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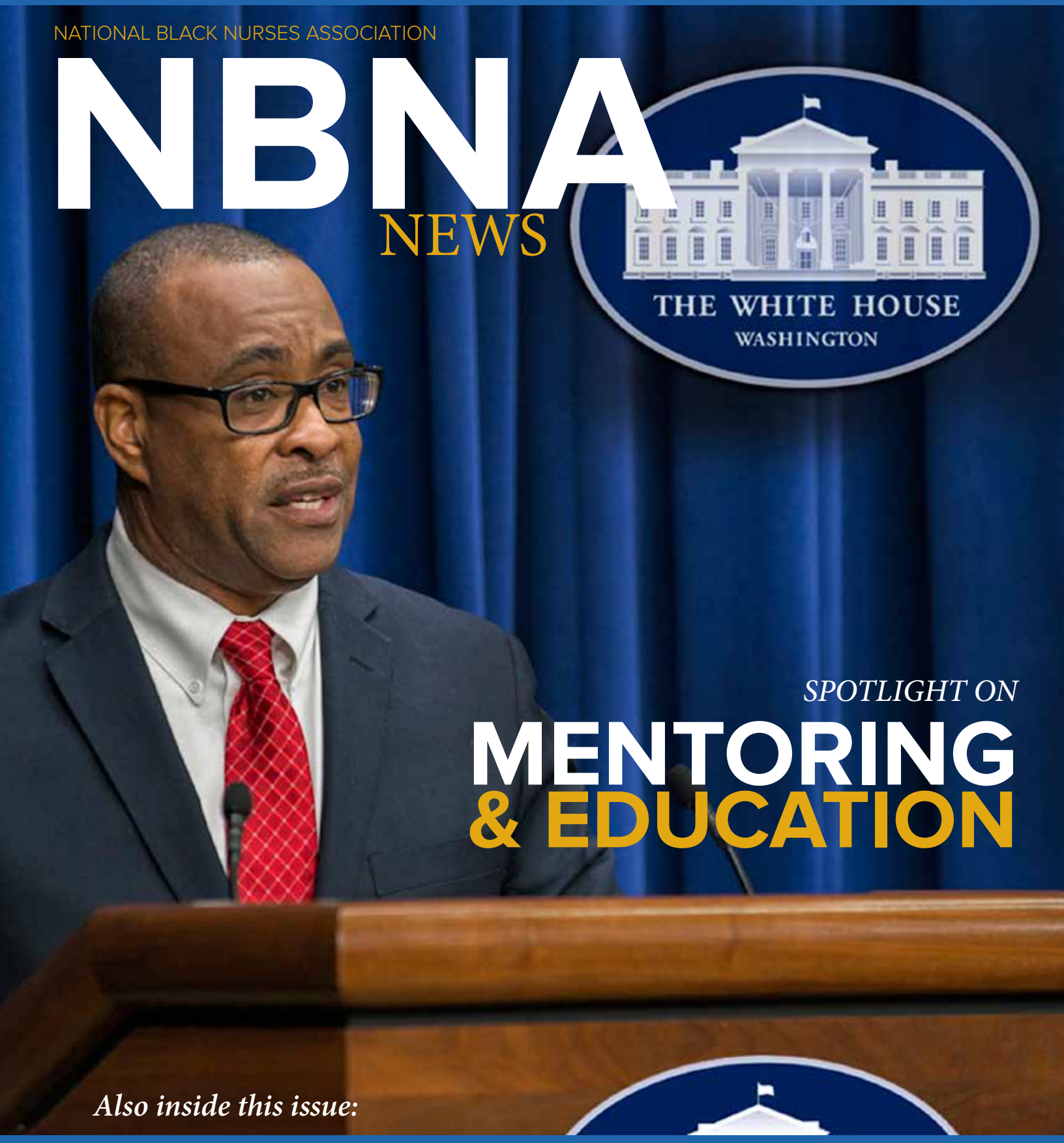
NBNA NEWS



SPOTLIGHT ON

MENTORING & EDUCATION

Also inside this issue:

NBNA NEWS

The NBNA News is printed quarterly; please contact the National Office for publication dates.
NBNA News • 8630 Fenton Street, Suite 330 • Silver Spring, MD 20910 • www.NBNA.org
Yolanda M. Powell-Young, PhD, PCNS-BC, CPN, Editor-in Chief

Inside the Issue

ON THE COVER

Dr. Eric J. Williams, NBNA President, NBNA White House Briefing **"Addressing the Epidemic of Violence in the African American Community"** at the Eisenhower Executive Office Building, February 4, 2016

FEATURES

Gun Violence in America: A Clarion Call to Action

Dr. Eric J. Williams, President, National Black Nurses Association

Dear Colleagues, I wish to thank you for the votes that propelled me to office last summer and I am proud to serve as your President. As I searched my soul for what I could write in my first editorial, I was overcome with what was happening in the nation. Gun violence is taking over this country like a cancer on our souls. Health-care professionals attend to and treat victims of gun violence every day.

Statistical Data on Gun Violence

The statistical data on gun violence are compelling. In fact, 1 in 3 people in this country, if asked, know someone who has been shot. Moreover, every day, 31 people are murdered in the United Stated with a gun, some 151 people are injured by a gun and are seen in your emergency departments, and every day, approximately 55 people take a gun in their hands and end their lives (The Brady Campaign, 2016). Guns prove to be one of the leading causes of accidents as daily some 46 people are accidentally killed by a gun (The Brady Campaign, 2016). Couple these statistics with the knowledge that the U.S. firearm homicide rate is 20 times higher than that of all of the combined rates of 22 other similarly situated countries in both wealth and population. There are those who contend that to thwart a criminal with a gun, it is essential to meet that force with a gun; however, available data is in stark contrast to this contention. In fact, for those who keep guns in a home, it is 22 times more likely that a gun will be used to kill or injure in various scenarios including domestic homicide, suicide, or unintentional shooting (The Brady Campaign, 2016).

