound educational base as well as a multitude of experiences. She further explains that the development of knowledge in applied disciplines such as medicine and nursing is composed of the extension of practical knowledge (know how) through research and the characterization and understanding of the "know how" of clinical experience (Benner, 2013). The concept can transcend to leadership development.

Army leadership doctrine concerns itself with all aspects of leadership. It examines the critical attributes that will bring the leader to their full professional potential from direct to strategic leader. Doctrine applies character, presence, intellect and abilities to the core leader competencies. The four leading competencies extend its influence beyond the chain of command. Leading by example and leaders communicate to ensure clear understanding of what needs to be done and the reasons why within the organization (Headquarters, Department of the Army, 2007). Dr. Sheila Widnoff stated that the core values that instill confidence earn lasting respect and create willing followers; the essence of the pillars of professionalism that provide the foundation for military leadership at every level (Secretary of the Air Force, 2011).

Organizational leadership must master resources: time, equipment, budgets, and people. Leaders skillfully evaluate objectives and are sensitive to how their decisions impact the organization (Headquarters, Department of the Army, 2007). Strategic leaders must understand the organization and external environment that intersects in carrying the mission. The National Black Nurses Association's (NBNA) strategic plan is a roadmap to assist in the development and growth of the strategic leader to create and sustain a powerful organization. NBNA must continue to embrace the organization's vision, develop and utilize effective leaders to sustain organizational drive that influence change. NBNA will be a change leader as we move forward in leading change.

On behalf of the NBNA Board of Directors and membership, we wish to thank the members of the Uniformed Services for their service and sacrifice for our country to preserve our freedom.

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# Combating Infant Mortality: the Impact of Maternal Education on Perinatal Outcomes

U.S. Representative Gwen Moore (D-WI)

IT IS VITAL FOR US to understand and spread awareness about the risk of infant mortality and what we can do to prevent it, for the infant mortality rate of any community is a reflection of the health, strength, and vitality of its people. The surest way to combat infant mortality is by ensuring that women receive adequate essential healthcare services before, between, and beyond pregnancy. The death of an infant leaves behind an imprint of devastation and tragedy, not only for the baby's parents and family but also for their community. Investing in the wellbeing of our babies and mothers is critical to ensuring that our communities grow, prosper, and build a lasting model for future generations to do the same.

In my district of Milwaukee, WI, we have a severe infant mortality problem. Our babies die at a rate that is staggeringly higher than the national average, and Black infants die at over three times the rate of White infants. This is why it is critical that we take a community-based approach, in which we all play a part in combating this complex problem and keeping babies alive and strong. No mother should have to fear losing her child, and no mother should have the misfortune of lacking the education and health services she needs to give her baby a happy and healthy start simply because she is young, poor, or inexperienced.

One of the most significant steps we can take in improving birth outcomes and preventing infant deaths is investing in health education and services for women including prenatal care, proper health screenings, and instruction on healthy habits and proper nutrition. We know that premature births (ones that happen before 37 weeks of pregnancy) are the leading cause of infant deaths, and with one in every nine babies being born preterm, our focus must be on preventing prematurity and providing women the resources to carry healthy, full-term pregnancies.

It is far too easy to forget that many pregnant women who are struggling to get by are often low-income, first-time mothers who do not have access to even the most basic information about healthy pregnancy and avoiding premature births. We must first encourage healthy habits counseling and stress the dangers of smoking, drinking alcohol, and drugs during pregnancy. Prenatal care also serves an invaluable role in preventing prematurity by providing women the medical services, counseling, and education they need. The earlier in their pregnancies women have access to prenatal care the sooner they can discover and treat developing and existing complications and reduce the risk of preterm birth. Prenatal care is vital to determining and managing high risk behaviors and conditions including a short cervix.

Studies have shown that women with short cervixes have a significantly increased chance of premature labor. To help lower the number of premature births, we need to encourage medical professionals to routinely measure all pregnant women's cervixes. Women with short cervixes can be treated with a progesterone-like medication that can help prevent a premature birth. When women are aware of risk factors and understand the benefits of a healthy lifestyle before and during pregnancy, they are more likely to work with their medical providers and do what they can to ensure they have a safe, full-term pregnancy.

Women who are equipped with the tools and resources to be good mothers produce inspiring results. These women create a cycle of education, and financial self-sufficiency, all while paving the paths for their children to be successful contributors to their communities. For this reason, I was thrilled to vote for an extension of the Maternal, Infant and Early Childhood Home Visiting Program last month, which was part of H.R. 2, the Medicare Access and CHIP Reauthorization Act. This program is critical to combating infant mortality because it provides access to healthcare and education to at-risk parents and their children. I will continue to be a staunch supporter of this program and fight to keep it funded.

The women who need the most guidance and support are often those who have faced the toughest obstacles. To reduce the infant mortality rate and play a part in making our communities stronger and healthier, we must reach out to these women and help them access the healthcare and education they need because it truly takes a village to successfully raise a child.

**Congresswoman Gwen Moore** was elected to represent Wisconsin's 4th Congressional District in 2004, making her the first African American elected to Congress from the state of Wisconsin. She is a member of the prestigious House Committee on Financial Services, which has jurisdiction over the banking, insurance and housing industries. She serves as the Ranking Member on the Financial Services Committee's Monetary Policy and Trade Subcommittee, which oversees domestic monetary policy as well as the U.S.'s relationship with multilateral development and finance organizations like the World Bank and the International Monetary Fund.



## Born To Be a VA Nurse: From Staff Nurse to CNO – A 40-Year Professional Journey

Ira Richmond, DNP, MS, RN, NEA-BC

Associate Director Patient Care Service/CNO, VA Pittsburgh Healthcare System, Pittsburgh, PA

**A**S A PROFESSIONAL NURSE, I proudly proclaim that I am and will always be a VA nurse. The largest integrated organized health care system in the United States, the VA serves an estimated 9.11 million veterans. The Department of Veterans Affairs (VA) has one of the largest nursing staffs of any health care system in the world. Numbering 89,000 nationwide, the VA boasts having one of the most diverse highly educated nursing work forces consisting of RNs (18% African American), NPs, CRNAs, LPNs/LVNs, and Nursing Assistants. The following is a synopsis of my VA journey.

In the summer of 1974, I graduated from Memphis State University with an Associate of Arts Degree in Nursing. The first in my family to attend college and graduate with a college degree, I thought I was hot stuff. I proudly stuffed my white nursing cap on top of my afro and went to work at a large well-known local hospital that offered generous recruitment incentives. So proud of myself and what I had accomplished, I remember bragging about my salary back then at \$795.00 a month. In my short life time I had only worked as a community park aide straight out of high school and later as a part-time sales clerk at department stores throughout college. This was more money than I had ever earned and/or thought I could earn. My parents were the typical working class southern African American family. My father, a veteran, was not educated, but understood the significance of having an education. He worked at the local VA Hospital as an Environmental Management Service worker (Housekeeper). My mother was a beautician with her own business.

I'm not sure what I expected, but I guess I kind of shocked people walking around the hospital in the 1970s with a nursing cap on top of an afro wearing a name tag with RN credentials at the end. Needless to say, there were a lot of stares. After one year of navigating the challenges of being a brand new minority RN working in a large urban hospital where there were only a handful of nurses that looked like me, my father (the veteran) insisted that I come and work at the VA Hospital where he worked. Being a daddy's girl, I made the switch and have never really looked back. Plus, there was something special about the idea of contributing to the VA's mission, "to care for him who shall have borne the battle and for his widow, and his orphan." When I joined the VA in 1975 there weren't a lot of black RNs working in the system, but there were certainly more than at the previous hospital where I worked. Additionally, the first unit I was assigned to at the VA had a black Nurse Manager. I wasn't aware that such a phenomenon existed.

During the mid-70s in nursing there was a raging debate about differentiating between RNs as either "technical" (Diploma & Associate Degree graduates) or "professional" (BSN graduate) nurses. My ego could not contend with the idea of

being labeled a "technical" nurse. Moreover, at the VA I had the experience of seeing a clinical nurse specialist (CNS) in action. I knew that's what I wanted to be when I grew up as a nurse. In order to be a CNS, I had to get the BSN out of the way. In 1977, I got a federal student loan and returned to school at the University of Tennessee to pursue my BSN. I graduated with honors in the spring of 1979 and was immediately approached by the Graduate School and asked to consider enrollment for a Masters Degree in Nursing. Due to the significant nursing shortage, generous funding opportunities existed for graduate school. It also didn't hurt to be a minority at that time. While I knew I had to obtain a Masters Degree to be a CNS, I wanted to wait a year before returning to school. However, timing is everything. Plus, my father did not raise a fool. The school made me an offer I couldn't resist (full scholarship plus a stipend), so I immediately entered graduate school in the summer of 1979. I worked part-time night shift and went to graduate school full time graduating in December of 1980 with a Master of Science Degree with a major in Nursing.

Shortly after graduating, I got my dream job at the VA as a psychiatric CNS. Hands down, the best job of my professional career. Hildegard Peplau would be proud because I was a purist! I got to use my skills to work with veterans, their families and the staff. If I thought I was hot stuff with an Associate Degree, "this girl was on fire" with a Master of Science Degree. During the early 80s my career flourished as I was able to do research and publish while in this role. I even joined the Army Nurse Corp (Reserves) where I ultimately achieved the rank of Major. I tend to get restless and need a new challenge every 4 – 5 years, so in 1984 I made the transition into nursing administration as the Nursing Supervisor for the psychiatric department. They picked me...go figure! From then on the sky was the limit. While not solidified as a goal at that time, I flirted with the idea that being a CNO was possible.

In the early 1990s, freshly armed with a divorce and the freedom of my one and only child entering college, I began a nomadic professional journey. One of the nice benefits of working for the VA is that there are close to 150 facilities across the U.S. In this system you are only limited by the boundaries that you create. I relocated from Memphis to the VA in Fort Lyon, Colorado, a small rural town in the southeast corner of state, in the role of Assistant Chief Nurse for Mental Health. After a year of adjusting to culture shock (urban to rural) and aggressively learning and exploring nursing administration from a broader perspective, I transferred to a larger VA facility in Denver, Colorado as the Associate Chief Nurse for Behavioral Science. Three years later during a period when I was at a major cross road in my career, I transferred again to a VA facility in Buffalo,

**CONTINUED ON PAGE 4**



# Mental Health Triage: The Key to Access

Christine C. Bethea, MSN, ARNP, PMHNP-BC

**A**S A FORMER FIRST LIEUTENANT in the United States Army Nurse Corps who now provides specialty care to veterans in my role as a psychiatric/mental health nurse practitioner, appropriate entry into mental health services is a matter that is near and dear to my heart. One way for timely entry into mental health services is early recognition and triage. The fact that it is possible for physical symptoms such as abdominal pain, back pain and headaches to be reflective of mental health issues points to the key role competent screening plays for identifying individuals suffering from mental illness. It is imperative that mental health triage clinicians who work in primary care clinics recognize warning signs that may indicate the need for further mental health assessment. Undetected symptoms of mental illness could lead to delayed or no access to mental health services.

President Barack Obama in his Presidential Proclamation for National Mental Health Awareness Month 2014, asserted reaffirmation of commitment to increasing access to treatment for individuals suffering from mental health conditions. The Affordable Care Act for Veterans who need health care coverage provides access to mental health services for veterans. Some of the services veterans are able to access through the Affordable Care Act to name a few include but not limited to are: readjustment counseling; treatment related to military sexual trauma (MST); Homeless Veteran Programs; alcohol and drug dependency treatment and medical evaluation for disorders related to Gulf War service or environmental hazards. President Obama's Executive Order 13625 of August 31, 2012, Improving Access to Mental Health Services for Veterans, Service Members, and Military Families, outlines plans to take a step further to improve access to mental health services through the use of telephone calls, texts and online chats with qualified clinicians to address veterans' mental health issues.

While there looks to be expanding avenues for veterans to access mental health care, I believe it is incumbent upon the mental health triage clinicians to have a solid clinical background, expertise and interpersonal skills. It has been my experience that individuals suffering from emotional distress are not always willing to repeat their issues and concerns several time before they are referred to the appropriate mental health provider.

As a psychiatric/mental health nurse practitioner, I feel compelled to advocate for efficient and effective triage and access to care for those veterans who are challenged by mental illness and their families.

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**Christine C. Bethea, MSN, ARNP, PMHNP-BC**, has also earned a Masters of Arts degree in Counseling and is certified by ANCC as an Adult Psychiatric/Mental Health Clinical Nurse Specialist. She is a lifetime member of the National Black Nurses Association and a member of the Tallahassee Big Bend Black Nurses Association.

## Born to be a VA Nurse... CONTINUED FROM PAGE 3

NY as the Associate Chief Nurse for Medicine & Surgery. After proving to me and some naysayers that having a psychiatric clinical background doesn't limit your ability to be an effective nursing leader, two and half years later I was selected for my first assignment as an Associate Director for Patient Care Service/CNO at the VA Illiana Health Care System in Danville, IL. Four years later, I was blessed to be selected for the position of Associate Director for Patient Care Service/CNO at VA Pittsburgh Healthcare System where I currently work.

So as not to give the false impression of a completely idyllic professional trajectory, I would be remiss if I didn't share that there were plenty of ups and downs along the way. But I persevered. Of course, first and foremost divine intervention played a major role! I firmly believe that had it not been for the VA who looked beyond skin color and saw potential talent that they were willing to invest in I would not be where I am today. The former had to be the work of a higher power. More times than not, I have been the only minority in an executive leadership position at the "Board" table. I've been blessed with the opportunity to learn from both my failures and successes along the way! In the psychiatric nursing community, the concept of reframing is frequently applied. The VA has supported me in reframing myself multiple times by developing my talent as a health care leader. Through opportunities to compete for and work in a number of leadership roles, exposure to a host of mentors/coaches who kept me on the straight and narrow, and through opportunities to participate in first class leadership development programs, my foundation as a professional nurse was established. An example of the former includes VA sponsorship in attending the prestigious University of Pennsylvania Wharton Fellows Program in Management for Nurse Executives. And for my latest re-invention the VA supported me in returning to school to earn a DNP in 2010. I'm living proof that you can "teach an old dog new tricks." Now some 40 years later, I proudly say it loud, "I am VA Strong!"



## My Journey - From the Military to the VA

Barbara Ann West, EdD, MSN, CNE

**W**HEN I GRADUATED WITH my BSN in 1974, I never realized how many twists and turns my career would take. When I started, all I wanted to be was a Labor and Delivery nurse, helping women to bring new lives into the world. Thinking about being in the military, working overseas, and teaching in California, Tennessee, and Washington were things I never imagined. My career took a sharp turn when I met a military man, and the first thing he said after I said yes was, "I have orders to Okinawa, Japan." Living in Japan for three years was one of many highlights of my life (after I found out where Okinawa was). Working around so many dedicated military nurses prompted my desire to join them, so I applied and received my commission in the United States Navy in 1979. Serving in several completely different duty stations, Newport, Rhode Island, San Diego, CA and Millington, TN was quite an eye opener. With the financial assistance from the Navy, I completed my MSN in 1985.

When I got out of the military in 1999, I decided I wanted to teach future nurses, so I started teaching in Tennessee. While there, I saw the need to increase my education, so I enrolled in the doctorate program at Tennessee State University, and received my Doctorate in Education in 2005. My teaching travels took me to Northern CA, and Seattle, WA. It was in Seattle that I decided to return to serving my country by working for the VA Hospital. Serving veterans is a difficult, but rewarding experience. Helping the men and women who have made sacrifices for our country has been a very fulfilling journey. Veterans have many physical and emotional issues, so it takes a special type of nurse to work with them. Having an understanding and appreciation for what they have endured helps to provide the care they need. While I was never in the middle of the fighting, I feel that I supported the troops by lending my nursing skills to those here at home and now by helping those who have served honorably.