The Toll of Gun Violence in the United States

Gun violence affects the entire fabric of American society. While it is true, it disproportionately affects the African-American community, data of how it affects our children regardless of race is shocking. For example, 1 in 5 children in the United States has witnessed a shooting and an average of 7 children under the age of 20 are killed by a gun every day (The Brady Campaign, 2016). Children in the United States are 11 times more likely than children in other high-income countries to die from a gun. While it is thought that urban children are the only ones most frequently affected by gun violence, the data suggest that rural children 0 to 19 years of age are more likely to die from gun suicides and unintentional shooting deaths (Nance et al., 2010). For children 1 to 19 years of age, the available data suggest that firearm homicides are the second leading cause of deaths (National Center for Injury Prevention and Control, 2009). Even more startling is the fact that in 2007, more school-aged children (85) were killed by gunfire than were police officers in the line of duty (Children's Defense Fund, 2010). Children are not serving on the front line of defense, nor are they living in a worn torn country (The Brady Campaign, 2016). When America sends its children to school or to the neighborhood store, there is the expectation that they should return alert and alive.

A Clarion Call to Action

The data suggest that if asked, 9 out of 10 Americans would say they support universal background checks (The Brady Campaign, 2016). Yet, our current background check system is riddled with fault. For example, our current system leaves out about 40% of all gun sales in the country. Since as health-care professionals, we see these children, women, or men in our emergency rooms or acute care settings, we must rise up to stem the tide of this cancer affecting our nation. We must use our voices to describe the horrors we see every single day across this nation. Until we have reasonable and plausible gun laws, every day we go to work, we will be re-assaulted with this unimaginable violence. Colleagues, to use a pun, "I am fired up and ready to go." Are you??

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INTRODUCING THE 12th PRESIDENT OF THE NBNA

ERIC J. WILLIAMS, DNP, RN, CNE

On August 2, 2015, Dr. Eric J. Williams was installed as the first male and 12th President of the National Black Nurses Association (NBNA). Dr. Williams earned a Baccalaureate of Science in Nursing degree from in 1986 from William Carey University, Hattiesburg, MS. His education continued at the University of South Alabama, Mobile, AL, where in 1991 Dr. Williams was conferred the Master of Science in Nursing with a focus in Adult Health. In 2007, Dr. Williams earned a Doctorate of Nursing Practice from the Frances Payne Bolton School of Nursing at Case Western Reserve University, Cleveland, OH.

Dr. Williams has primarily served in the roles of clinician and academician. Upon completion of his undergraduate studies he initially worked as a clinical nurse in a variety of areas in the acute care setting including medical-surgical, emergency, and adult intensive care. He quickly transitioned to the role of charge nurse and was quickly recruited at the age of 24 to begin his career in education in a practical/vocational nursing program. After completing his Master's degree, Dr. Williams began his academic career as an Assistant Professor at Dillard University School of Nursing in New Orleans, LA. At present, Dr. Williams serves as the Assistant Director/Faculty Leader and Professor of Nursing at Santa Monica College, Santa Monica, CA.

Dr. Williams holds distinctions as a leader in nursing. He was the first African American male to serve as faculty at both Dillard University and Santa Monica College. He has twice served on the NBNA Board of Directors. He has also held the positions of first and second Vice President within the NBNA. Dr. Williams is a past board member of the American Assembly for Men in Nursing.

Dr. Williams has received several distinguished awards. He was inducted into the William Carey University Hall of Fame on March 28, 2015 and is listed as a pioneer in nursing by St. Louis University. Dr. Williams was presented the Trailblazer Award in Nursing in 2011 by the NBNA. Dr. Williams was recognized as part of the Great 100 Nurses of New Orleans in 1992; an Outstanding Young Man of America in 1987; and listed as Who's Who among Students in American Colleges and Universities in 1986.

Most recently, Dr. Williams was appointed and serves as a member of the technical expert panel for the Agency for Healthcare Research and Quality, and as a board member for the Haiti Nursing Foundation. In addition, Dr. Williams presents locally and nationally on a variety of health-related topics. He has been featured in *Working Nurse Magazine*, *Minority Nurse*, as well as in a CNN segment on health care reform entitled, "A Nursing Professor Rejoices." His research interests are in the areas of cultural competence among nursing students.

THE PRESIDENT'S CALENDAR

Dr. Eric J. Williams, 12th NBNA President, attended the Northeast Ohio Black Coalition Conference, Cleveland, OH. The theme of the conference was "The State of Disparities in the African American Community: 150 years after Emancipation". President Williams was a panelist and presented on the topic of "Utilizing Collaborative Models to Eliminate Health Care Disparities".

Dr. Eric J. Williams attended the 45th Annual Legislative Conference Congressional Black Caucus Health Brain Trust Meeting in Washington, DC. Dr. Williams attended the reception hosted by The Coca Cola Foundation for the Georgia Delegation. He met with U.S. Representative Bishop Sanford and The Coca Cola Foundation Vice President Lorie Billingsley.

Dr. Eric J. Williams attended the American Assembly for Men in Nursing 40th Annual Conference Minneapolis, MN. While at this conference, Dr. Williams was able to interact with NBNA Student Members from Drew University, Merv Dymally School of Nursing.

Dr. Eric. J Williams attended the National Federation of Licensed Practical Nurses 66th Annual Conference. Annapolis, MD. President Williams' presentation was on nursing leadership.

Dr. Eric J. Williams attended the American Academy Annual Conference Washington, DC to applaud our members inducted into the Academy.

Dr. Eric J. Williams attended the Multicultural Advisory Committee meeting of the American Heart Association/American Stroke Association

Dr. Eric J. Williams will be a panelist at the National Medical Association Colloquium.

PRESENTING THE

2016 SAPPHIRE SYMPOSIUM AND AWARDS

Florida Blue Foundation

Health Transformation: The Power of Engagement

SAPPHIRE AWARDS

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PARTIAL LIST OF SPEAKERS AND TOPICS

Joseph R. Betancourt, M.D., M.P.H.
Associate Professor of Medicine and Director of the Disparities Solution Center, Harvard Medical School
Improving Quality and Achieving Equity: Engaging Diverse Populations in Health Care

Cara V. James, Ph.D. (Invited)
Director, Office of Minority Health, Centers for Medicare and Medicaid Services (CMS)
The CMS Equity Plan for Improving Quality in Medicine

Rena Coughlin
Chief Executive Officer, Nonprofit Center of Northeast Florida
Grant Writing

Henrie M. Treadwell, Ph.D.
Founding Director and Senior Advisor, Community Voices, Healthcare for the Underserved, Research Professor, Community Health and Preventive Medicine, Morehouse School of Medicine
Workforce, Public Policy and Oral Health Equity

Oscar Arevalo, D.D.S., Sc.D., M.B.A., M.S.
Attending and Assistant Director, Pediatric Dentistry Residency Program, Nicklaus Children's Hospital
Workforce, Public Policy and Oral Health Equity

Rebecca Koenig
Reporter, The Chronicle of Philanthropy
Basics of Program Measurement: Start Here

Michelle Lombardo, D.C.
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A Message from the Editor-in-Chief

Greetings Authors and Readers:

It gives me great pleasure to present the first edition of the NBNA News for which I am Editor-in-Chief. It is an honor to be selected as Editor-in-Chief of such a well-regarded periodical. I am grateful to Dr. Eric J. Williams for giving me this unique opportunity to influence and actively shape the future of this premiere publication. I look forward to working with the editorial team, contributors and the NBNA leadership in disseminating the most current information in nursing and healthcare to our members, donors, volunteers, well-wishers, and the community at large.

This edition spotlights Mentoring and Education. A total of 18 articles are included in this issue. I sincerely hope that each one provides significant stimulation for each of you. Future issues will continue to highlight our activities and events; feature the talents and professional contributions of our members; and provide contemporary writings on subject matter impacting nursing and health care.

I encourage the submission of various article types including commentaries, consumer health information, and the latest in minority-focused health topics that may inform the future directions of healthcare practice, policy and research. I look forward to welcoming your submission.

With best wishes,

Yolanda M. Powell-Young, PhD, PCNS-BC, CPN
Editor-in-Chief
NBNANews

Examining Mentoring for Nurses

Sarah M. Killian, DNP, RN, NEA-BC

The nursing shortage is a major workplace challenge the healthcare industry and the nursing community. Retention of nurses will play an important role in addressing the shortage. As a result of the alarming statistics related to poor retention of new graduate registered nurses (G-RN), mentoring programs have been developed with the goal of fostering clinical competence and enhancing mentorship skills in new nurses. Mentoring has been shown to improve nursing satisfaction, decrease turnover rate, and increase retention (Buffum & Brandon, 2009; Weng et al., 2010; Cottingham et al., 2010; Federick, 2014). Accelerated turnover rates as well as decreasing retention rates among nurses have been shown to advesely impact patient care in the areas of safety, quality and outcomes (Mills & Mullins, 2008; Myers et al, 2010; Trepanier, Early, Ulrich, & Cherry, 2012).

An approach that has shown preliminary success in improving nursing satisfaction, decreasing turnover rates and improving long-term retention among nurses is the use of seasoned nurses as mentors to nurse applicants, newly licensed nurses and those who are less experienced nurses (Buffum & Brandon, 2009; Cottingham, DiBartolo, Battiston, & Brown, 2011; Trepanier et al., 2012). The concept of mentoring and the implementation of mentoring programs are not new phenomena in nursing. However, implementing the components of successful mentoring programs have yet to be fully realized.

Literature Review and Evaluation

A concise analysis of the literature indicates that mentoring is an effective support mechanism for newly hired nurses. Mentoring has been cited as a strategy for improving social workplace interactions, promoting career development and increasing long-term commitment among nurses (Wallen et al., 2010; Procter et al., 2011; Mariani, 2012; Rush, Adamack, Gordon, Lilly, & Janke, 2012; Tepanier et al., 2012). Some literature suggests there is a renewed urgency to examine graduate nurses' experiences as they transition into the role of staff nurse for triggers that impact turnover and retention rates (Casey et al., 2004; Halfer, 2007; Procter et al., 2011; Dyess & Parker, 2012). A recurring issue reported to influence the graduate nurse's initial experience in their new role of clinical nurse is the formality and scope of the mentoring process (Beecroft et al., 2006; Wallen et al., 2010; Dyess & Parker, 2012). While formal mentoring programs have shown to a greater extent success in retaining nurses when compared to informal mentoring programs the need for further study in this area would not be remiss.

A great deal of emphasis has been placed on defining the concept of mentor and describing the nature of the mentoring role. The term mentor has often been used interchangeably with the term preceptor. However, Tomey (2000, p. 290) demonstrates the differences between the terms when describing preceptor as a "teacher or instructor" and a mentor as "a wise and faithful counselor." The successful preceptor has been described as one who has clinical experience and shows commitment to the role while enjoying teaching (Kelly, 2008). The preceptor is knowledgeable of the organization and is willing to formally share their knowledge and model positive behaviors. The pairing of preceptor and novice nurse has been shown to more significantly impact clinical competency, role transition, and staff socialization (Almada et al, 2004; Hom, 2003; Bartlett, Simonite, & Taylor, 2000; Godinez, 1999). Upon investigation of the published data, there are definitive differences in the mentoring role as compared to the precepting role.