Before you think my career has been all rosy, let me tell you that there have been some dark days as well. When I first went into the Navy, there were very few Black naval officers, and even fewer in the Nurse Corps. Saying 'yes ma'am' and 'no sir' came easily enough, but at times the politics of being a military officer were challenging. Besides the day-to-day work of nursing, collateral assigned duties were added to fulfill the mission. Although I was not fighting the enemy overseas, I provided support here at home. Once, during a conflict overseas, the threat level was raised here in the US and all the civilian nurses were sent home, and the military nurses were required to work. Working back-to-back 12 hour shifts for 30 days was a hardship, especially since I had a young child at home. We did not have a choice, and some people said, "That's what you signed up for." But despite those hardships, I enjoyed my years as a Navy nurse, and I now enjoy working in the Utilization Management Department of the San Diego VA Hospital. I cover the Emergency Department, and I actually do my work in the ED. Although I no longer do actual 'hands on' care, I enjoy being a part of the care and assisting in the coordination of their care. The VA also has its challenges, underfunding and short staffing, but when a Veteran says "Thank you," it makes it all worthwhile. At our VA, staff members who have served in any branch of the Armed Forces wear a special badge identifying their branch of service. I wear the US Navy Veteran badge proudly. I never get tired of hearing, "Thank you for your service."

**Dr. Barbara Ann West, MSN, CNE** is the Utilization Management and Care Coordinator, VA San Diego Healthcare System, San Diego, CA.



## Utilizing LPNs to Improve Patient-Centered Care in the Primary Care Setting

Christin M Durham, MBA, BSN, RN-C  
Erika Still, BSN, RN-C

**L**ICENSED PRACTICAL NURSE or LPNs are an asset to have on any team. The LPN aids the registered nurse (RN) and primary care provider (PCP) in care coordination and disease management. No other model of care permits an LPN to practice with little guidance from the RN like the Patient Aligned Care Team or PACT. PACT is a model of care delivery used within Veteran Affairs Healthcare Systems across the country for primary care. PACT is defined by a team consisting of a PCP, RN, LPN and Medical Support Assistant (MSA) centered around the veteran.

Evidence suggests the full scope of practice utilization of LPNs can be accomplished through well planned practice models, which ensures understanding of knowledge and skills (Ottem et al. (2000) Bogner et al (2013) suggested that primary care LPNs can help with modifications to aid blood pressure control through education, guideline based treatment, monitoring clinical status and patient adherence. Stroebel, et al. (2000) study suggested that team work between PCPs, RNs, and LPNs (PACT team members) can result in significant, sustainable improvement in blood pressure control and can improve hypertension outcomes by effectively utilizing the LPN to help the patient gain control. Evidence was highly supportive for using LPN interventions to improve clinical outcomes and support blood pressure control.

In 2014, the VA Pittsburgh Healthcare System initiated the LPN Blood Pressure Clinic. The LPNs were provided with education from the primary care pharmacist and the nurse educator on chronic disease management of hypertension. After the LPN gained experience by seeing several veterans in the Blood Pressure clinic, the nurse educator then followed the LPN to validate competency, to ensure the established policy was being followed, and address any issues that the LPN may have encountered.

PACT team members work in collaboration to identify veterans who would benefit from the LPN Blood Pressure clinic. Some examples included review of certain blood pressure outlier lists including those with criteria for Stage II Hypertension (BP >160/100). Criteria to have a visit with the LPN were that the veteran could not be laden with complex medical problems, had an elevated blood pressure consistent with hypertension, and the PCP is available to the LPN for the purpose of making changes to the treatment plan.

Once identified, the LPN would complete a pre-visit telephone call to the veteran and initiate a series of instructions such as no smoking, exercise or caffeine at least one hour

prior to the scheduled appointment, taking their meds on the day of the appointment and bringing their medications to the appointment. During the hour-long visit the LPN obtains two to three blood pressure readings, reconciles medications and verifies compliance. The LPN provides the veteran education to assist with developing a plan of care supportive of healthy life style changes. Life style changes that are known to effect blood pressure are diet, smoking, stress, activity and alcohol use. The visits are veteran-centered in that the LPN works with the veteran to set realistic life style goals to improve blood pressure. If the LPN identifies that readings are elevated, the PCP is contacted for medication adjustments or further instructions. The LPN will continue to follow-up with the veteran until a normotensive blood pressure is attained or more complex care is needed.

Rapid Cycle Improvement was completed from April 2014 - July 2014 with a group of 37 veterans. Upon review of the process, it was noted that LPNs provided veterans with education that was tailored to their specific needs 86 percent of the time. Post LPN clinic visit, 55 percent of blood pressures showed improvement (decrease below 140/90). Of those veterans with Stage II hypertension, 61 percent saw a decrease in blood pressure below 140/90 post LPN visit. Having the LPN provide patient-centered education helped achieve a decrease in blood pressure readings post visit.

Implementing the LPN Blood Pressure clinic exemplifies quality improvement and professional development, promotes autonomy and strengthened interdisciplinary relationships. In addition, it freed the RN on the PACT team to address the more complex care needs of the veterans. Many positives came from developing the LPN to aid in providing patient-centered care at the VA Pittsburgh Healthcare System.

**Christin Durham, BSN, RN-BC, MBA** has been a Registered Nurse for 17 years. She currently works as the Nurse Manger for the Primary Care Clinic at the VA Pittsburgh Healthcare System. Christin is a NBNA Lifetime member and serves as Vice President of Pittsburgh Black Nurses in Action.

**Erika Still RN, BSN-BC** is the Assistant Nurse Manager at VA Pittsburgh Primary Care. She has been with the VA since 2008. She is currently working on a dual Master's Degree in Nursing Administration and Business Administration.





## VA Nursing: A Rich History, Strong Foundation, Excellent Future

Lois Freeman, DNP, CRNP-BC, CCRN

**D**EPARTMENT OF VETERANS AFFAIRS (VA) nursing has been in existence since 1930, delivering close to a century of dedicated care and outstanding service to our nation's veterans. Approximately 2,500 registered nurses were employed in the VA Nursing Service at its inception. Multiple military conflicts in the early 20th century increased the demand for nurses. Nurses were serving in combat fields which caused a shortage of nurses at VA medical centers. Since the VA Nursing Service was established, nurses have served and supported every U.S. military conflict, providing care in every VA hospital and abroad. Many of these nurses have served in all branches of the armed forces and returned to support the mission of the VA through providing healthcare to their fellow veterans. As VA nurses, some continue to serve as reservist and many receive care themselves as part of the promise to our nation's veterans.

The VA employs approximately 90,000 professional nurses in medical centers and community based clinics across the United States of America and has one of the largest nursing staffs of all healthcare organizations. VA nursing staff is comprised of professionals from varied backgrounds and levels of expertise, ranging from novice to expert. The professional nursing staff is composed of Advanced Practice Nurses, Registered Nurses (RNs), Licensed Practical Nurses (LPN) and supportive nursing assistants and technicians. VA nurses are leaders in the provision of excellent, evidenced-based, and compassionate patient care. Professional nurses are found at every level in the institution, from bedside nurses to nurse executives, who oversee the day-to-day management of the healthcare system. The professional nursing staff is charged with providing exceptional care to our nation's veterans and furthering the mission by assisting with health promotion, disease prevention and managing chronic illness.

VA Maryland nurses support the patient-centered care model, which provides veterans the opportunity to partner in decisions related to their care. VA nurses promote self-management skills, fostering the patient's ability to create achievable goals through education, support and medical intervention. The patient-centered care model supports the integration of all professions into a collaborative experience that promotes improved outcomes for our veterans. That interdisciplinary collaboration with the veteran's healthcare team members keeps our nurses focused on the needs of those we serve. Exceptional nursing care delivery in the VA is our mission. VA nursing's goal is to achieve optimal patient outcomes through accountability, responsibility, collaboration, professional growth and development of each healthcare team member. To fulfill this ideal, the VA has developed a patient-centric organization to provide and support the delivery of care.

VA provides the necessary tools and training opportunities for its nurses to become leaders. The VA provides nurses clinical training and cooperative education opportunities in collaboration with undergraduate and graduate programs at numerous colleges and universities. The VA promotes continuing nursing education and professional development by setting high professional standards and offering support to RNs pursuing degrees in nursing, from bachelors to terminal. To produce professional nurses who receive their clinical experience in VA medical centers and support the VA's mission, VA medical centers across the nation are affiliated with major academic institutions and nursing schools.

Additionally, the VA offers its nursing staff the opportunity to participate in a myriad of self-improvement activities. The VA's Leadership Development programs are some of the finest offered to facilitate the bedside nurses' ability to obtain the skills and knowledge needed to transition into a leadership role. These programs allow nurses to network with content experts, mentors, and senior executives, while being exposed to business practices within the medical centers. We also expect and promote specialty certification for nurses in nearly every specialty.

VA Nursing services have been in pursuit for excellence. This is exemplified by several facilities having obtained Magnet certification. In 2003, the VA's first hospital received the coveted Magnet Certification Award from the American Nurses Credentialing Center for Nursing Excellence. Since that time several more VA medical centers have received certification. VA medical centers support evidenced based practice through research and improving patient outcomes. Having produced a host of outstanding nurse researchers, the VA promotes and develops new innovative ideas which are integrated into best practices. Nurse researchers are both PhD and DNP prepared. They not only conduct research but translate their outcomes into practice, providing quality care for the veterans they serve.

We are an employer of choice as a center of excellence in patient care, education and research. We value trust, respect, commitment, compassion, excellence and you. To become a VA Nurse you can find us on Facebook at [www.facebook.com/MDVAHCS](http://www.facebook.com/MDVAHCS) or Tweeter at @mdvagov.

**Dr. Lois Freeman** is the Chair of the Advanced Nurse Practice Council at the VA Maryland Healthcare System. She is the Nurse Practitioner for Home Telehealth and Geriatric Diabetes. She is a member of the Executive Committee of the Medical Staff and Nurse Professional Standards Board. Dr. Freeman has been a VA nurse since 1992.



## Operation Enduring Freedom/Operation Iraqi Freedom/ Operation New Dawn Care Management Team

Kelvin Sumlin, BSN USAF (Ret), Nurse Care Coordinator, OEF/OIF/OND

EVERY VA MEDICAL CENTER has an Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) Care Management Team ready to welcome these select groups of veterans into our healthcare system and help them navigate and coordinate their care in our complex system. This team has a mix of nurses and social workers employed as Case Managers, to coordinate patient care activities and appointments, and Transition Patient Advocates (TPA) who provide information and assistance regarding benefits, eligibility, rights, responsibilities, and much more.

At the Minneapolis VA, I work closely with professionals of multiple disciplines in my role as an OEF/OIF/OND Case Manager. I am fortunate in my opportunities to provide significant outreach to universities, police departments, drill halls, and various other groups. My previous military experience combined with my intimate knowledge of the VA system gives me significant knowledge on military medical capabilities, the physical and psychological effects of war and deployment, military nursing and the transition to civilian life. My presentations are tailored to each group and they can be from 20 minutes to 2 hours long.

Transitioning from the military is a challenging time for the veteran and their family. I love the job that I do because I am given the opportunity to share my own experiences from my deployments to Afghanistan and Iraq as a way to help our Soldiers, Sailors, Marines, and Airmen in this transition. A smile is always brought to my face as I am asked by the transitioning veteran who are facing significant challenges or my fellow military officers and enlisted personnel, how do they get a career like mine. This is really a rewarding assignment and I love every minute of it.

**Kelvin Sumlin** has been employed at MVAHCS since June of 2010. He began his career in the Surgical ICU after retiring from the U.S. Air Force with 25 years of Military Service. He now represents the VA in the community, at veteran events and organizations. He has received praise and recognition from American Legion groups, University of Wisconsin-Eau Claire Nursing Program and multiple police departments, complimenting him for his presentations and efforts in transitioning the newest of our Veteran's.



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# What is Category Specific Counseling?

Captain Brenda M. Ross, RN, MSN, COHN-S

**C**OMMISSIONED CORPS INSTRUCTION CC23.4.2 (Dec 2006) provides directives governing the temporary grade promotion program for the Commissioned Officers in the United States Public Health Service (USPHS). Specifically, section 6.4 of this instruction outlines a multi-prong approach to career counseling and affirm the importance of officers engaging with mentors, supervisors, CPOs (Chief Professional Officers), PACs (Professional Advisory Committees) and Commissioned Corps Liaisons throughout their public health careers. According to CC23.4.2 (Dec 2006), an officer who scores in the bottom quartile for his/her category and grade in any promotion year and is not selected for promotion is required to engage in career counseling with his/her supervisor. When an officer is required to participate in career counseling with his/her supervisor, category-specific counseling is offered to the officer as well. This category specific counseling is not intended to be punitive in nature, but addresses the officer's strengths and weaknesses for future promotion consideration, addresses his/her performance concerns, and advises the officer for improvement of performance if appropriate, as the CPO deems necessary ( CC23.4.2, Dec 2006).

## **NURSE CATEGORY SPECIFIC COUNSELING PROGRAM**

The Chief Professional Officer (CPO) selects senior nurse officers that will conduct counseling. Once vetted through the Division of Commissioned Corps Personnel and Readiness (DCCPR), each senior nurse officer will receive a letter of appointment from the CPO designating the officer as a nurse counselor for the year. In the 2014 promotion year, RADM Sylvia Trent-Adams selected fifty senior nurse officers to serve as counselors in the Nurse Category Career Counseling Program. Officers are selected based on their demonstrated superior skills of working with other officers, their ability to maintain confidentiality, and each officer's consistency in meeting Corps professional and readiness standards.

## **COUNSELING PROCEDURE**

Each senior nurse counselor is assigned 2-3 officers to contact and provide counseling within a designated time frame as instructed by the CPO. There is much preparation on behalf of the counselor before beginning the session with any officer. Senior nurse counselors must review the

Commissioned Corps Instruction CC23.4.2 guidance before commencing discussions with the officer, being careful not to provide their own ideas but to follow the CC23.4.2 guidance while advising officers. There is a minimum of two counseling sessions completed in order to provide valuable advice to the officer and to meet the goals and objectives of the program. Upon initial contact with the officer, the nurse counselor will explain the purpose of the program and provide role clarifications. The counselor and officer will identify goals, objectives and barriers of the counseling session, then seek solutions to mitigate barriers prior their second counseling session. Counseling sessions may include reviewing of the nurse category benchmarks outlined for the promotion year, reviewing of the Commissioned Corps Instruction CC23.4.2, reviewing of the Officer's Curriculum Vitae, Officer Statement (OS), Reviewing Officer Statement (ROS), Commissioned Officers' Effectiveness Report (COER), and promotion board scores and comments. Counselors must have a solid understanding of the promotion board process and have the ability to review the annual promotion board statistics with the officer during the counseling session.

## **DOCUMENTATION OF CAREER COUNSELING**

The nurse counselor and nurse will submit reports to document completion of the counseling process. All documents are submitted with the officer's annual COER and are filed in the confidential section of the officer's Electronic Official Personnel Folder (eOPF). Senior nurse counselors and officers may continue to develop professional relationships after counseling sessions end. The significance of this program is well documented and senior nurse officers find the opportunity to participate in the program highly rewarding.

## **REFERENCE:**

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**Captain Brenda M. Ross, RN, MSN, COHN-S** is an officer in the USPHS Commissioned Corps assigned to the Health and Human Service/Program Support Center/Federal Occupational Health Service as the Nurse Compliance Officer within the Clinical Services Division. Captain Ross has been selected to serve as the 2015 Category Specific Counseling Program-Nurse Category Lead.