In contrast, the role of mentor has been described as a pattern of behavior that facilitates professional growth and skill acquisition through the transference of expert nursing knowledge and experiences to the novice nurse in what is oftentimes a less formal, more personal relationship. Other characteristics that are unique to mentors are their time and energy dedication to nurturing young professionals who are goal directed, willing to learn and respectfully trusting. In addition to the competency, socialization, and transition progression often noted for preceptors and preceptorships, mentors and mentoring programs have shown a sustained increase in new nurse retention rates by as much as 20%.

In summary, nursing mentors and mentor-centered programs have been in existence for several decades. The impact of mentors and mentoring has been noted with job satisfaction, increased retention rates, decreased turnover rates and role transition efficiency for new nurse graduates. These outcomes may be instrumental in addressing the issues of nursing shortage as well as safe and quality healthcare outcomes. While information is available on the success of mentors and mentoring in nursing, further analysis is needed to validate the efficacy of the programs and reveal opportunities for improvement.

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A Reflection of the Nurses Under Forty Forum

Top Ten Things I Wish I Knew About My Nursing Career When I Was Under 40

JoAnna Fairley, PhD, MSN, A-GPNP-BC, RN

As I reflect on the nurses under forty forum at the National Black Nurses Conference in Atlanta Georgia July 29-August 2, 2015. I am very proud to have been engaged with such an aspiring audience of African American men and women. The responses received from the audience regarding the ten components that I believe every nurse needs to be involved with in their nursing profession was overwhelming. Therefore it is only fitting that I share the ten components in this quarter's newsletter with further emphasis on the importance of each component. A list of the top ten components that all nurses should include in their career early on are listed below:

- **Collaborate with other disciplines**
- **Invest in continuing education**
- **Be more flexible**
- **Explore Nursing**
- **Learn more about the financial aspect of nursing**
- **Seek out a Mentor**
- **Further your education**
- **Seek out professional organizations and learn about publication and research opportunities**
- **Involve yourself in your community**
- **Learn more about political issues.**

According to Pfaff, Baxter, Jack and Ploeg (2014), collaboration among disciplines is a necessity, mainly because it has been proven in clinical practice when nurses collaborate with other disciplines quality of care also improves for the clients. Newly graduated nurses that enter into the nursing profession, often times are reluctant to collaborate with other disciplines. This is part due to lack of confidence in regards to finding the right words to initiate conversations around client care. The topic of collaboration should be a priority for schools of nursing and health care organizations being that it affects healthcare quality and safety (Chernomas, Care, McKenzie, Guse, & Currie, 2010). Most individuals that decide to enter into the nursing profession can expect for their careers to last a lifetime. Therefore, the longevity of one's career places a strong emphasis on continuing education whether it be through professional development or going back to school to obtain another degree.

The need for nurses to be life-long learners should be a constant reminder and a goal for every nurse. In addition, organizations must also develop strategies to help promote continuing education among nurses in all age groups because nursing is an ever-changing profession (Skar, 2010). The need for flexibility is another aspect that nurses should be aware of when entering into the nursing profession. Flexibility is seen as a positive attribute by nurse leaders and can lead to many other different avenues such as leadership opportunities on committees or other professional opportunities involving the organization (Chandler, 2012.).

Nurses should be careful not to get so caught up in the workplace that there is no time to explore the nursing profession. For instance, learning about current trends, best practices and finances are three of a few areas nurses should take time to explore in their nursing practice. What is particularly important is that nurses' involvement in these areas will strengthen the nurses' knowledge. Thus, leaders should provide opportunities and time for nurses to engage themselves in different areas of the nursing profession (Knight, 2011).

This next section speaks to mentorship which is very relevant to all nurses in the nursing profession. However, nurses who have been in the profession longer will often times serve as mentors to the less experienced younger nurse. Gopee (2011) claimed that mentoring nurses is critical being that it could impact how the mentee socializes and formulates opinions in nursing practice. In my mentoring role it is my hope every nurse that is mentored will also become a mentor and provide a positive experience to their mentees. Mentoring is a process that allows mentees to emulate positive attributes and feel comfortable in their stage of nursing. There are many qualities of a good mentor. But mentors who are approachable and are able to inspire the mentee have the greatest

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Dr. JoAnna 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 also an Adult-Gerontology Primary Care Board Certified Nurse Practitioner.

influence to facilitate the mentees to move forward in their career paths (Brown & Stevens, 2012).

One thing that I have learned as a mentor and mentee is that it is so important to have a sense of belonging. This need comes when the developing relationship between both mentor and mentee is a positive one. Only then will both feel a sense of belonging to the relationship (Gopee, 2011). Mentoring can have its challenges but with a positive approach mentors and mentees can overcome any barrier by focusing on a process that will lead to a lifetime relationship.

Many nurses believe that having work experience is enough and the need to further their education is not necessary. According to Billiant (2011) many factors today point to why nurses should continue their education. Priority on the list is the changing demographics of clients and the nursing profession. Nurses need to know more about the aspects of client populations to deliver patient-centered care. In addition there are so many areas today where nurses are needed but these areas often times require them to further their education. Three common areas of focus today are Advanced Practice Nurses (APN), nurse educators and nursing informatics. These specializations are needed and places more urgency on nurses furthering their education (Govranos, & Newton, 2014).

Similar to education, politics, research, and community involvement are aspects that nurses cannot afford to miss out on. Knowing about politics that involve the nursing profession can provide nurses with an open-mind regarding the many challenges the nursing profession faces. Nursing research has proven to be a powerful tool when developing methods and strategies to delivering best practices to client populations. Therefore, all nurses should become involved in research at some level in their nursing practice (Williams, 2013). Lastly, community involvement can expand the lens of the nurse beyond bedside practice and provide insight to the needs of the many existing client populations. Therefore, nurses should take a strong position in community involvement. One way to meet this need is through your local membership chapters. To end, the insights provided in this article were meant to build upon and hopefully strengthen these ten aspects of your nursing career.

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Innovation in Online Learning

Constance L. Hall, EdD/CI, MSN, BA, RN

John T. Schmidt, RN, DNP, MSN, CEN, EMT-P

In higher education there is an increasing demand for affordable education and decreased student debt. Simultaneously, there is a loud call for increased academic accountability relative to program delivery and demonstrated student outcomes. In order to attain these goals concurrently, strategy aims must be implemented collaboratively. As a result, academic leaders are exploring creative and innovative methods of high quality, cost effective program delivery to an increasingly diverse population of students. The determination of strategies may be especially significant for faculty and students in nursing education due to the additional considerations of patient needs within a constantly changing health care system. Flexibility appears to be a key component in creating innovative academic program designs that are fully realized from all sides of the education spectrum.

Capella University has developed a unique program delivery model called FlexPath which is a competency-based direct-assessment model. The FlexPath model diverges from the traditional notion that seat (or online) time equals learning. The FlexPath degree programs are not arranged around traditional credit hours, but rather allow student learners to work at their own pace through complex competency assessments using personalized resources and strong one on one support from faculty, tutors, and academic coaches. Student learners also receive robust, substantive faculty feedback on all student assessments. Therefore, student learners can devote less time to topics and skills with which they are competent and devote more time to learning content that is unfamiliar or new.

Student learners pay a fixed tuition per session and may take as many assessments during the paid session as they desire. The flexibility of this model can lead to reduction in time to program completion and thus overall program cost. In addition, each required competency is assessed using validated instruments that were developed by faculty subject experts and experts in curriculum design and outcome measurement. This method also makes the collection, analysis and dissemination of outcomes data easily manageable. In January, Capella University made the FlexPath option available to student learners enrolled in its RN-to-BSN degree program.

It is well known that adult student learners must juggle professional and personal obligations when considering their higher education options. The FlexPath model offered by Capella University allows licensed registered nurses the opportunity to advance through an RN-to-BSN program at a pace that is self-determined as a result of prior learning and practice experiences, and based on their ability to demonstrate competencies in a supportive, self-paced.
In the 21st century there is an increase in the number of students who are pursuing their education online (Smith, Jaggars & Bailey, 2010). Once confined to the fringes of academe or to specific sectors of higher education, online degree programs are now mainstream and highly sought by adult student learners. Much of contemporary online education is developed using learner-centric principles. These programs provide the adult student learners the chance to collaborate with faculty and students from across the country and internationally (Hung, Chou, Chen, & Own, 2010). Global interaction among students enrolled in on-line classes has been shown to facilitate the development of stronger communication skills and a greater appreciation for cultural diversity and heightened cultural awareness (Hung et al., 2010).

In addition, asynchronous program delivery allows adult students leaners to complete their studies when it is convenient for them. The FlexPath method affords the option for adult student learners to continue working and have a work-life balance while advancing their education. As the opportunities for online education continues to grow (Allen &Seaman, 2014), new options such as Capella University's FlexPath continue to marry high quality, cost effective education with positive program and student learning outcomes.

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Cultivating, Nurturing and Retaining Nursing Faculty

Joan S. Cranford, EdD, MSN, BSN

Providing nursing education is very similar to providing nursing care. Both involve risks, a specified skill set, and development of thought patterns and assumptions about the role. How nursing faculty members are developed, what experiences they bring and their personal expectations of educating students provide the foundation for how they will conceptualize the faculty role.

To transition into any role, the individual must be able to define, understand, and make sense of the role. Problems and challenges develop when personal expectations and the reality of the new role do not match. Institutions must realize that professional learning and development is both a responsibility and an entitlement for all educators that should begin upon hire and continue throughout the tenure of each faculty member. Each year the faculty member should feel more acclimated to the job role and expectations within the world of academia.

Role socialization is a key factor in faculty development and retention. Adequate socialization helps build pride, loyalty, team spirit, and enthusiasm for the organization. The process of professional socialization to the role of nurse educator is a synergistic relationship involving role development and adoption of a professional identity (Dimitriadou, Pizirtzidou, & Lavdanitim, 2013). Individual self-concept is critical to successful role development and socialization. Trust, perceived control, and respect are also essential characteristics to successful socialization (Cranford, 2013). Faculty who traverse the educational path and enter academia immediately upon graduating from a doctoral program may embrace a different type of socialization and cultural orientation than the nursing faculty members who were immersed in the profession prior to their transition into academia. As a result of these differences in education and career path, navigating the academy can oftentimes be ambiguous thus making transition difficulty for the new nurse educator. Administrators and those who mentor faculty must have a clear understanding that although this is an exciting but often anxiety producing time for the newly appointed nurse academic.

Nursing faculty work in high-stress, high-pressure environments that often requires the ability to multitask and shift direction at a moment's notice. Similarly, role expectations are dynamic for the professoriate and include advising and mentoring students, serving as faculty advisors to student clubs and organizations, securing grant funds, and publishing. Engagement in these elements are in addition to their full-time teaching load. Therefore, preparation of new faculty and support for current faculty may lead to greater retention rates among nurse educators.

Senior faculty need continued support, professional development, job flexibility, and a healthy work environment to flourish. Life transitions must be recognized and respected to maintain job satisfaction. New faculty must be given information about the program, the curriculum, the accreditation requirements and standards, and scholarship expectations. Outcome of not providing critical information results in the new faculty employee seeking less than positive ways to cope that may manifest as dissatisfaction with the role, anxiety, decreased performance levels, frustration and discouragement with academia.

It is during this time that the new nursing faculty member needs support from colleagues and administrators. A perceived lack of support coupled with feelings of frustration often increases the level of role strain experienced. An effort must be made to align expectations and goals of the organization with those of the new faculty. Partnering new faculty with experienced faculty and engaging them in activities that promote role success (e,g., time management skills, managing workload, and engaging in scholarship) is considered successful by many nursing educators.