## USPHS Nurse Officers Answer the Call

Captain Beverly Dandridge, MSN, FNP, MSAJS, CCH

ON SATURDAY MARCH 7, 2015, the Black Nurses Association of Greater Washington DC Area [BNA of GWDCA] hosted their Thirty-Fifth Annual Salute to the Black Nurse of the Year and Scholarship Banquet. The 2015 honoree, Crystal L. Scott, MSN, RN-BC, Geriatric Nurse Educator at Carroll Manor Nursing and Rehabilitation Center in Washington, DC, enjoyed an afternoon of nursing comradery and education with over 400 attendees present.

The keynote panel presentation “USPHS Ebola Response & Nursing Management of Patients with Ebola – the NIH Experience” was impactful to all present in the room. CAPT Brenda Ross, USPHS nurse currently with Federal Occupational Health, stated, “As a Commissioned Corps nurse officer, I was so proud to be in uniform and a part of such a professional group of nurses and healthcare providers. The presentations revealed to the attendees the caliber of professionalism, skill, and knowledge of Public Health Service (PHS) nurses and the health care providers trained to care for individuals with the Ebola Virus.” The audience included nurses in current clinical and administrative practice, educators, researchers, retired nurses, health care administrators, friends of nurses, and military nurses representing a distinguished level of diversity validating the impact of nurses in our community at all levels of healthcare. First time attendee, MAJ Lakisha Flagg, US Army, was deeply moved by the overall experience at the event. “Attendance at the BNA luncheon provided me the rare opportunity to engage with and to learn about the great work being done by minority nurses in the region. I felt blessed to be in the midst of these nurses. I look forward to future events and opportunities to work with BNA throughout the year.”

Approximately twelve active duty PHS officers attended the luncheon and were joined by retired RADM Denise Canton. In addition, in response to a personal invitation from CAPT Beverly Dandridge, a longtime NBNA member, 4 US Army nurses attended the event for the first time, two of whom drove from Aberdeen, MD just for the event. Each of the Army nurses were so overwhelmed by the event they took membership applications and vowed to become involved in their local BNA chapters.

The NBNA National President, Dr. Deidre Walton, and President-elect, Mr. Eric Williams, were present as well as the NBNA Executive Director, Ms. Millicent Gorham and several other distinguished guests.

According to LCDR Kami Cooper, DNP, RN, assigned to the Health Resources and Services Administration, “As a USPHS officer returning from the Ebola Response Mission in Liberia, it was absolutely amazing to see all of our Black nurses so interested and eager to learn about this global health crisis and its impact on the US. Often times as nurses, we put ourselves into potentially dangerous situations because the alternative is not caring for our patients. What is rare, however, is nurses having the platform and the opportunity to share these experiences with others. It was really the perfect ‘welcome home’ for me.”

Learning the full perspective of the Ebola global crisis, the attendees gained insight into the care of the acute Ebola stricken patient across borders. The care initiated and provided in country [in Liberia], the “next level” en route when transported to the US medical facilities, and the care provided within the designated medical facilities in this country is a daunting experience for the patient and the providers at every level. What an amazing time to be a nurse...and especially a USPHS nurse!!

**CAPT Beverly A. Dandridge** is the U.S. Public Health Service (USPHS) Liaison officer for Commissioned Corps officers assigned to the Department of Homeland Security. She is known for her correctional health care expertise and leadership skills. In her spare time, CAPT Dandridge is involved with a national youth group providing leadership mentoring to minority students. At national and international youth summits, CAPT Dandridge has presented various health related topics to youth on such as healthy living, HIV/AIDS awareness, “Living on Your Own: First Years in College”, and Date Rape. Most recently, she has developed a passion for community health care and education and recently led 35 nurses on a CAARE mission to Durham, NC where they provided health education services to children and adults and participated with community health assessments and education partnership with the local Department of Health.

## Two Exciting Opportunities to Assist Nurses in Their Career Advancement

**T**HE HEALTH RESOURCES and Services Administration, a Federal Agency within the U.S. Department of Health and Human Services, administers grants, loan repayment, scholarships and other resources to eligible nursing schools, students and clinicians. Two opportunities that support these efforts are the National Health Service Corps Jobs Center and Faculty Loan Repayment Program.

The National Health Service Corps Jobs Center is a key on-line resource to assist clinicians searching for primary care jobs at approved National Health Service Corps facilities (i.e., federally qualified health centers, rural health clinics, critical access hospitals, American Indian Health Facility, etc.). In addition, it is a viable tool used by individuals interested in working with underserved communities throughout the U.S. and its territories.

The NHSC Jobs Center serves over 17,000 unique visitors each month, reaching thousands of health care professionals. It provides user-friendly, Google-based navigation to over 15,000 urban and rural sites. Clinicians can find customized information such as job vacancies (full and part-time by discipline/specialty), health professional shortage area (HPSA) scores, staffing, patient population, spoken languages, hours of operation, and information on local communities. Many sites also provide pictures, videos, local web

site links, and brochures. Visit the NHSC Jobs Center to find out more information.

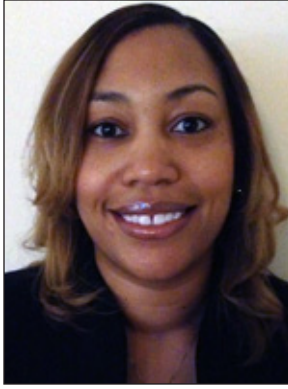
Faculty Loan Repayment supports health professions educators who are from disadvantaged backgrounds and serve a vital role in preparing the next generation of health care professionals. The financial assistance offered through the Faculty Loan Repayment Program decreases the economic barriers associated with pursuing a career as a health professions educator preparing the next generation of health care professionals.

This Program provides a lump sum of up to \$40,000 in exchange for a 2-year service commitment working at an eligible accredited public or non-profit private health professions school. This program requires a funding match from the applicant's health professions school, which helps program participants further reduce their educational debt.

The 2015 FLRP application cycle is open and will close on Thursday, June 25 at 7:30 p.m. ET.

The 2015 Faculty Loan Repayment Application and Program Guidance is a tool which will assist applicants in completing the application. Applicants are encouraged to complete their application as early as possible. Please visit the Faculty Loan Repayment Program website to learn more.





# Positive Effects of Peer Mentoring for Nursing Students

Michelle Jordan, MBA, NBNA Board Member, Student Representative  
Chamberlain College of Nursing, Atlanta Black Nurses Association

**N**URSING STUDENTS UNDERGO high levels of stress as they are learning in a classroom setting, gaining hands-on experience, developing an ability to provide safe and effective care to their patients, working full-time jobs, and family care. These high levels of anxiety can affect the nursing student's ability to learn, performance, and even retention within their nursing program. However, a positive approach is peer mentoring and instruction. Peer mentoring creates a positive learning environment because students can exchange skills and knowledge from a more experienced student within the same field and most of all relieve stress.

When nursing students can connect with other nursing students who are at a higher level than them, it creates feelings of support, a more relevant learning experience, and an increased level of understanding. Through peer mentoring, the mentee gains a variation of new skills and gains a newfound confidence in their ability to learn new material. Additionally, peer mentoring improves professional development, students are more comfortable asking questions they may not ask their instructor and it allows them to feel less intimidated when asking questions. When nursing students have a senior student as their mentor, it allows them to be able to understand that there are other students who have once been in their situation and succeeded. It is this positive aspect of the peer mentoring that offers them the most encouragement that they are capable of continuing and completing their nursing program.

"The demanding and uncompromising nature of nursing schools and nursing programs leads many students to discontinue their nursing education," (Purefest, 2011). Nonetheless, having a peer mentor increases retention rates and chances of academic success for the mentee. A study conducted by Robinson and Niemer, demonstrated that "peer mentors had a positive effect on retention of students who were at-risk for discontinuing their nursing programs. In peer mentoring groups in which senior nursing students who had

earned A's or B's in their core classes were assigned as peer mentors to sophomore and juniors nursing students, and they all facilitated an increased level of understanding," (Gisi, 2011).

One of the biggest impacts a peer mentor makes when working with a fellow student is they are able to provide feedback that is non-evaluative, they provide the mentee a sense of support and encouragement, mentees are given the opportunity to gain knowledge and skills of nursing, and a heightened sense of leadership along with the confidence to complete their program.

Lastly, one can say the role of a peer mentor has a vital effect on a nursing student as it teaches them strategies that are needed to enhance learning skills, clinical practice skills, time management and a balance between home and school. Peer mentors assist their mentees on methods staying focused on the long term goal of becoming a nurse, providing a support system for mentees, leadership and development and stress management. Because nursing is a compassionate and caring profession, peer mentors share this compassion with other students to assist them in their journey to becoming a competent student and clinician.

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**Michelle Jordan, MBA**, is a nursing student at Chamberlain College of Nursing in Atlanta, Georgia. Ms. Jordan is on the NBNA Board of Directors as the student representative. She is a member of the Atlanta Black Nurses Association.



## Chapter Mentoring Program Making a Difference

Christina James, Student Nurse

I AM CURRENTLY A FIRST year student at Capital Community College's Nursing Program in Hartford, CT pursuing an Associate's Degree in Nursing. I graduated from Hartford Public High School Nursing Academy. This is an academy within the high school that specializes in preparing students to successfully pursue a degree in nursing through nursing and health care themes that are integrated into the curriculum. It was here that I started my journey toward nursing through various activities such as internships, job shadowing, mentoring programs, joining different clubs, and participating in community service programs. Some of these programs included: doing mirror paintings on the Oncology floor at the Children's Hospital in Connecticut, volunteering at a soup kitchen during Thanksgiving, and assisting medical students with conducting exams for migrant farm workers.

Nursing school is a journey filled with many experiences and memories that I will never forget. It can be extremely overwhelming with the material we must know and the time in which we have to learn it. The nursing program is also exhausting with studying and preparing for exams, and especially when we prepared, and the grade we receive doesn't seem to reflect the time we spent studying. It can also be very nerve-wracking and intimidating because of the not so friendly approach of some instructors, nurses/doctors in the hospitals where we do our clinical rotations, and with some of our classmates. The different experiences both good and bad, have helped me not give up or give in, to stay positive when faced with negative situations or people, and to be a part of positive support group.

I was first introduced to the Northern Connecticut Black Nurses Association (NCBNA) in 2013, through my high school mentor who encouraged me to apply for a scholarship they were offering. I was selected and awarded a scholarship, and in the spring of 2014, I was accepted into their newly formed mentoring program. Being a part of the mentoring program has greatly impacted my life. The first event I participated in was the 2014 National Black Nurses Association's Conference in Philadelphia. The conference was truly amazing. I learned a

lot of vital information that would help me while going through nursing school, such as time management skills, and tips for moving forward in nursing and not just working at the bedside. Being there among fellow nursing students and nurses, encouraged me to keep on moving toward my goal of becoming a nurse.

NCBNA's mentoring program also provides quarterly educational and leadership workshops on topics that nursing students can use now, and later when we have completed school. Some examples of the workshops held included interviewing skills and resume writing, managing your money/basic budgeting, and nursing leadership. These activities are all very helpful resources and I truly appreciate the time NCBNA takes to plan these events and the guest speakers who have participated, such as Dr. Eric Williams.

As a nursing student participating in a mentoring program, I think it is very important to have that support. Having that support outside of school has helped me to stay on track, motivated me, and has alleviated some stress by having someone to talk to and encouraging me to keep moving forward. My goal is to become a pediatric nurse. By participating in the NCBNA mentoring program, I will strive to grasp all the educational information that is shared through workshops, conferences, and the time spent speaking with the mentors. I would also like to encourage other nursing students to participate in a mentoring program because of the support, encouragement, and the vital information that is shared. Through these experiences I am excited for what the future holds for me in nursing and I am thrilled about attending the next National Conference in Atlanta to network and meet more nurses and nursing students. I remain positive, focused, and firm with achieving my goals, and not giving up.

**Christina James** was born in Montego Bay, Jamaica and immigrated to the U.S. in 2009. She graduated from the Hartford Public High School, Nursing Academy in June, 2011. She is currently a member of the Northern Connecticut Black Nurses Association, Inc. (NCBNA) Mentoring Program.



# Mindfulness and Meditation for Stress Relief

Jazmin N. Shawell-Wallace, RNC-OB, BSN

**O**UR LIVES CAN GET very hectic as we tackle the many tasks and responsibilities that we have on a daily basis. The increasing demands on nurses due to the shortage in the career field, and the increasing aging population cause additional stress on the entire staff. Prolonged stress can be detrimental to your health, and can cause a series of uncomfortable symptoms that may have not been present before. Meditation is one technique to reduce stress. In addition to stress relief, meditation can increase brain efficiency, help with insomnia, hypertension, immune function, and has so many other medical and spiritual benefits (Mayo Clinic, 2014). Meditation does not have to be religious, unless that is what you want it to be. Research has also shown that meditation and mindfulness practices are beneficial and holistic means to elevating your health status and decreasing stress. It is important that we make time each day for ourselves to refocus, recharge, and be present in the current moment. According to Stone (2006) "Meditation and mindfulness is simply the practice of being aware of your immediate surroundings and your current sensations rather than worrying about tonight's dinner or tomorrow's presentation." (p.51). When our bodies are in a constant stressed out state it decreases your ability to focus, think clearly, and causes increased anxiety levels. The benefits of this practice hold tremendous value, making it worth the time and effort.

## PRACTICE

Meditation has been a very popular practice in eastern culture for thousands of years. Historically it was used primarily to deepen understanding and for spiritual guidance. Currently, meditation is used for relaxation and stress reduction (Mayo Clinic, 2014). There is no right or wrong way to begin meditation. Most may have difficulty finding time to meditate. If you feel that you do not have any time to meditate, that may be a good sign that meditation is exactly what you need. You can start with ten minutes of meditation in the morning before you begin your day, and increase your time as needed. I currently spend a minimum of twenty minutes a day in the morning, and in the evening meditating. You also have the option to meditate with or without music. The key is finding a nice quiet place, and a comfortable position to make it easy to quiet your thoughts. If you are unable to quiet your mind right away, or you have lingering thoughts just accept them. Thoughts will become better controlled with practice.

## FOCUS AND FATIGUE

Nurses combat high levels of stress, burnout, and compassion fatigue as a result of working long hours and juggling heavy patient loads. Kozasa et al. (2012) found in their research that meditation is a mental training of attention that improves efficiency of the brain via improved sustained attention and impulse control." (p. 745). In their study they discovered that regular meditators activated less regions of the brain than non-meditators while performing at the same level. Increased focus can decrease medication errors; increase patient safety, and satisfaction for hospital clients. Mindful meditation also has benefits that can help those suffering from compassion fatigue find empathy again. Condon, Desbordes, Miller, and DeSteno (2013) conducted a study that found that participants who practiced mindful meditation for eight weeks responded more compassionately to those who are suffering than those who did not meditate. The additional benefits of increased focus and compassion hold value respectively in both professional and personal situations.

## CONCLUSION

Contrary to popular belief, meditation can be practiced by anyone who wants to better their health, lower anxiety, increase focus, and compassion from a holistic approach. There are several ways to practice, and their many classes available in many areas to help a beginner learn the basics. However, classes are not required, and you can begin practicing today in the comfort of your own home or a park. As caregivers we spend a lot of time taking care of others, but we often neglect taking care of ourselves. I encourage any one reading this to consider incorporating meditation into their daily routine. It can be done sitting still, during a walk in a park, or while you drink your daily cup of coffee or tea. There are no limits to the better person you can become by spending a little time each day to be still, mindful, stress free, and present in the current moment. It is more powerful than you may realize.

**Jazmin N. Shawell-Wallace** is an executive board member of the Mississippi Gulf Coast Black Nurses Association Inc. She is an active duty Air Force nurse currently stationed at Keesler Air Force Base, and works in Labor and Delivery. In addition to this, she is currently pursuing her MSN in health-care leadership through Vanderbilt University.





## A Radical Call: A Needed Response from All

JoAnna Fairley, PhD, MSN, A-GPNP (C), RN

INDIVIDUALS WHO CHOOSE to enter into the military regardless of the branch deserve to be honored and recognized for their dedication and desire to serve our country. In addition to leaving family and friends these individuals face many known and unknown barriers. Overcoming these barriers can be difficult, particularly for the veterans transitioning back into the civilian world. There are often times negative press regarding the needs of the military veteran's not being met, such as appropriate housing, medical care, and employment opportunities (Jahnke, Haddock, Poston & Jinarin, 2014). At the same time, many organizations and governmental bodies are becoming more aware of the urgency and call for action that is needed to promote more programs and strategies to assist in providing support to military personnel returning to the civilian world (Rubin, 2012). This article spot lights research initiatives that will positively impact the lives of those military personnel returning back into society after serving our country.

According to Montgomery and Byrne (2014), there is a great need for service utilization among homeless veterans, this particularly includes women. Understanding how individuals who leave the military end up in society without appropriate resources to survive is under the lens of many disciplines. Not only that, they are interested in ensuring the veterans needs are met (Jahnke, Haddock, Poston, & Jinarin, 2014). Women are more at risk to become homeless than their male veteran counterparts. In addition, women are less likely to seek out Veteran Administration (VA) services. The rationale for these variances is not truly understood. For this reason, it is even more important that the disconnect is not only recognized, but also analyzed between genders. Frayne, Yano, and Nguyen (2008) found women to only seek care when they experienced physical health problems. On the other hand, men utilized VA services for a variety health related issues including emergent care and substance abuse issues. This research regarding the under utilization of VA services is an indication that there is a need to educate female veterans to ensure they have knowledge of the programs that are available through the VA services.

While entering in the military can provide many positive benefits, it has been noted that there is a great need for partnerships when assisting military personnel with education, healthcare and mental health needs. While, the majority of individuals entering into the military obtain some type of postsecondary education, today there is at least thirty to forty percent of veterans that do not complete their education while serving in the military. This is in part due to a variety of factors, one that is heavily weighed upon is the psychosocial issues that many veterans endure while serving in the military (Rubin, 2012).

McCaslin, Leach, and Armstrong (2013) posited that there is an urgent need to respond to poor academic outcomes among the military veterans. These individuals often enter college campuses with unique backgrounds of knowledge, skills and well established codes of behavior. The time spent between military discharge and entering into college can make a big difference in the success of the military veteran. One factor that can hinder this transition is instability. In addition to rebuilding social networks and providing for family members, veterans are often dealing with challenging cultural transitions as they enter into college. One strategy used to combat this challenge is the implementation of a collaboration model between college campuses and the Veterans Health Administration. This type of model utilizes evidence based services such as healthcare, psychotherapy, medication management, and cognitive behavioral therapy. In addition, family members and couples dealing with post deployment issues are provided services through the evidence based model.

A model that provides "collaborative partnering" between colleges and the VA can remove many barriers and obstacles that the military veterans are facing today (McCaslin, Leach, & Armstrong, 2013). The development of other onsite outreach programs can positively impact the veterans. For instance, veterans are likely to have a better opportunity to seek assistance from these services because of the convenient locations. In addition, providing direct mental health and other social work services will potentially impact the education goals and overall well-being of the veterans and their families. Many disciplines are needed to work with military veterans. Therefore, educators, mental health workers, nurses and social workers can all play a key role in providing needed services for the veterans (Rubin, 2012).

In summary, it is important that personnel are well trained when participating in programs to promote the wellness and functioning of the veterans and their families. This calls for organizations such as educational institutions to provide healthcare workers and faculty with mentoring and programs designed to help them understand the needs of the military veterans. As previously mentioned, veterans have made a great sacrifice in serving our country. It is time to do our part by supporting and serving them so they will be successful in obtaining their life goals. As this article is being written there is a continuum of negative connotation's regarding our military veterans. So let's pay it forward and respond to the call in doing our part to support our military veterans.

**CONTINUED ON PAGE 16**



NBNA/United Health Foundation Scholar

## The Role of Health Care Providers in Motivating Change in Patients with Chronic Health Conditions

Harpreet Singh-Gill, BS, RN, MSN, FNP

**T**HE STAGES OF CHANGE model has been used widely in health care settings to understand, explain and predict how behavior change occurs. As practitioners our goal is to provide the best possible patient outcomes. However, often times the goals of practitioner are different when compared to the goals of patients. Leading to frustration between patients and practitioners. The focus of practitioners should be, understanding patient readiness to make a change, and sensitivity to the barriers of change. Additionally, helping patients understand and anticipate potential relapse, can improve patient satisfaction and decrease provider frustration during the change process.

Change interventions can be particularly useful when discussing lifestyle modifications for disease prevention and long-term disease management. Hypertension is a chronic condition seen in many primary care offices. Counseling patients diagnosed with hypertension include non-pharmacological interventions such as smoking cessation, dietary modifications, weight loss management, stress reduction and medication management as well as pharmacological interventions. Many of these interventions can also be applied to management of other chronic health conditions such as diabetes and cardiovascular disease. According to the Centers for Disease Control and Prevention (CDC) about half of all adults over the age of 18 are battling one or more chronic health condition (CDC, 2014). One of four adults has two or more chronic health conditions. One-third of Americans have a diagnosis of

hypertension. According to the CDC (2014) only about half of individuals diagnosed with hypertension have it under control. Each day over one thousand deaths include high blood pressure as a primary contributing factor (CDC, 2014). Managing chronic health conditions is challenging both for the patient and the provider. There has been extensive research exploring health promotion models and motivational factors that influence health care outcomes and how to most effectively care for challenging or “non-compliant” patients.

Despite extensive research there continues to be a multitude of factors that impact patient motivation in the management of chronic disease control and prevention. One important factor to keep in mind is that patients are autonomous except in cases of altered mental state or when a court intervenes proving a patient is incompetent. This idea of autonomy is a very important concept to keep in mind when caring for patients. Ultimately as providers our goal is to educate patients, provide them with options for treatment, and support them in their autonomous decisions. Educating providers regarding how they can better support the needs of patients depending on where they are in the stages of change cycle (pre-contemplation, contemplation, preparation, action, maintenance and relapse) is important step towards improving patient health outcomes. Based upon the stage of change encouraging patients to set their own goals in managing their disease will hopefully improve patient/provider relationships leading to improvements in health care outcomes.

### A Radical Call... CONTINUED FROM PAGE 15

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**Dr. Fairley** is currently employed as a Professor at Capella University in the College of Nursing and School of Health Sciences where she mentors doctoral students and teaches in the graduate program. Dr. Fairley is a nurse consultant for Health care auditors and serves as a subject Matter Expert for test writing items. Dr. Fairley is a member of the National Black Nurses Association and serves as Vice President for the Mississippi Black Nurses Association. Dr. Fairley’s research interest includes but is not limited to gerontology, leadership, adult education, heart disease, online learning, and mentorship. Dr. Fairley is currently a candidate for the Adult-Primary Gerontology Nurse Practitioner Certification.



NBNA/United Health Foundation Scholar

## The Impact of Stereotype Threat on African American Nursing Students in the Classroom and Clinical Setting

LaDonna L. Christian, PhDc, MSN, APHN-BC

**P**RESENTLY, THE NURSING workforce lacks diversity and African Americans are underrepresented relative to their representation in the health care system and population (Seago, Wong, Keane, & Grumbach, 2008). In 2004 the Institute of Medicine (IOM) recommended an increase in the number of minority health care providers to serve minority communities and decrease health disparities (National Research Council, 2004). The IOM also challenged nursing programs to address the obstacles African American nursing students face in both the classroom and the clinical setting. Attrition rates in some schools of nursing are as high as 25-55% for African American students (Seago et al., 2008; Newton, 2008). One major challenge African American nursing students talk about is that they perceive that their peers and faculty view them as less intelligent. African American nursing students state they are afraid to answer and ask questions in class because they may be stigmatized and negatively stereotyped if what they say is incorrect. In addition, those who have accents often do not want to speak in class from fear of being misunderstood.

Over the years there has been a growing body of research focused on how negative stereotypes affect the academic performance of African American student populations (Marx & Stapel, 2006; Steele & Aronson, 1995). Two of the first authors to study the effects of this theory are Steele and Aronson (1995) who define stereotype threat as "being at risk of confirming, as self-characteristic, a negative stereotype about one's own group" (p. 797). Other researchers define stereotype threat as a phenomenon that results from increase anxiety over a negative stereotype or stigma associated with one's social group (Marx & Stapel, 2006; Latrofa, Vaes, & Caninu, 2012).

Stereotype threat arises from the fear among members of a group that underpinning negative stereotypes about the intellectual ability of the group are inherent (Aronson et al., 2009). Experiencing stereotype threat against one's own group can negatively affect self-worth, self-esteem, and self-confidence. Stereotype threat can interfere with the intellectual functioning of African American nursing students in both the academic and clinical setting (Steele & Aronson, 1995). The impact of that threat is described as reduced performance and threatened confidence in one's own ability (Collange, Fiske, & Sanitioso, 2009; Deaux et al., 2007). For people who are targeted by stereotypes, the awareness of that stereotype and what it means to be viewed in this way is sufficient to arouse apprehension, disrupt performance and increase anxiety (Swim & Stangor, 1998).

For many African American students stereotype threat is a lived experience that is not openly talked about with faculty and peers but is frequently seen as substandard academic

and clinical performance. The consequence for many schools of nursing is higher African American attrition rates, exacerbated nursing shortages, and hindered efforts to improve diversity in the workforce as well as improve the health of diverse communities (Johnson, Johnson, Kim, & McKee, 2009).

Although stereotype threat is a lived social experience, there are several things that schools of nursing can do to support African American students. One of the most important interventions is to hire African American faculty. Research has demonstrated that African American students excel in programs that have faculty representation. Secondly, schools of nursing should create welcoming learning environments that include innovative student centered learning designs that are inclusive of African American students (Hansen & Beaver, 2013). African American students must feel that they are an integral part of the nursing program and that their cultural differences are valued. Because of the limited numbers of African American students being admitted into nursing programs, many of them feel lonely in the classroom and clinical setting. Faculty must make sure that the classroom is inclusive of all students and that there is a high standard of respect for all cultural and religious differences. Although stereotype threat will never be totally eradicated for the African American student, creating a supportive and inclusive environment in schools of nursing will allow every student to demonstrate their nursing knowledge effectively.

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## NBNA/United Health Foundation Scholar

# Bridging the Gap: Diaspora involvement in Ebola response

Zainabu Sesay-Harrell, RN, BSN, MSN

**S**INCE 1994, MY PASSION has always been towards how I can better serve my community. This was a time when I was young, still in high school, and thought medicine was the way to go. I looked at medical schools, and physician assistant programs. It wasn't until 1997, that I was introduced into the world of nursing. My mother helped me realize how much more I could give and serve my people through nursing. I used nursing as the vehicle to not only help provide for myself in the future, but to provide for my family. The family I speak of is my Sierra Leonean family. Remembering Sierra Leone, West Africa as a child left fond and blissful memories. During nursing school, this once peaceful place full of childhood memories was ravished by war and mayhem. Since then, Sierra Leone, like many African nations has had a severely hard time to restore. The new crisis this nation faces is called Ebola. Since 2013, Ebola virus disease (EVD; also Ebola hemorrhagic fever, or EHF), has wipe out thousands of west Africans. Over 7,000 people across the west African countries of Guinea, Liberia, and Sierra Leone have died. In Sierra Leone alone, rates of infection have jumped every two weeks. People in Sierra Leone, desperate for help and guidance are looking for the assistance from the entire world. In providing that assistance, there has been a profound need to call on the hands of our African brothers and sisters in the Diaspora.

African-Americans, and other African descendants worldwide have a major part to play in how Africa solves its problems. Historically, blacks has been world renown scientists, teachers, entrepreneurs, and much more. Fighting virus like Ebola, is just one of the many ways our black communities worldwide can be more involved. Organizations such as the National Black Nurses Association and various black medical organizations, can help educate and eradicate this disease. In Sierra Leone alone, the government graduates 300 baccalaureate nurses annually. Many of these graduates come from programs where services, training, and lectures are limited. These limitations are also reflect in the neglected healthcare systems. In a system where life expectancy is age 46, the expertise of advance practice nurses, doctors, and other health professionals of color is desperately needed.

As a Black advanced practice nurse, we ask ourselves "How can I respond to the Ebola crisis in Africa?" That answer lies in the hearts of every nurse involved in a professional nurses or community based organization. Being able to pull resources, connect with other professionals, connect with influential individuals, showing others how they can become involved, volunteering time, donating supplies, contacting faith based institutions, and getting youth involved are some of the ways we can bridge the gap with Africa. Nurses are

professionals that are known for being resourceful, nurturing, and providing unique problem solving approaches at times in non-traditional ways. It is important for us a Africa-American to keep connected to the needs of our African communities. Also know that, what affects Africa, effects us all. Helping guide nations like Sierra Leone, will show the world how as a community, people of color are able to not only solve the needs of our own people, but of all people.

**Zainabu Sesay-Harrell RN BSN, MSN**, is an education coordinator with 23 years of experience in health care, with 15 of them in nursing practice. Her expertise includes acute care, and education. She has an extensive experience in Medical Surgical care where she implements, supports, promotes health services, and delivery of quality health care.

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### Impact of Stereotype Threat... CONTINUED FROM PAGE 17

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**LaDonna L. Christian, PhDc, MSN, APHN-BC** is currently a PhD student at Simmons College. She is presently doing her dissertation research on the effects of test taking anxiety reduction interventions on Baccalaureate nursing students. LaDonna is an associate professor in the department of nursing and the director of the Dotson Bridge and Mentoring Program. The Dotson program is a support program for students of color in the department of nursing.

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## NBNA dedicates its new headquarters on Capitol Hill

**N**BNA MEMBERS FROM around the country, from California to Texas to Minnesota to Florida to Massachusetts, came to Washington, DC to dedicate the new NBNA headquarters in the historic Capitol Hill district. Along with NBNA President Reverend Deidre Walton, NBNA Board Members, two NBNA past presidents, nursing colleagues from the American Nurses Association, National League for Nursing, American Academy of Nursing, Chi Eta Phi Nursing Sorority, Inc., New Jersey Nurses Association; a representative from the International Black Fire Fighters Association; and principals from the Bridgepoint Hospital.