Faculty members find the workload determination to be different in every college of nursing. Nursing faculty express feelings of overload, unfair workloads, and workloads that do not accurately reveal the actual number of hours spent in preparation for class,

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grading both classroom and clinical assignments, and time spent with students outside of class. If the schools and colleges of nursing could identify a standardized method for both assigning workload and capturing all the hours nursing faculty actually spend working, this would help nursing administrators balance the workload; thereby alleviating feelings of being "overworked, not having enough hours in the day," and "feeling exhausted at the end of the day." (Cranford, 2013).

In summary, nursing faculty members need access to programs that enhance their development and role socialization upon their entry into academia and continue throughout their academic careers. The goal of role development should be to enhance teaching skills, encourage professional growth and service, and stimulate inquiry. Faculty development programs must expand to include instructional development, personal development, and organizational development for faculty at all levels. Nursing faculty must be encouraged and mentored in development of new career objectives, and integration of strategies that will intertwine professional and personal development to prevent dissatisfaction and intent to leave.

3 Highlights

- Institutions must realize professional learning and development is both a responsibility and an entitlement of all teachers that should begin upon hiring and continue throughout the tenure of faculty members.
- Nursing faculty expressed feelings of being "overworked, not having enough hours in the day," and "feeling exhausted at the end of the day."
- Senior faculty need continued support, professional development, and job flexibility.

New faculty must be given information about the program, the curriculum, the accreditation requirements and standards, and scholarship expectations. The outcome of not providing this needed information results in the employee seeking ways to cope with the situation

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Joan Cranford, EdD, MSN, BSN has been in academia for more than thirty-five years serving in numerous faculty and administrative roles. A graduate of University of Georgia and University of Alabama at Birmingham, she has used her clinical and higher education experience to lead and promote the profession of nursing. She currently serves as Assistant Dean for Interprofessional Education and Interim Director for the School of Nursing at Georgia State University. Her research interests include Obesity in African American Females and Role Transition of Nurses from Academia to Practice.

Mindfulness: The Missing Element in Nursing Education

Dawn Bazarko, DNP, MPH, RN, FAAN & Certified Mindfulness Facilitator
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Mindfulness may just be the key to bringing caring back into the caring profession and is the missing ingredient in nursing education today. Realization of a transformed health care system also requires an intentional focus on the health, well-being and performance of the clinical workforce.

Today, we are experiencing some of the most significant changes in health care in our country. Simultaneously, we continue to face shortages of nurses exacerbated by waves of Baby Boomer retirements. The stress placed on the available workforce can lead to burnout, poor health, substance misuse, and often premature withdrawal from the workforce (McVicar, 2003; Bazarko, Cate, Azor & Kreitzer, 2013).

Overall, nurses report high degrees of career choice satisfaction, however, many nurses report low levels of job satisfaction and indicate they lack joy in their work. Many nurses also worry that their job is negatively affecting their health (AMN Healthcare Survey of Registered Nurses, 2013). This vicious cycle is costly to nurses and their employers, and a threat to patients through staffing shortages, quality defects, and care that is less than patient-centered.

In 2008, the Triple Aim was introduced, focusing on improving the patient experience of care, the health of populations and reducing the cost of health care (Berwick, Nolan & Whittington, 2008). Since that time, this idea has made its way into many aspects of the health care system. It is a bold aspiration that may remain just that – an aspiration that cannot be realized without a focus on the health and performance of the underpinnings of the health care system: the health care workforce.

Realization of the Triple Aim requires an equally important investment in health care workers now known as the Quadruple Aim (Bodenheimer &Sinsky, 2014). There is strong evidence that chronic work stress and burnout impact the quality of nursing care (Cimiotti, Aiken, Sloane,& Wu, 2012).Burned out nurses are challenged to deliver care that is compassionate and patient-centered. And, burned out nurses make more mistakes, are injury-prone and can exhibit behaviors that negatively impact others. A recent study found that stress and burnout during nursing education may deleteriously impact role readiness, the quality of post-graduate clinical performance and intent to stay (Rudman & Gustovsson, 2012).

I posit that the opportunity to positively impact the health care workforce begins upstream: during nursing education. Today's nurses need to be prepared to meet the clinical requirements of changing population demographics, lead the development of new models of care and navigate the shift from inpatient services to home health and long-term care. We must critically evaluate how we prepare nurses to serve in diverse and increasingly complex roles and thrive in this "new norm."

Considerable discussion and efforts are underway to modernize nursing education and several leading academic institutions are doing just that. I believe that we can do more and that the missing critical component might just be an intentional focus on the health, engagement and performance of the existing and future workforce. This goes well beyond good clinical and leadership preparation. It involves teaching nursing students how to practice self-care to not only survive, but flourish. By teaching nursing students techniques for their own self-care, self-compassion and resiliency during times of dramatic change and professional challenge, we also empower our future nurses with the tools to translate these techniques into their clinical practice for the benefit of themselves and their patients.

One of the most powerful elements that we can introduce into nursing education is mindfulness. Mindfulness is all about awareness. Mindfulness means being present to one's experience as it is happening. It is a quality of openness, acceptance and intention to the now. When we cultivate the ability to be present in the moment, instead of worrying about the future or ruminating about the past, we can transform our relationship to stress.

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Mindful presence also helps us to be more effective at what we do. Mindfulness helps us to be deeper listeners, more collaborative team members, and better attuned to the needs of those that we serve. We become more empathic, compassionate and caring. A mindful nurse is equipped to make better decisions – particularly when the stakes are high (Irving, Dobkin & Park, 2009).

Mindfulness is the gift that keeps on giving: What is good for the nurse is good for the patient. Nurses and nursing students who practice mindfulness are well-positioned to introduce these techniques to their patients and families through practices like simple deep-breathing exercises to lower anxiety and stress and self-compassion skills to address family caregiver burnout and fatigue. Mindfulness practices are portable, cost-effective and easily accessible.