*NBNA Dedicates its new headquarters*





*Gwendolyn Johnson, Member, Black Nurses Association of Greater Washington, DC Area, National League of Nursing CEO Dr. Beverly Malone, National President, Chi Eta Phi Sorority, Inc., Dr. Elcedo Bradley*



*Addie Carrington, Member, Black Nurses Association of Greater Washington, DC Area, NBNA Treasurer Dr. Beulah Nash Teachey and Audrey Drake, Black Nurses Association of Greater Washington, DC Area*



*Cynthia Barr, Founding Member, Black Nurses Association of the Greater Washington, DC Area, NBNA Board Member Melba Lee-Hosey, NBNA President Reverend Deidre Walton, Dr. Bettye Davis Lewis, NBNA Past President, NBNA NERBNA Past President Margaret Brown, NBNA Parliamentarian Dr. Ronnie Ursin*



*Building selection committee: Margaret Pemberton, Member, Black Nurses Association Greater Washington DC Area, NBNA Board Member Sandra McKinney, Minnesota Black Nurses Association President Shirlynn LaChapelle, NBNA President Reverend Deidre Walton, Dr. Ronnie Ursin, Melba Lee-Hosey*



*Margaret Brown, Past- President of the New England Regional Black Nurses Association*



*Chi Eta Phi President Dr. Elcedo Bradley, National President, Chi Eta Phi Nursing Sorority, Inc., brings greetings at the Dedication.*



*Dr. Beverly Malone, CEO of National League for Nursing, brings greetings at the Dedication of the new NBNA Headquarters on Capitol Hill. Left to right: Reverend Deidre Walton, Sandra McKinney, Dr. Carrie Frazier Brown, NBNA Past President and Dr. Beverly Malone*



*Dr. Carrie Frazier Brown, NBNA Past President Blesses the new NBNA Headquarters*





*Dr. Eva Stephens, Gwen Johnson, Dr. Elcedo Bradley, Dr. Beverly Malone, Pauline Barnes, President, Greater East Texas BNA, Norma Rodgers, President, New Jersey State Nurses Association*



*Audrey Drake and Carolyn Peoples Veiga, BNA of Greater Washington DC Area*



*Mirian Moses, New York Black Nurses Association and Millicent Gorham*



*Larry Lucas and Millicent Gorham, NBNA Executive Director*



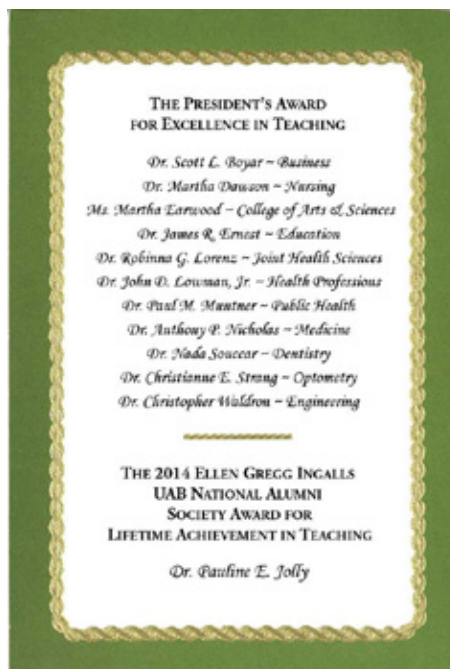
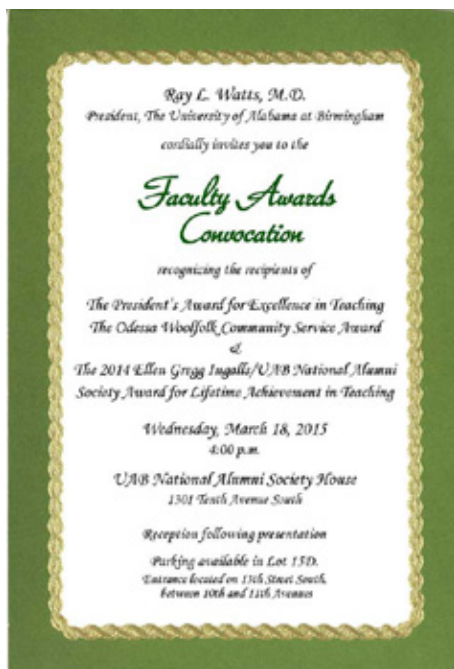
*Janice Johnson, Vice President and Cynthia Barr, Founding Member of the Black Nurses Association of Greater Washington, DC Area*



*Calvin Smith, Director, Government and Community Relations and Jim Lihares, CEO, Bridgepoint Hospital and Millicent Gorham, NBNA Executive Director*



U.S. Public Health Service Nurses at the Black Nurses Association of Greater Washington, DC Area Salute to a Black Nurse, March 2015



Dr. Martha Dawson, MNHSA, FACHE, NBNA Secretary, Birmingham BNA member, was awarded the President's Award for Excellence in Teaching in Nursing, during the Faculty Awards Convocation, March 18, 2015, at the University of Alabama at Birmingham.

## Northern Connecticut Black Nurses Association

**Lisa Davis, MBA, RN** submitted an application to the Robert Wood Johnson Executive Nurse Fellows Program Alumni Association for a seed grant. The collaborating RWJ ENF Alumni are Ms. Davis (2007 cohort), **Dr. Deborah Washington** (2007 cohort), and **Dr. Gaurdia Banister** (2001 cohort). The RWJ ENF Alumni trio was awarded a \$2,500.00 grant to convene and host a New England Minority Nursing Leadership Conference. The conference collaborators include the 4 New England Chapters of the NBNA – Northern CT BNA, Southern CT BNA, Western Massachusetts BNA and New England Regional BNA. The conference will be held on October 31, 2105 at the Springfield Marriott, Springfield MA. The speakers for this event will be **Dr. Linda Burnes-Bolton**, VP, Nursing & Chief Nursing Officer, Cedars-Sinai, **Dr. Vernell DeWitty**, Program Deputy Director, RWJ New Careers in Nursing Scholarship Program, and **Ena Williams, RN**, VP Patient Services & Associate Chief Nursing Officer, Yale–New Haven Hospital. Additional funding has also been received through a grant from the Donaghue Foundation, West Hartford CT. For more information about the event or for vendor/exhibitor space please contact us at ncbna@aol.com.

**Lisa Davis, MBA, RN** has accepted a position with the South Carolina Department of Health and Environmental Control as the Deputy Director for Preventive Services. In this role Ms. Davis is responsible for Maternal and Child Health, Community Health and Chronic Disease Prevention, and Disease Control Programs. She manages a budget of over \$200 million and 300 staff.



**Mallory Perry, BS, RN** has been accepted to UConn's School of Nursing's competitive graduate program where she will be pursuing her Ph.D. in nursing. Mallory graduated with her Bachelors of Science in Nursing from the University of Connecticut in May 2014. She was a member of the prestigious honors program and a Rowe Scholar, graduating cum laude, a member of Sigma Theta Tau International Honors Society of Nursing and recognized as the Outstanding Woman from Uconn School of Nursing. She currently has a scientific research article in the process of being published. Mallory works as a registered nurse at Connecticut Children's Medical Center (Hartford) in the Pediatric Intensive Care Unit.



The 2015 2nd Annual Connecticut Black Heritage Ball "Lifetime Achievement Award" was presented to **Dr. Marie Spivey, EdD RN, MPA**. The award was given in recognition of her extraordinary dedication and lifelong commitment to the health equity and equality of human kind. Dr. Spivey is VP, Health Equity at the Connecticut Hospital Association (CHA). Dr. Marie Spivey joined the Connecticut Hospital Association in July 2011 to lead its

Diversity Collaborative initiative. She is a founding member of the NCBNA.

## New York Black Nurses Association Inc. (NYBNA)

### Nurses on the Move: Making a Mark

**Hayward S. Gill Jr. MS, RN** chapter board member, delivered the commencement address and participated in the conferral of degrees along with Helene Fuld College of Nursing President, **Wendy Robinson, PHD, FNP-BC** at College's commencement exercises held at the First Corinthian Baptist Church in Harlem, N.Y.C.

**Bernice Simmons** and **Mirian Moses** attended the Robe Consecration Service for J. Mabelle Sweeting, Judge-Elect of the Civil Court of the City of New York 5th Municipal District.

**Mirian Moses** attended the event honoring James Allen Executive Director of Addicts Rehabilitation Center Fund Inc., for 56 years of service. The event was held at the Alhambra Ballroom in Harlem NYC.

The Chapter collaborated with 5 other nursing organizations and co-sponsored the "Nurses Networking for Human Caring" event spearheaded by the North East Chapter of the Trans-Cultural Nursing Society, at New York Institute of Technology. An overview of the Chapter's history and accomplishments was presented by Vice President **Nelline Shaw. Zainabu Sesay-Harrell** and other members of the New York chapter of the Sierra Leone Nurses Association Inc. did a slide presentation about Ebola (history, disease transmission and infection control modalities).

**Sabrina Newton** performed blood pressure screening at the New York State Dormitory Authority, in NYC.

President **Jean Straker** and **Marcia Skeete** attended the Guyanese Nurses Association of America Inc., Holiday Gala in Queens, NY.

**Bernice Headley, Mirian Moses, Jacquetta Whaley, Bernice Simmons, Hayward S. Gill Jr., and Susan Thompson** attended the National Black Nurses Day Celebration on Capitol Hill, Washington D.C.

**Etta White**, coordinator of the Health Watch Ministry of Paradise Baptist Church NYC. facilitated the "Go Red for Women you have the power to end Heart Disease/Stroke" event.

**Reverend Dr. Rose Ellington-Murray** was honored with an award from Delta Sigma Theta Sorority at the Eastwood Manor, Bronx NY. The theme was "Standing On Their Shoulders: A Celebration of the Wisdom of Women"

### Congratulations to the following members:

**Marcia Skeete** on her new position as Nurse Educator at Kingsbrook Jewish Medical Center in New York.

**Azsha Matthews** on the completion of her Masters Degree (FNP) from Columbia University, New York.

**Susan Thompson** on her retirement from Mount Sinai Hospital in New York City after 29 years of service.

**Wesley Willis** for his new position as President-Elect of the American Psychiatric Nurses Association in New York.

## Atlanta Black Nurses Association, INC.

Atlanta Black Nurses Association, Inc. celebrated the Christmas Holidays with a dinner at the Cheesecake Factory on December 9, 2015. Everyone enjoyed fun, food, fellowship, and a gift exchange.

**Evelyn C. Miller** President ABNA, **Betsy Harris** ABNA Board Member, **Laurie Reid**, NBNA Board Member, **Dr. Darlene Ruffin-Alexander**, and **Michelle Jordan** student NBNA Board Member attended NBNA Day on Capitol Hill in Washington, D.C., February 5, 2015.

ABNA members **Evelyn C. Miller**, **Betsy Harris** and **Michelle Jordan** visited with **Congressman Hank Johnson** who was very receptive to the legislative issues presented to him. **Laurie Reid** and **Darlene Ruffin-Alexander** visited with representatives **David Scott** and **Tom Price** and they received positive responses from them also.

Georgia Nurses Association Legislative Day was held on February 26, 2015 and was attended by **Evelyn Lynn Bell** and **Mary D. Dawson** at the Georgia Capital.

## Health Fairs attended by ABNA members:

November 22: American Diabetes Association Expo at the Cobb Galleria attended by **Joni Lovelace**, **Patrice Brown** and **Evelyn C Miller**.



December 1: National World Aids Day at Morehouse College. ABNA members in attendance were **Laurie Reid** and **Evelyn Miler**. Educational materials were distributed to students and staff. Students from Lovelace Multi-care Health Services Job Corps volunteered to do blood pressure screening.

December 6: Boys and Girls Clubs Annual Soccer Jambo-ree and Health Fair held at Warren Boys and Girls Club. Blood pressure screening were performed and educational materials distributed by ABNA members **Patrice Brown**, **Evelyn C Miller** ABNA President and **Lisa Griffin-Moh**.

February 28: Legendary Health Initiative at Greenbrier Mall from 12-4 pm. The event focused on improving the health of urban families. The event was attended by **Ora D. Williams**, **Evelyn C. Miller** and **Lisa Griffin-Moh** who performed blood pressure screening and provided health education.



## Educational and Community Events:

January 13: "Understanding Mental Illness & Dementia" was presented by Dr. Gary Figel a Renowned Geriatric Psychiatrist at Brawner Hall in Smyrna, GA. The theme of the event was Nursing-Multidisciplinary to Patient Centered Care presented by VITAS, Lovelace Multicare Health Services and our senior care partners. The event was instrumented by Joni Lovelace ABNA board member. ABNA members in attendance were **Evelyn C. Miller** ABNA President, **Joni Lovelace** ABNA Board member, **Jackie Henson** ABNA Treasurer and **Patrice Brown** ABNA board member.



December 8: The Fulton-DeKalb Hospital Authority Mental Health Summit on Mind Matters: Strengthening All of Our Communities through Mental & Behavioral wellness at the Atlanta Marriott Marquis. ABNA member **Mary Dawson**, corresponding secretary, attended the planning meetings. ABNA member **Darlene Ruffin-Alexander** attended the event.

February 24: The Spelman College of Health Careers Program in collaboration with Clark Atlanta University and Morehouse College of Health Professions hosted the 2015



*Nursing Roundtable*

Nursing Roundtable at Clark Atlanta University. The goal of the Nursing Roundtable is to increase student awareness of the many areas and career options in the field of nursing. The major focus of the roundtable is the importance of undergraduate preparation, self-development and insight into the student's future role in health care. In an effort to address health disparities, the overall mission is to increase the number of under-represented persons entering the health and allied health professions particularly the nursing discipline. ABNA members who attended were **Evelyn C. Miller** President ABNA, **Laurie Reid** NBNA Board Member, **Patrice Brown**, and **Dr. Jackie Williams**.

**Dr. Darlene Ruffin-Alexander** participated in the White House Conference Calls regarding the Affordable Care Act and served as a trainer for Georgia Churches. She also was a speaker at Philia Works Ministry Prayer Breakfast January 18, 2015 in Houston, Texas. Philia Works Ministry recognized her in 2014 as "A Most Inspiring Woman."

**Rev. Dr. Darlene Ruffin-Alexander** was the keynote preacher for the annual Georgia Women's Retreat February 13-14 "Surrendering with Holding Nothing" was the theme. Dr. Ruffin-Alexander was a presenter at the Gamma Phi Delta Sorority Inc., annual board meeting February 19-22. Dr. Ruffin-Alexander serves as the organizations national parliamentarian.

**Dr. Darlene Ruffin-Alexander** has been accepted in the PH.D., program of Atlantic Coast School of Theological Studies. She will be studying Women in Religion.

## Awards and Honor

**Dr. Angela F. Amar PhD, RN, FAAN** was appointed to the Education Committee of the Georgia Board of Nursing. She was also appointed to the Institute of Medicine's Committee on the Biological and Psychosocial Effects of Peer Victimization: Lessons for Bullying Prevention.

**Dr. Jackie E. Williams, PhD, APRN, CS** was granted tenured faculty status at Georgia Perimeter College as an Assistant Professor.

## New England Regional Black Nurses Association

The American Organization of Nurse Executives (AONE) named **Deborah Washington, RN, PhD**, director of the PCS Diversity Program, the 2015 recipient of its prestigious Prism Award. This award recognizes an individual who has advanced diversity efforts within the nursing profession and the community. The award was presented on April 17, during the AONE Annual Meeting in Phoenix, AZ. Dr. Washington is a widely recognized leader in advancing diversity at Mass General, within the local community, nationally and internationally. She remains a staunch advocate for supporting and advancing critical diversity initiatives at all levels, driving cultural change through relationship-building, education and evidence-based practice. Leadership, education, and practice are at the forefront of her work in cultivating a culturally-skilled workforce, building effective multicultural teams, and fostering an organizational culture that is sensitive to the feelings and circumstances of all. NERBNA, Inc. celebrated the 27th Annual Excellence In Nursing Award on Friday, February 6, at the Boston Copley Marriott Hotel. Dr. Marcia I. Wells Avery was the keynote speaker. Fourteen nurses from the Boston area were the recipients of the awards in Research, Education/Teaching, Leadership and Practice. **Patricia A. Nunn** received the Presidential Award.

## Black Nurses Association, Miami

**Dr. Lenora Yates**, President, Black Nurses Association, Miami, received the Women of Impact Award XXVII for 2015 from Delta Sigma Theta, Incorporated, Dade County Alumnae Chapter, on March 8, 2015, at the Hyatt Regency in Coral Gables.

## New England Regional Black Nurses Association

**Tarma Johnson, FNP, BC**, Newly elected 11th President of the New England Regional Black Nurses Association (NERBNA), Boston, Massachusetts. Tarma has been a member of the NERBNA since 1988 and has held various leadership positions. In February 2013, she received the organization's Presidential Award given to an outstanding member in recognition of nursing excellence and commitment to service. Ms. Johnson is a Family Nurse Practitioner and the Director of Clinical Health Services at Mattapan Community Health Center in Mattapan, MA.



## Black Nurses Association, Miami

**Dr. Lenora Yates**, President, Black Nurses Association, Miami, received the Women of Impact Award XXVII for 2015 from Delta Sigma Theta, Incorporated, Dade County Alumnae Chapter, on March 8, 2015, at the Hyatt Regency in Coral Gables.

## Central Virginia Chapter Black Nurses Association

### Outstanding Volunteer Service

**Karen Faison, APRN, PhD**, (left) CNE received the Dr. Guralp S. Bhuller Award in recognition of outstanding volunteer service through her work with the Southside Education Foundation (SHEF). The focus of the foundation is scholarships and the recruitment of youth into health careers especially in the local service area. Dr. Faison has worked with the organization in the establishment of the Southside Health Careers Exploring Program whose aim is to introduce youth aged 16 to 20 years to the varied opportunities available in a health career. Dr. Faison was honored at SHEF's annual wine and dine gala which also serves as a major fundraiser. Pictured are Dr. Faison on the left and immediate chapter past president, Janet Porter, RN, BSN. Both are members of the Central Virginia Chapter of the NBNA.



### Innovation Award Winner for CVC Black Nurses Association

**Nicole M Brown, MSN, RN** was awarded the Nurse Innovation award from the Central Virginia Chapter Black Nurses Association in December 2014 for her series of children books about nursing careers. The "Adventures of Nurse Nicole" describes her explanation of nursing in illustrated children books. She has also has cartoon illustrated DVD's such as "Battle of the Germs". Nicole also has nurse stuffed bears, dolls, and many other special items. Nicole is dedicated to push nursing to young children with hopefully an outcome to get children interested in nursing like her book "N is for Nurse" and at the same time teaching children prevention of diseases in her children's book "Wash Your Hands". Nicole is an inspiring nurse and educator and therefore was the recipient of the Nurse Innovator Award. Nicole currently is an instructor at Virginia State University in Petersburg Virginia.



## Black Nurses Association of Baltimore

**Ronnie Ursin, DNP, MBA, RN, NEA-BC**, NBNA Parliamentarian and BNA of Baltimore's Immediate-past President, was nominated for the 2015 Transformational Leadership - Nurse Administrator Award at the Reading Health System. The award recognizes nurses who go above and beyond to achieve excellence and create a patient-first environment. The award also recognize nursing colleagues who support and work collaboratively with nurses to achieve quality patient outcomes.

## Council of Black Nurses, Los Angeles

**Dr. Eric J. Williams**, NBNA First Vice President **Dr. Linda Burnes Bolton**, Past NBNA President and President Elect of the Organization of Nurse Executive, **Dr. Gail Washington**, Director of the Graduate Nursing program at California State University, LA and **Dr. Courtney Lyder** were featured during Black History Month by *Working Nurse*, a Los Angeles magazine as Local Leaders in Los Angeles.

**Dr. Eric J Williams** NBNA First Vice President was elected to the American Nurses Association, California Board of Directors. He will serve as chair ( director ) of Nursing Education. Dr. Williams began his two term on March 7, 2015.

**Dr. Eric J. Williams**, NBNA First Vice President, was inducted into the 2015 William Carey University Alumni Hall of Fame. The celebration took place at the Southern Oaks and Gardens in Hattiesburg, MS during homecoming festivities. He was recognized as a distinguished alumni for healthcare advocacy, health policy, mentorship and leadership in national and local professional organizations.

**Dr. Eric J. Williams**, NBNA First Vice President, successfully completed his term as a Board of Director member of the California Council of Geriatrics and Gerontology. In this role, Dr. Williams reviewed curriculums across professional disciplines and made recommendations for subsequent curriculum development.

## New England Regional Black Nurses Association

The American Organization of Nurse Executives (AONE) named **Deborah Washington, RN, PhD**, director of the PCS Diversity Program, the 2015 recipient of its prestigious Prism Award. This award recognizes an individual who has advanced diversity efforts within the nursing profession and the community. The award was presented on April 17, 2015, during the AONE Annual Meeting in Phoenix, Arizona. Dr. Washington is a widely recognized leader in advancing diversity at Mass General, within the local community, nationally and internationally. She remains a staunch advocate for supporting and advancing critical diversity initiatives at all levels, driving cultural change through relationship-building, education and evidence-based practice. Leadership, education, and practice are at the forefront of her work in cultivating a culturally-skilled workforce, building effective multicultural teams, and fostering an organizational culture that is sensitive to the feelings and circumstances of all.

NERBNA, Inc. celebrated the 27th Annual Excellence In Nursing Award on Friday, February 6, 2015 at the Boston Copley Marriott Hotel. **Dr. Marcia I. Wells Avery** was the keynote speaker. 14 nurses from the Boston area were the recipients of the awards in Research, Education/Teaching, Leadership and Practice. **Patricia A. Nunn** received the Presidential Award.



## (above) Fort Bend County BNA - [www.fbczna.org](http://www.fbczna.org)

**Vanessa Auguillard, BSN, RN** was elected to the American Nephrology Nurses Association Gulfcoast board of directors.

**Pamela Cormier, DNP, MHA, MSN** received her DNP degree specializing in Education and Leadership from American Sentinel University.

**Doris Jackson, DHA (ABD), MSN, RN** received the Employee Excellence Award from the Lone Star Kingwood College.

**Lola Denise Jefferson, BSN, RNC, CVRN**, received the R.E.A.L. People Award.

**Janice Sanders, MSN, RN**, was honored by the Elnita McClain Women's Center for community service.

**Charlie Terrell, RN** was honored by the Elnita McClain Women's Center for community service.

# CDC recommends HIV screening for all patients ages 13 to 64



**HIV crosses the boundaries of sexual orientation, gender, age, and ethnicity.**

- More than 1.1 million people in the United States now have HIV, and nearly 1 in 5 (18.1%) are unaware of their infection.
- Hispanics/Latinos account for 16% of the U.S. population but for 21% of HIV diagnoses.
- Unless the course of the epidemic changes, an estimated 1 in 50 Hispanics/Latinos will be diagnosed with HIV infection at some point in their lifetime.

**For free materials to incorporate HIV screening into your practice,  
visit: [www.cdc.gov/actagainstaids/tlc](http://www.cdc.gov/actagainstaids/tlc)**

Source: CDC. HIV Surveillance Report [Internet]. 2011; vol. 23. Available from:  
<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/general/index.htm>. Published February 2013.



**ACT**  
against  
**AIDS**



**HIV Screening.  
Standard Care.™**

Testing and Linking African American  
and Hispanic/Latino Patients to Care



## ALABAMA

Birmingham BNA ..... [www.birminghambna.org](http://www.birminghambna.org)

## ARIZONA

BNA Greater Phoenix Area ..... [www.bnaphoenix.org](http://www.bnaphoenix.org)

## ARKANSAS

Little Rock BNA ..... [www.lrbnaa.nursingnetwork.org](http://www.lrbnaa.nursingnetwork.org)

## CALIFORNIA

Bay Area BNA ..... [www.babna.org](http://www.babna.org)

Council of BN, Los Angeles ..... [www.cbnlosangeles.org](http://www.cbnlosangeles.org)

Inland Empire BNA ..... [www.iebna.org](http://www.iebna.org)

San Diego BNA ..... [www.sdblacknurses.org](http://www.sdblacknurses.org)

South Bay Area of San Jose BNA ..... [www.sbbna.org](http://www.sbbna.org)

## COLORADO

Eastern Colorado Council of BN (Denver) ..... [www.coloradoblacknurse.org](http://www.coloradoblacknurse.org)

## CONNECTICUT

Northern Connecticut BNA ..... [www.ncbna.org](http://www.ncbna.org)

Southern Connecticut BNA ..... [www.scbna.org](http://www.scbna.org)

## DELAWARE

BNA of the First State ..... [www.bnaoffirststate.org](http://www.bnaoffirststate.org)

## DISTRICT OF COLUMBIA

BNA of Greater Washington DC Area ..... [www.bnaofgwdca.org](http://www.bnaofgwdca.org)

## FLORIDA

BNA, Miami ..... [www.bna-miami.org](http://www.bna-miami.org)

BNA, Tampa Bay ..... [www.tampabaynursesassoc.org](http://www.tampabaynursesassoc.org)

Central Florida BNA ..... [www.cfbna.org](http://www.cfbna.org)

First Coast BNA (Jacksonville) ..... [www.fcbna.org](http://www.fcbna.org)

St. Petersburg BNA ..... [www.orgsites.com/fl/spnbna](http://www.orgsites.com/fl/spnbna)

## GEORGIA

Atlanta BNA ..... [www.atlantablacknurses.com](http://www.atlantablacknurses.com)

Concerned NBN of Central Savannah River Area ..... [www.cnofcsra.org](http://www.cnofcsra.org)

Savannah BNA ..... [www.sb\\_na.org](http://www.sb_na.org)

## HAWAII

Honolulu BNA ..... [www.honolulublacknurses.com](http://www.honolulublacknurses.com)

## ILLINOIS

Chicago Chapter NBNA ..... [www.chicagochapternbna.org](http://www.chicagochapternbna.org)

## INDIANA

BNA of Indianapolis ..... [www.bna-indy.org](http://www.bna-indy.org)

## KENTUCKY

KYANNA BNA (Louisville) ..... [www.kyannabna.org](http://www.kyannabna.org)

Lexington Chapter of the NBNA ..... [www.lcnbna.org](http://www.lcnbna.org)

## LOUISIANA

Baton Rouge BNA ..... [www.mybrbna.org](http://www.mybrbna.org)

Shreveport BNA ..... [www.sbna411.org](http://www.sbna411.org)

## MARYLAND

BNA of Baltimore ..... [www.bnabaltimore.org](http://www.bnabaltimore.org)

## MASSACHUSETTS

New England Regional BNA ..... [www.nerbna.org](http://www.nerbna.org)

## MICHIGAN

Greater Flint BNA..... [www.gfbna.org](http://www.gfbna.org)

Saginaw BNA..... [www.bnasaginaw.org](http://www.bnasaginaw.org)

## MINNESOTA

Minnesota BNA..... [www.mnbna.org](http://www.mnbna.org)

## MISSISSIPPI

Mississippi Gulf Coast BNA..... [www.mgcbna.org](http://www.mgcbna.org)

## MISSOURI

Greater Kansas City BNA..... [www.gkcblacknurses.org](http://www.gkcblacknurses.org)

## NEVADA

Southern Nevada BNA..... [www.snbna.net](http://www.snbna.net)

## NEW JERSEY

Concerned BN of Central New Jersey..... [www.cbncnj.org](http://www.cbncnj.org)

Concerned BN of Newark ..... [www.cbnn.org](http://www.cbnn.org)

Northern New Jersey BNA..... [www.nnjbna.com](http://www.nnjbna.com)

## NEW YORK

New York BNA ..... [www.nybna.org](http://www.nybna.org)

Queens County BNA..... [www.qcbna.com](http://www.qcbna.com)

Westchester BNA..... [www.westchesterbna.org](http://www.westchesterbna.org)

## NORTH CAROLINA

Central Carolina BN Council..... [www.ccbnc.org](http://www.ccbnc.org)

## OHIO

Cleveland Council of BN ..... [www.ccbninc.org](http://www.ccbninc.org)

Columbus BNA..... [www.columbusblacknurses.org](http://www.columbusblacknurses.org)

Youngstown-Warren (Ohio) BNA..... [www.youngstown-warrenobna.org](http://www.youngstown-warrenobna.org)

## OKLAHOMA

Eastern Oklahoma BNA ..... [www.eobna.org](http://www.eobna.org)

## PENNSYLVANIA

Pittsburgh BN in Action ..... [www.pittsburghblacknursesinaction.org](http://www.pittsburghblacknursesinaction.org)

Southeastern Pennsylvania Area BNA..... [www.sepabna.org](http://www.sepabna.org)

## SOUTH CAROLINA

Tri-County BNA of Charleston ..... [www.tricountyblacknurses.org](http://www.tricountyblacknurses.org)

## TENNESSEE

Nashville BNA..... [www.nbnashville.org](http://www.nbnashville.org)

## TEXAS

BNA of Greater Houston ..... [www.bnagh.org](http://www.bnagh.org)

Fort Bend County BNA ..... [www.fbcba.org](http://www.fbcba.org)

Metroplex BNA (Dallas) ..... [www.mbnadallas.org](http://www.mbnadallas.org)

## WISCONSIN

Milwaukee Chapter NBNA..... [www.mcnbna.org](http://www.mcnbna.org)

## ALABAMA

Birmingham BNA (11)	Mary Williamson	Birmingham, AL
Mobile BNA (132)	Dr. Alethes Hill	Mobile, AL
Montgomery BNA (125)	Dr. Marilyn Whiting	Montgomery, AL

## ARIZONA

BNA Greater Phoenix Area (77)	Angela Allen	Phoenix, AZ
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## ARKANSAS

Little Rock BNA of Arkansas (126)	Yvonne Sims	Little Rock, AR
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## CALIFORNIA

Bay Area BNA (02)	Gregory Woods	Oakland, CA
Council of Black Nurses, Los Angeles (01)	Dr. Lovene Knight	Los Angeles, CA
Inland Empire BNA (58)	Kim Anthony	Riverside, CA
San Diego BNA (03)	Ethel Weekly-Avant	San Diego, CA
South Bay Area BNA (San Jose) (72)	Sandra Mckinney	San Jose, CA

## COLORADO

Eastern Colorado Council of Black Nurses (Denver) (127)	Chris Bryant	Denver, CO
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## CONNECTICUT

Northern Connecticut BNA (84)	Muriel Appram	Hartford, CT
Southern Connecticut BNA (36)	Katherine Tucker	New Haven, CT

## DELAWARE

BNA of Northern Delaware (142)	Ralisha Grimsley	Wilmington, DE
BNA of the First State (133)	Eunice Gwanmesia	Dover, DE

## DISTRICT OF COLUMBIA

BNA of Greater Washington, DC Area (04)	Sonia Swazy	Washington, DC
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## FLORIDA

Big Bend BNA (Tallahassee) (86)	Katrina Rivers	Blountstown, FL
BNA, Miami (07)	Dr. Lenora Yates	Miami Gardens, FL
BNA, Tampa Bay (106)	Rosa Cambridge	Tampa, FL
Central Florida BNA (35)	Judith Clark	Orlando, FL
Clearwater/ Largo BNA (39)	Audrey Lyttle	Largo, FL
First Coast BNA (Jacksonville) (103)	Sheena Alexander-Hicks	Jacksonville, FL
Greater Gainesville BNA (85)	Voncea Brusha	Gainesville, FL
Palm Beach County BNA (114)	Dr. Louise Aurelien	West Palm Beach, FL
St. Petersburg BNA (28)	Janie Johnson	St. Petersburg, FL

## GEORGIA

Atlanta BNA (08)	Evelyn Miller	College Park, GA
Columbus Metro BNA (51)	Gwendolyn McIntosh	Columbus, GA
Concerned National Black Nurses of Central Savannah River Area (123)		Theresa Brisker Martinez, GA
Savannah BNA (64)	Brenda Pough	Savannah, GA

## HAWAII

Honolulu BNA (80)	Linda Mitchell	Aiea, HI
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## ILLINOIS

BNA of Central Illinois (143)	Sandra Kinney	Champaign, IL
Chicago Chapter BNA (09)	Dr. Daisy Harmon-Allen	Chicago, IL

## INDIANA

BNA of Indianapolis (46)	Dr. Denise Ferrell	Indianapolis, IN
Northwest Indiana BNA (110)	Mona Steele	Merrillville, IN

## KANSAS

Wichita BNA (104)	Peggy Burns	Wichita, KS
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## KENTUCKY

KYANNA BNA, Louisville (33)	Brenda Hackett	Louisville, KY
Lexington Chapter of the NBNA (134)	Peggie Brooks	Lexington, KY