Realization of a transformed health care system requires an intentional focus on the health, well-being and performance of the clinical workforce – in addition to strategies that improve population health, enhance the patient experience and reduce the cost of care.

Dawn Bazarko is the founder and senior vice president of Moment Health, an innovative new UnitedHealth Group business focused on bringing mindfulness solutions to the work place, to health care workers and into health care delivery to improve the care experience.

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Healthcare Systems and Community Outreach Programs Bridge "Complete Care"

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Did you know that an estimated 3.7 million older adults are malnourished in the United States? And while anyone can suffer from malnutrition, older adults are more susceptible to the condition. As baby boomers age, the country's healthcare system must prepare for the possible rise in cases of malnutrition. Typically, nurses have the most interaction with patients and opportunities to build intimate relationships with them. Once a patient's confidence is earned, nurses can then identify problems that exist beyond the medical chart and advise appropriately.

Older Americans sometimes suffer from a range of multiple acute or chronic illnesses. It is important for healthcare providers and professionals working with community nutrition-related programs to identify malnutrition early and quickly intervene to reverse or prevent the consequences that result from being malnourished.

In my personal and professional experiences, I have seen what can happen if nutrition is not a priority. Malnourished older adults need the guidance of their health care providers and support from community-based programs to combat malnutrition.

A colleague shared with me how her grandfather, suffered from a minor stroke, which developed into a serious condition of congestive heart failure. Her grandfather was 6'2, 120 lbs. with a history of being underweight. Her grandfather quickly became weak and unable to stand and walk on his own. His spouse, an older adult as well, was too weak to prepare meals. Oftentimes, this led them to order less healthy restaurant meals. His gap in nutrition led to a worsening of his condition. As a result, he was unable to do the prescribed physical therapy needed to improve his health and prolong his life.

Good nutrition can help determine a patient's ability to recover and positively respond to clinical treatment. In the absence of adequate nutrition, malnourished patients face prolonged recovery and increased probability of developing new illnesses. A recent study of nutrition, called NOURISH, examined the inclusion of specialized nutrition during and after hospitalization. The results revealed that for clinical participants (malnourished seniors) with a heart or lung disease who used a specialized oral nutrition supplement, there was an association with a significantly lower death rate 90 days following hospitalization.

America's healthcare system needs a clinical strategy to combat malnutrition by instituting applicable tests, establishing quality measures, and including education on malnutrition in healthcare providers' training and education programs. Such procedures and education awareness will assist other medical professionals in diagnosing and prescribing treatment for malnourished patients allowing healthcare providers to play an important role in identifying nutrition deficiencies among older adults. Prescribed interventions may include the involvement of dietitians and social workers for a successful recovery during care transitions.

Applying the above methods has the potential to reduce hospital readmissions among older patients. In 2010, a Center for Disease Control and Prevention report, on the utilization rate amonMedicare

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Malnutrition Among Older Adults

- **The US population 65+ has increased from 35.9 million in 2003 to 44.7 million in 2013 and is projected to more than double to 98 million in 2060.**
- **According to the Center for Diseases Control and Prevention's, "Chronic Conditions among Medicare Beneficiaries," 21.4 million beneficiaries suffered from two or more chronic conditions in 2010.**
- **Consequences of malnutrition include diminished quality of life, longer hospital stays, more frequent hospital readmissions, and increased medical treatments.**

beneficiaries with six or more chronic illnesses, found over 60 percent were hospitalized and accounted for 55 percent of total Medicare hospitalization spending. "Patients with nutritional risk factors, weight loss, and\or malnutrition are more likely to experience hospital readmission than well-nourished patients."

Malnutrition care also includes community nutrition-related programs. Once a patient is discharged from the hospital, the responsibility shifts to the patient to prepare and consume an adequate diet. Finances, family structure, education, and living situations determine how successfully older adults are able to feed themselves. Oftentimes, specific diet needs are neglected and the health of older adults diminishes.

For over 15 years, I have had the pleasure to help older adults secure healthy meals through my position with the Atlanta Regional Commission (ARC) which serves as the federally designated Area Agency on Aging. ARC contracts with community agencies to provide comprehensive home and community-based services to address the needs of the Atlanta region's older population. This is a particularly challenging responsibility as many Georgians live in food deserts that result in limited access to nutritional food sources.

Healthcare providers, especially nurses, are on the front line of health delivery. And, the influence of a health provider determines the level of urgency a patient has about nutrition and its importance to recovery and sustainable health. Additionally, the need for older adults to have access to resources that can prepare and deliver nutritious meals is also critical. The National Black Nurses Association can help lead efforts within healthcare systems and community nutrition programs to bridge resources to promote better nutrition for "complete care." Such an initiative will impact prevention under a healthcare provider's care and help maintain health outside of the healthcare environment.

[1]U.S. HHS – Administration for Community Living
[2]Clinical Nutrition, 2016
[3]Today's Dietitian, 2015
[4]Abbott Nutrition Health Institute

Deborah Cotton is a Senior Program Specialist with the Atlanta Regional Commission/Area Agency on Aging. Deborah received her BSW from Georgia State University. In addition to her work and studies in Social Work, Deborah holds a certificate in Gerontology from Kennesaw State University, a certificate in Care Management in Aging from Boston University and is a certified Information and Referral Specialist with the nationally recognized Alliance of Information and Referral Systems. She has a passion for working with families, including aging adults, persons with disabilities and with youth groups on biblical studies. Deborah has been an integral figure in working with aging adults and in the field of mental health for over 20 years. Deborah brings knowledge and clinical experience from her stint with Travelers Aid of Metropolitan Atlanta, Grady Health System and her social services work as a Services Coordinator with Wesley Woods of Emory University. Deborah was awarded Grady Great 100 for her distinguished work in social services and employee dedication. She is also a graduate of the Atlanta Regional Commission Leadership Academy. Deborah enjoys community outreach and services to the community at large. Deborah currently serves on the National Association of Nutrition and Aging Services Programs Board of Directors to excel in leadership on both a local and national level for aging adults.