## LOUISIANA

Acadiana BNA (131)	Jeanine Thomas	Lafayette, LA
Baton Rouge BNA (135)	Tonya Washington Nash	Slaughter, LA
Bayou Region BNA (140)	Salina James	Thibodaux, LA
New Orleans BNA (52)	Trilby Barnes-Green	New Orleans, LA
Shreveport BNA (22)	Bertresea Evans	Shreveport, LA

## MARYLAND

BNA of Baltimore (05)	Lavonne Sewell	Baltimore, MD
BN of Southern Maryland (137)	Kim Cartwright	Temple Hills, MD

## MASSACHUSETTS

New England Regional BNA (45)	Tarma Johnson	Roxbury, MA
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Western Massachusetts BNA (40)	Kristina Sanders-Ayinde	Springfield, MA
<b>MICHIGAN</b>		
Detroit BNA (13)	Nettie Riddick	Detroit MI
Grand Rapids BNA (93)	Earnestine Tolbert	Grand Rapids, MI
Greater Flint BNA (70)	Meseret Hailu	Flint, MI
Kalamazoo-Muskegon BNA (96)	Birthale Archie	Kentwood, MI
Saginaw BNA (95)	Archia Jackson	Saginaw, MI
<b>MINNESOTA</b>		
Minnesota BNA (111)	Shirlynn Lachapelle	Minneapolis, MN
<b>MISSISSIPPI</b>		
Central Mississippi BNA (141)	Tangela Hales	Brandon, MS
Mississippi Gulf Coast BNA (124)	Dr. Romeatrius Moss	Gulfport, MS
<b>MISSOURI</b>		
Greater Kansas City BNA (74)	Iris Culbert	Kansas City, MO
<b>NEBRASKA</b>		
Omaha BNA (73)	Dr. Aubray Orduna	Omaha, NE
<b>NEVADA</b>		
Southern Nevada BNA (81)	Rowena Trim	Las Vegas, NV
<b>NEW JERSEY</b>		
Concerned BN of Central New Jersey (61)	Daliah Spencer	Neptune, NJ
Concerned Black Nurses of Newark (24)	Dr. Portia Johnson	Newark, NJ
Mid State BNA of New Jersey (90)	Rhonda Garrett	Somerset, NJ
Middlesex Regional BNA (136)	Cheryl Myers	Plainfield, NJ
New Brunswick BNA (128)	Barbara Burton	New Brunswick, NJ
Northern New Jersey BNA (57)	Rosemary Allen-Jenkins	Newark, NJ
South Jersey Chapter of the NBNA (62)	T. Maria Jones	Williamstown, NJ
<b>NEW YORK</b>		
New York BNA (14)	Jean Straker	New York, NY
Queens County BNA (44)	Hyacinthe McKenzie	Cambria Heights, NY
Westchester BNA (71)	Altrude Lewis-Thorpe	Yonkers, NY
<b>NORTH CAROLINA</b>		
Central Carolina Black Nurses Council (53)	Helen Horton	Durham, NC
Sandhills North Carolina BNA (138)	LeShonda Wallace	Fayetteville, NC
<b>OHIO</b>		
Akron BNA (16)	Cynthia Bell	Akron, OH
BNA of Greater Cincinnati (18)	Marsha Thomas	Cincinnati, OH
Cleveland Council BNA (17)	Peter Jones	Cleveland, OH
Columbus BNA (82)	Pauline Bryant	Columbus, OH
Youngstown Warren BNA (67)	Carol Smith	Youngstown, OH
<b>OKLAHOMA</b>		
Eastern Oklahoma BNA (129)	Valinda Jones	Tulsa, OK
<b>PENNSYLVANIA</b>		
Pittsburgh BN in Action (31)	Dawndra Jones	Pittsburgh, PA
Southeastern Pennsylvania Area BNA (56)	Denise Pinder	Philadelphia, PA
<b>SOUTH CAROLINA</b>		
Tri-County BNA of Charleston (27)	Jannie Brown	Charleston, SC
<b>TENNESSEE</b>		
Memphis-Riverbluff BNA (49)	Linda Green	Memphis, TN
Nashville BNA (113)	Shawanda Clay	Nashville, TN
<b>TEXAS</b>		
BNA of Greater Houston (19)	Angelia Nedd	Houston, TX
Fort Bend County BNA (107)	Charlie Terrell	Missouri City, TX
Galveston County Gulf Coast BNA (91)	Leon McGrew	Galveston, TX
Greater East Texas BNA (34)	Pauline Barnes	Tyler, TX
Metroplex BNA (Dallas) (102)	Dr. Linda Battle	Dallas, TX
Southeast Texas BNA (109)	Denise Sanders Boutte	Port Arthur, TX
<b>VIRGINIA</b>		
BNA of Charlottesville (29)	Dr. Randy Jones	Charlottesville, VA
Central Virginia BNA (130)	Andree Aboite	Richmond, VA
NBNA: Northern Virginia Chapter (115)	Joan Pierre	Woodbridge, VA
<b>WISCONSIN</b>		
Milwaukee BNA (21)	Sharron Coffie	Milwaukee, WI
Racine-Kenosha BNA (50)	Gwen Perry-Brye	Racine, WI

**DIRECT MEMBER (55)**

\*If There Is No Chapter In Your Area

# Important Notice Concerning the 2015 Conference In Atlanta, July 29 — August 2

*Dear National Black Nurses Association Attendees:*

I write to inform you that the conference registration area to pick up your program and bag, the education program and the exhibit hall for the 43rd NBNA Annual Institute and Conference will take place at the Atlanta Hilton Hotel. The Atlanta Marriott Marquis is attached to the Hilton via Sky Bridge from the Marquis level of the Marriott. The Atlanta Marriott Marquis has taken full responsibility for this situation and is assisting us to ensure that there will be a smooth transition. A brief overview of the conference agenda is listed below.

If you are an NBNA member and an exhibitor, NBNA will send the Hilton Exhibit Hall floor plan in the order that your original contract was received. Please provide three options. You will receive confirmation of your new booth assignment within 7 days. If you are not planning to ship your booth materials through GES, please ship them directly to the Atlanta Hilton.

There is a city-wide convention which overlaps with the NBNA Conference and the hotel has begun renovations on sleeping rooms. Thus, some of you may not have been able to book rooms in the host hotel. We have made arrangements with two other hotel for additional rooms. Please do not delay in reserving a room.

## **THE FOLLOWING EVENTS WILL TAKE PLACE AT THE HILTON ATLANTA HOTEL**

**255 Courtland Street NE, Atlanta, GA 30303 • 404-659-2000**

### **TUESDAY, JULY 28**

3:00 pm – 7:00 pm Registration

### **WEDNESDAY, JULY 29**

7:00 am – 5:00 pm Registration

8:00 am – 6:00 pm All Meeting, Workshops & Events

### **THURSDAY, JULY 30**

7:00 am – 5:00 pm Registration

8:00 am – 5:00 pm All Meeting, Workshops & Events

1:00 pm – 5:00 pm Exhibit Hall Opens

6:00 pm – 8:00 pm Opening Ceremony

### **FRIDAY, JULY 31**

6:00 am – 6:00 pm All Meetings, Workshops & Events

11:00 am – 3:00 pm Career Fair/ Exhibit Hall

6:30 pm – 10:00 pm Fundraiser Fashion Show

### **SATURDAY, AUGUST 1**

6:00 am – 6:00 pm All Meetings, Workshops & Events

11:00 am – 1:00 pm Exhibit hall

7:00 pm – 11:00 pm President's Gala

## **THE FOLLOWING EVENTS WILL TAKE PLACE AT THE ATLANTA MARRIOTT MARQUIS**

**265 Peachtree Center Ave NE, Atlanta, GA 30303 • 404-521-0000**

### **SUNDAY, AUGUST 2**

8:00 am – 9:30 am Ecumenical Service

10:00 am – 12:00 pm Brunch and Closing Session



Dear National Black Nurses Association Attendee,

The Atlanta Marriott Marquis is looking forward to hosting you brilliantly for the 2015 National Black Nurses Association Conference.

As much as we look forward to your arrival, unfortunately we have to inform you that the function space for the meeting will be located at the Hilton Atlanta. The Atlanta Marriott Marquis is attached to the hotel via Sky Bridge from the Marquis Level. When coming off the elevator bank on Marquis Level from your guestroom, walk south towards the sky bridge. There will be signage as well as our Hosts available to guide you.

Please know that the Atlanta Marriott Marquis accepts full responsibility for not being able to accommodate the program inside the hotel. We cannot adequately express how deeply we regret this situation.


The City of Atlanta cannot wait to show off our beautiful city with award winning chefs, restaurants, shopping, and rich history combined with inspiration-inducing attractions to create a city with Southern charm and world-class sophistication. Atlanta is going through a transformation, and we cannot wait to show you why Atlanta is one of the most popular destinations to visit.

While the city is transforming, the Atlanta Marriott Marquis is also going through a change. Every hotel from time to time finds it necessary to undergo renovations. In order to provide excellent physical facilities, the Atlanta Marriott Marquis will go through this improvement process in 2015 that will include the dates of your program, during which guest rooms will be undergoing renovation. We will make every effort to make sure this renovation does not affect your experience while in our hotel.

We are very appreciative of your loyalty to Marriott and consider National Black Nurses Association one of our most valued customers.

On behalf of the entire staff of the Atlanta Marriott Marquis, thank you for your business. We do hope that your time in Atlanta is memorable in every way, and we look forward to serving you for many years to come.

Sincerely,



Meinrad Lang III  
Director of Sales and Marketing

# Important Notice Concerning the 2015 Conference In Atlanta, July 29 — August 2

**Date:** May 28, 2015  
**To:** NBNA Conference Attendees  
**From:** Dianne Mance, Conference Services Manager  
**Subject:** Overflow Hotels

It appears that we are experiencing an outstanding turnout for the NBNA Annual Conference in Atlanta. We have sold out of our room block at the Marriott Marquis and do to a City Wide convention that precedes our meeting, we are unable to add additional rooms. The following options are currently available:

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## **Marriott Residence Inn** (4 blocks from the Hilton Atlanta Hotel)

134 Peachtree Street • Atlanta, GA 30303  
404-522-0950

Dates: Tuesday, July 28 thru Sunday, August 2  
Rate: \$179 per night  
Room Type: Queen Rooms Only  
Reservation: 800-321-2211 or 404-522-0950  
Cutoff date: 5 pm, July 7, 2015  
Valet Parking: \$28 Daily

All reservations must be accompanied by a first night room deposit and guaranteed with a major credit card. The Hotel will not hold any reservation unless secured by a major credit card. **The deposit will be refunded only if the reservation is cancelled at least 72 hours prior to arrival date.** If guest does not cancel prior to the 72 hours, the one night advance payment of room and tax will be non-refundable.

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## **Courtyard by Marriott** (4 blocks from the Hilton Atlanta Hotel)

133 Carnegie Way • Atlanta, GA 30303  
404-222-2416

Dates: Tuesday, July 28 thru Sunday, August 2  
Rate: \$179 per night  
Room Type: King Rooms Only  
Reservations: 800-321-2211 or 404-222-2416  
Cutoff date: 5 pm, July 7, 2015  
Valet parking: \$25 Daily  
Offsite parking: \$3 Hourly; \$25 Daily

All reservations must be accompanied by a first night room deposit and guaranteed with a major credit card. The Hotel will not hold any reservation unless secured by a major credit card. **The deposit will be refunded only if the reservation is cancelled at least 24 hours prior to arrival date.** If guest does not cancel prior to the 24 hours, the one night advance payment of room and tax will be non-refundable.

**HILTON ATLANTA HOTEL • 255 Courtland Street NE • Atlanta, GA 30303 • 404-659-2000**

**NOTE: Call the Marriott Marquis periodically to see if they have cancellations in the room blocks reserved for the NBNA; the cutoff date is July 12, 2015.**

*Thank you for your patience.*

# 2015 CONFERENCE SCHEDULE AT-A-GLANCE

## SUNDAY, JULY 26

2:00 pm - 5:00 pm Bag Stuffing

## TUESDAY, JULY 28

9:00 am - 1:00 pm Local Chapter Health Fair  
2:00 pm - 4:00 pm Board of Directors Meeting  
3:00 pm - 7:00 pm Registration  
4:30 pm - 5:30 pm Moderators/Monitors Workshop

## WEDNESDAY, JULY 29

7:00 am - 5:00 pm Registration  
8:00 am - 12:00 pm American Red Cross Workshop  
8:00 am - 2:00 pm Wound Care Workshop (5 CEUs)  
8:00 am - 3:00 pm Presidents' Leadership Institute (CEUs TBD)  
8:00 am - 6:00 pm ELNEC Pediatric Palliative Care-Part 1 (8 CEUs)  
8:00 am - 6:00 pm Adult Mental Health First Aid USA (8 CEUs)  
1:00 pm - 5:00 pm Caribbean Exploratory Research Workshop (4 CEUs)  
3:30 pm - 4:30 pm Credentialing  
3:30 pm - 4:30 pm New Members/First time attendees Workshop  
3:30 pm - 5:00 pm Chapter development Workshop  
4:30 pm - 5:30 pm Moderators / Monitors Workshop  
5:00 pm - 6:00 pm New Members/First Time Attendees Workshop and Networking Reception

## THURSDAY, JULY 30

6:00 am - 7:00 am Exercise Class  
7:00 am - 5:00 pm Registration  
8:00 am - 10:00 am Business Meeting (Chartering of new Chapters)  
7:30 am - 4:30 pm ELNEC Pediatric Palliative Care-Part 2 (8 CEUs)  
7:30 am - 4:30 pm Mental Health First Aid for Higher Education (8 CEUs)  
10:30 am - 12:30 pm Plenary Session (2 CEUs)  
1:00 pm - 5:00 pm Exhibit Hall Grand Opening, Refreshment served  
3:00 pm - 5:00 pm LPN FORUM  
5:30 pm - 6:00 pm Chapter Line-Up  
6:00 pm - 8:00 pm Opening Ceremony

## FRIDAY, JULY 31

6:00 am - 7:00 am Exercise Class  
6:30 am - 7:45 am Breakfast (2 sessions; CEUs to be determined)  
7:00 am - 5:00 pm Registration  
8:00 am - 12:00 pm Institutes (Select one of six session; 4 CEUs)  
8:00 am - 12:00 pm Emerging Leaders Forum  
8:00 am - 4:00 pm NBNA Summer Youth Enrichment Institute  
11:00 am - 3:00 pm Career Fair  
11:00 am - 3:00 pm Exhibit Hall, raffle and refreshments  
12:30 pm - 3:00 pm NBNA Nursing Innovations Theater (CEUs TBD)  
12:30 pm - 2:30 pm Institute of Excellence Awards and Luncheon  
3:30 pm - 4:30 pm Plenary Session (1 CEU)  
4:30 pm - 6:00 pm Under Forty Forum  
5:00 pm - 7:00 pm NBNA Choir Rehearsal

## SATURDAY, AUGUST 1

6:00 am - 7:00 am Exercise Class  
6:30 am - 7:45 am Breakfast Sessions (2 sessions, CEUS TBD)  
8:00 am - 10:00 am Business Meeting (chapter awards)  
10:00 am - 10:30 am Candidates forum  
10:30 am - 11:00 am Members Speaks  
11:00 am - 1:00 pm Exhibit Hall  
11:00 am - 12:00 pm NBNA Nursing Innovations Theater (CEUs TBD)  
12:00 pm Passport Raffle  
12:30 pm Grand Raffle  
1:00 pm - 3:00 pm Workshops (select one of sessions; (2 CEUs)  
1:00 pm - 4:00 pm Breast Cancer Screening Practicum  
3:30 pm - 4:30 pm NBNA Choir Rehearsal  
6:00 pm - 7:00 pm Board and Lifetime Member Photo  
7:00 pm - 11:00 pm President's Gala

## SUNDAY, AUGUST 2

8:00 am - 9:30 am Ecumenical Service  
10:00 am - 12:00 pm Brunch and Closing Session (1 CEU)

### THERE ARE THREE WAYS TO REGISTER:

1. FAX your completed form with credit card information to: 301.589.3223
2. ON-LINE AT [www.NBNA.org](http://www.NBNA.org)
3. MAIL your completed form with payment to:  
NBNA / Registration • 8630 Fenton Street, Suite 330 • Silver Spring, MD 20910

*(Please allow two weeks  
for check processing)*





# 2015 Conference Highlights

## TUESDAY, JULY 28

**9:00 am - 1:00 pm**

**Local Chapter Health Fair** (TBD)

**4:30 pm - 5:30 pm**

**Moderator/Monitor Workshop**

## WEDNESDAY, JULY 29

**8:00 am - 12:00 pm**

**American Red Cross Workshop**

**8:00 am - 2:00 pm**

**Wound Care Workshop** (pre-registration preferred)

*Lower Extremities: A Foundation of Excellence in Wound Care and Treatment*

At the conclusion of the program, nurse participants will be able to:

- Describe a comprehensive assessment of lower extremities.
- Identify parameters for compromised circulation in the lower extremities.
- Provide a return demonstration of lower extremities compression wraps.
- List contraindications for lower extremity compression.
- Discuss effective dressings for the management of lower extremity wounds.
- Differentiate methods of offloading pressure from lower extremities.

**8:00 am - 6:00 pm**

**ELNEC PEDIATRIC PALLIATIVE CARE**

*(Train-the-Trainer Program)*

"Caring for patients with complex, chronic conditions or at end of life can be very challenging. This is especially true when the patient is an infant or child or if the patient is an expectant mother of a child with special needs. Skills required for this special population are easily transferrable across the life spectrum. The ability to clearly communicate difficult information, recognize and alleviate symptoms of suffering, coordinate care with an interdisciplinary team and provide grief/bereavement support is essential in caring for patients in today's complex healthcare system. This conference will increase participant's readiness in caring for the patients of the future while also assuring the application of self-care principles." Leading national pediatric specialists will serve as faculty for this Train-the-Trainer Program.

*Who Should Attend: Staff Nurses, APRNs, Nurses working in pediatric acute care settings (i.e. Med/Surg., NICU, PICU, Clinics, Oncology, palliative care settings, Home Care Nurses, CE Providers & Staff Develop Educators, Undergraduate and graduate pediatric nursing faculty.*

*All participants must bring a copy of their license to the session for the CEU rosters.*

*2-days, workshop continues on Thursday, July 30, 7:30 am - 4:30 pm. Pre-registration is required and you must attend both sessions. Class size is limited to first 75, there will be a waiting list.*

**8:00 am - 6:00 pm**

**Adult Mental Health First Aid USA** *Pre-registration is required.*

Just as CPR helps you assist an individual having a heart attack—even if you have no clinical training—Mental Health First Aid helps you assist someone experiencing a mental health related crisis. In the Mental Health First Aid course, you learn risk factors and warning signs for mental health and addiction concerns, strategies for how to help someone in both crisis and non-crisis situations, and where to turn for help.

*Certification will require completion of the pre- and post-session on line surveys. Class size is limited to 40 nurses, there will be a waiting list. Please do not register for this class if you have received the certification at previous conferences.*

**1:00 pm - 5:00 pm** **Caribbean Exploratory Research Center**

**1:00 pm - 5:00 pm** **Breast Cancer Screening Practicum**

**5:00 pm - 6:00 pm** **New/First Time Attendee Reception**

## THURSDAY, JULY 30

**7:30 am - 4:30 pm**

**ELNEC PEDIATRIC PALLIATIVE CARE (Part 2)**

**7:30 am - 4:30 pm**

**Higher Education Mental Health First Aid USA** *Pre-Registration is required.*

Mental illnesses and substance use challenges often present during adolescence and young adulthood, when many individuals are students at colleges and universities. College and university faculty, staff, and students can learn how to help each other within a framework of their unique culture and set of resources.

*Certification will require completion of the pre- and post-session on line surveys. Class size is limited to 40 nurses, there will be a waiting list.*

**1:00 pm - 5:00 pm** **Exhibit Hall Grand Opening**  
*Refreshments will be served*

**6:00 pm - 8:00 pm** **Opening Ceremony**

## FRIDAY, JULY 31

**8:00 am - 12:00 pm** **NBNA Emerging Leaders Forum**

Students must be registered for the conference to attend this session.

**8:00 am - 4:00 pm**

**NBNA Summer Youth Enrichment Institute**

*"Developing the Next Generation of Nurses"*

At the completion of the program participants will be able to:

- Describe the role of the nurse in the health care system
- Identify two healthy life style behaviors
- Identify two test-taking strategies that will increase the participants success in science and math
- Participate in a community service activity

*Open to children ages 8 to 18. Each participant will receive a back pack and a certificate of completion. Please register your child on the attached form. Consent forms will be sent with your registration confirmation letter.*

# REGISTRATION FORM PAGE 1

**PAGE 1.**

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

## 1. REGISTRATION INFORMATION (SPEAKERS, EXHIBITORS & SPONSORS DO NOT USE THIS FORM) PLEASE PRINT CLEARLY OR TYPE. ONE REGISTRATION PER FORM. COPY FORM FOR MULTIPLE REGISTRATIONS.

NAME \_\_\_\_\_ CREDENTIALS \_\_\_\_\_  
FIRST MIDDLE LAST MUST PROVIDE

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WORK PHONE (\_\_\_\_\_) \_\_\_\_\_ HOME PHONE (\_\_\_\_\_) \_\_\_\_\_

FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

NBNA ID # \_\_\_\_\_ RN/LPN/LVN LIC. NO. \_\_\_\_\_

NAME OF CHAPTER (REQUIRED INFO): \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE \_\_\_\_\_

I AM A DIRECT MEMBER (do not belong to a chapter)

ARE YOU UNDER AGE 40?  YES  NO

NUMBER OF VEGETARIAN MEAL REQUIRED: \_\_\_\_\_

ARE YOU A NURSE PRACTITIONER?  YES  NO

## 2. REGISTRATION FEES (PLEASE CIRCLE THE APPROPRIATE FEES)

MEMBER	EARLY BIRD THRU 3/31/15	PRE-CON 4/1- 6/15/15	ON SITE AFTER 6/15/15	NON-MEMBER	EARLY BIRD THRU 3/31/15	PRE-CON 4/1- 6/15/15	ON SITE AFTER 6/15/15
RN/LPN/LVN	\$375	\$450	\$575	RN/LPN/LVN	\$550	\$625	\$775
Student (NON-Licensed)	\$230	\$280	\$405	Student (NON-Licensed)	\$305	\$355	\$505
Retired	\$300	\$375	\$500	Retired	\$375	\$470	\$550
INCLUDES (1) Gala ticket (1) brunch & closing session ticket (1) general raffle ticket (1) CEU program, business meeting (MEMBERS ONLY) (1) Passport raffle ticket				INCLUDES (1) Gala ticket (1) brunch & closing session ticket (1) general raffle ticket (1) CEU program (1) Passport raffle ticket			

I AM A NEW MEMBER

This is my first NBNA Conference

SUB-TOTAL \$ \_\_\_\_\_

SUB-TOTAL \$ \_\_\_\_\_

## 3. INSTITUTE REGISTRATION (ONLINE REGISTRATION NOT ACCEPTED AFTER JULY 17, 2015)

To receive the full compliment of Continuing Education Units, you MUST attend the institute and/or workshop of your choice IN ITS ENTIRETY. Institutes will be held on **FRIDAY, JULY 31**. NOTE: topics subject to change. Please choose ONE of the following:  Cardiovascular Disease

Cancer  Children's Health  Diabetes  Women's Health  Obesity  Diversity  Health Policy  Founders Leadership

<input type="checkbox"/> ELNEC Pediatric Palliative Care - 2-Day Session (Pre-registration required)	<b>PART I:</b> Wednesday <b>PART II:</b> Thursday	<b>July 29</b> / 8:00 am - 6:00 pm <b>July 30</b> / 8:00 am - 5:00 pm
<input type="checkbox"/> Adult Mental Health First Aid USA (Pre-registration required)	Wednesday	<b>July 29</b> / 8:00 am - 6:00 pm
<input type="checkbox"/> Mental Health First Aid for Higher Education USA (Pre-registration required)	Thursday	<b>July 30</b> / 7:30 am - 4:30 pm
<input type="checkbox"/> Presidents' Leadership Institute (Chapter presidents, vice presidents or designated delegate ONLY)	Wednesday	<b>July 29</b> / 8:00 am - 3:00 pm
<input type="checkbox"/> Lower Extremities Foundation of Excellence in Wound Care Workshop	Wednesday	<b>July 29</b> / 8:00 am - noon
<input type="checkbox"/> Caribbean Research Exploratory Workshop	Wednesday	<b>July 29</b> / 1:00 pm - 5:00 pm
<input type="checkbox"/> American Red Cross Workshop	Wednesday	<b>July 29</b> / 8:00 am - noon
<input type="checkbox"/> Breast Cancer Screening Practicum	Saturday	<b>Aug 1</b> / 1:00 pm - 4:00 pm
<input type="checkbox"/> NBNA Summer Youth Enrichment Institute (consent forms sent with registration confirmation.)	Friday	<b>July 31</b> / 8:00 am - 4:00 pm

Register my: \_\_\_\_\_  
RELATIONSHIP TO ATTENDEE CHILD'S NAME AGE OF CHILD GENDER

- I will attend the Chapter Development Workshop
- I will attend the Emerging Leaders Forum
- I am a LPN/LVN and will attend the LPN/LVN Workshop

- I will attend the Under Forty Forum
- I want to volunteer:  Registration  Workshop Monitor  Moderator  Exhibit Hall (Friday)

## REGISTRATION FORM PAGE 2

**PAGE 1.**  
**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

### 4. GUEST REGISTRATION\*

**NON-NURSE ADULTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

(IF DIFFERENT FROM REGISTRANT'S)

**CHILDREN:**

\_\_\_\_\_ (age) \_\_\_\_\_

\_\_\_\_\_ (age) \_\_\_\_\_

\_\_\_\_\_ (age) \_\_\_\_\_

\_\_\_\_\_ (age) \_\_\_\_\_

**# OF GUESTS:** \_\_\_\_\_ **X \$275 =** \_\_\_\_\_ **SUB-TOTAL**

\* NON-NURSE GUEST(S) REGISTRATION (ADULTS OR CHILDREN) \$275 EACH.

REGISTRATION INCLUDES: EDUCATIONAL SESSIONS OPEN TO THE PUBLIC, EXHIBIT AREA, PRESIDENT'S BANQUET, AND SUNDAY BRUNCH.

### 5. PURCHASE ADDITIONAL BANQUET, BRUNCH OR INSTITUTE OF EXCELLENCE CEREMONY AND LUNCHEON TICKETS

**Banquet & Brunch tickets are NOT refundable after JULY 1, 2015.**

<input type="checkbox"/> NBNA INSTITUTE OF EXCELLENCE LUNCHEON	7/31/15	\$75 ea X No. of tickets _____	<b>SUB-TOTAL \$</b> _____
<input type="checkbox"/> PRESIDENT'S GALA & BANQUET	8/1/15	\$85 ea X No. of tickets _____	<b>SUB-TOTAL \$</b> _____
<input type="checkbox"/> BRUNCH & CLOSING SESSION	8/2/15	\$50 ea X No. of tickets _____	<b>SUB-TOTAL \$</b> _____

### 6. PAYMENT INFORMATION (NBNA ACCEPTS ONLY MASTERCARD AND VISA CREDIT CARDS.)

Check Enclosed     Check has been requested/ PO# \_\_\_\_\_     Money Order     MasterCard     VISA

**AMOUNT ENCLOSED \$** \_\_\_\_\_ (SUB-TOTALS FROM 2, 4 & 5)

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

Cardholder Name (please type or print): \_\_\_\_\_

Signature \_\_\_\_\_

(ALLOW 2 WEEKS PROCESSING TIME IF PAYING BY CHECK)

**NO REQUEST FOR REFUNDS WILL BE GRANTED AFTER JUNE 19, 2015.**

THERE ARE **THREE** WAYS TO REGISTER:

**1. FAX** your completed form with credit card information to: **301.589.3223**

**2. ON-LINE** @ **www.NBNA.org**

**3. MAIL** your completed form with payment to:

(Please allow 2 weeks for check processing)

NBNA

8630 Fenton Street, Suite 330

Silver Spring, MD 20910

**JOIN NOW AT**  
**www.NBNA.org**

# NBNA 43rd Annual Institute and Conference

ATLANTA MARRIOTT MARQUIS and the HILTON ATLANTA HOTEL July 29 – August 2, 2015

THE NATIONAL BLACK NURSES ASSOCIATION THIRD ANNUAL CAREER AND EDUCATIONAL FAIR

## *“Jump Starting Your Future In Nursing”*

**Friday, July 31, 2015 • 10am - 3pm**

9:30am - 2pm: Registration ■ 10am - 3pm: Visit Exhibitors ■ 11am - 12pm: Continuing Education Workshop  
Galleria Exhibit Hall • Hilton Atlanta Hotel • 225 Courtland Street, NE • Atlanta, GA  
All Registered Nurses, Nursing Students, and New Grads are Welcome!

**EVENT SPONSORED BY NORTHSIDE HOSPITAL**



**NORTHSIDE HOSPITAL**

Visit with over 100 exhibitors to explore exciting nursing positions. Plan to take the next step in your academic career by meeting with representatives from the finest schools of nursing in the country. Discover the latest resources for patient care offered by government agencies, non-profits, and nursing associations from across the country! *Bring your resume, business cards and your friends. Dress for success, be ready for the interview that could skyrocket you to the next phase of your career!*

**One Hour CE Presentation by Pamela Falk, BSMT, MPH, F-SHEA, CIC:**  
*“Preparing for Emerging Infectious Diseases”*

**3:00 PM - DOOR PRIZES:**

**WIN one of two “Official” NBNA Conference bags!**

**WIN one of two complimentary registrations to the 2016 NBNA Conference in Memphis, TN**

For information about exhibiting or attending the conference, visit us at [www.nbna.org](http://www.nbna.org) and (Facebook) to register for the Career and Education Fair complete the form. Our Career Fair is designed to introduce students, new and seasoned licensed RNs and LPNs to regional and national recruiters. The majority of our recruiting exhibitors will be attending to meet nurses who are currently licensed, have some experience in a nursing setting, and are available to work immediately. If you are a new graduate or student who will graduate in the next 6 months, this will be a prime opportunity for you to interview with potential employers. If you are interested in earning your next degree in nursing this is the place for you!

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### 2015 Career Fair Advanced Registration **There is no charge to attend this event!**

Yes, I will attend the career fair!

NAME \_\_\_\_\_ CREDENTIALS \_\_\_\_\_  
PLEASE TYPE OR PRINT - THIS INFORMATION WILL NOT BE SHARED.

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ May we contact you?  YES  NO

CURRENT EMPLOYER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

STUDENT  NEW GRAD COLLEGE YOU ATTENDED \_\_\_\_\_

**All contact and employment information is confidential.** Registration materials will be held at Career Fair Registration Desk which will be located in the Grand Ballroom Foyer on the second floor. Please send your form to [dmance@nbna.org](mailto:dmance@nbna.org), or by fax at 301-589-3223.

**Satellite parking for career fair attendees!**

Public Parking is across the street from the hotel. The Hilton Atlanta is conveniently accessible by public transportation.

**Please share this opportunity with your colleagues and fellow classmates!**