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The Precision Medicine Initiative:

Black Nurses' Role in Advancing Health Equity

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Ida J. Spruill, PhD, LISW, FAAN

In 2011 the National Research Council of the National Academies published an original document titled *Toward Precision Medicine: Building a Knowledge Network for Biomedical Research*.1 This publication summarized considerations for the creation of an initiative that would facilitate the development of a knowledge network of disease based significantly on molecular biology and biomedical research findings. Subsequently, President Obama unveiled the Precision Medicine Initiative during his January 2015 State of the Union address. The vision -- outcomes from the Precision Medicine Initiative would ultimately "...give all of us access to the personalized information we need to keep ourselves and our families healthier."2

The National Institutes of Health define precision medicine (PM) as "an emerging approach for disease treatment and prevention that takes into account individual variability in genes, environment, and lifestyle for each person."3Grounded in genetic advances with consideration for other potentially attributable risk burdens (i.e., environment and lifestyle), the PM initiative will pioneer a new model of patient-powered research and intervention. This approach will allow doctors and researchers to more accurately predict the best treatment and prevention strategies for a particular disease as a function of intra-cohort variability. The PM model diverges from the contemporary healthcare model of "one-size-fits-all." Although often used interchangeably, PM is also distinct from the personalized medicine model. Whereas personalized medicine indicates uniquely developed interventions that are singularly individual, the focus of PM is differential intervention that is subgroup precise.

The goal of PM is to accelerate biomedical discoveries that will provide clinicians with best practice tools, knowledge, and therapies that are developed according to individual subgroup epidemiology. However, there are two key components to the PM initiative that Black Americans, in general, historically under-participate. These elements include the establishment of oncology-specific clinical trials and the creation of a national research cohort.

In order to successfully implement PM on a national scale, it is reasonable to presume that prospective trial participants and the research cohort must include a sufficient number of individuals from diverse ethnic-ancestral-cultural backgrounds. For a variety of reasons that stem from a basic lack of trust of the research community, recruitment of and participation in clinical trials and genetic-based research by Black Americans is significantly limited. Critical considerations in developing these areas must assure sufficient inclusion of historically under-represented groups if the Presidential vision for PM is to be fully realized.

For 24 of the past 25 years nurses have been identified by the American public as the most honest and ethical group of professionals in the nation.4Moreover, Black Americans receptiveness to participation in genetics research and clinical trials grows when the opportunity is presented by Black health care professionals. This combination of trust and responsiveness from the Black American public places Black nursing professionals in a unique position to promote the vision of PM and facilitate the advancement of health equity. Findings from several national surveys indicate that NBNA members are well aware of the importance of Black participation in clinical trials and genetic research to the health of nation.5Moreover, NBNA nurses are prepared to critically influence the PM initiative beyond the current boundaries of research participation.

Black American participation in genetic research and testing is critical to advancing the potential of the genetics revolution and PM. Members of the NBNA are in a position to launch and influence platforms in their communities that raise the importance of participation in genetic-based research and clinical trials. Concentrated education directed at vulnerable populations would bring social awareness that could forward a change in conscientization toward positive actions that promote health and well-being on a national scale.

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A Good Scholar Doing Good Things in the Community

Kimberly Hayman, BSN, RN

Keneshia Bryant-Moore, PhD, APRN, FNP-BC

In Arkansas, there is an urgent need to increase the number of advanced practice registered nurses (APRN) to care for the under served. Arkansans carry a disproportionate burden of suffering and disease, and rank 48th in health indicators according to America's Health Rankings (United Health Foundation, 2016). These poor health indicators are particularly high in the rural, under served counties, where large numbers of residents are racial minorities and live below the poverty level (U.S. Census Bureau, 2013). Residents of these communities experience compromised health because of poor education, limited health care, and lack of resources empowering individuals to make significant life changes. Care of the state's disadvantaged populations is made more difficult by a shortage of APRNs, particularly those who represent these same populations. Though there has been an increase in the number of underrepresented groups pursuing advanced degrees in nursing, retention has been problematic. (Loftin, Newman, Dumas, Gilden & Bond, 2012; Cowan, Weeks, & Wicks, 2015; Muronda, 2015) Colleges and universities strive to retain these students to graduation.

The University of Arkansas for Medical Science (UAMS) College of Nursing's (CON) Growing Our Own in the Delta (GOOD) Scholars Program aims to increase the number of master's prepared nurses from diverse backgrounds. The program specifically targets underrepresented racial and ethnic groups, first generation college students and males, particularly from the Arkansas Delta Region. These nurses will assume roles in advanced nursing practice, as nurse practitioners, educators, and administrators. The GOOD Scholars Program is funded by a Nursing Workforce Diversity grant from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Service. The program provides mentoring, leadership development, community-based service learning, in addition to scholarships and stipends. This program is designed to not only provide academic support, but to provide skills needed to be leaders both in nursing and the community. The GOOD Scholars program places strong emphasis on community engagement, and was developed with community needs in mind. Research has shown that racial and ethnic minorities are more likely to serve underrepresented communities than non-minority nursing professionals, which improves access to healthcare and reduces healthcare disparities.

Stella Bowers, a CON Master's Student in Healthcare Administration, is a first-generation college student and GOOD Scholar. She is following her passion and hopes to improve healthcare access and health outcomes for the sickle cell community. She works tirelessly to ensure that patients with sickle cell disease understand their disease and that their voices are heard in all aspects of their care. "My goals throughout my nursing career are to impact and help as many people as possible. The GOOD program is so important because it is supportive and believes in academics, leadership and service. The program allows me to worry less about the constraints of being a student so I can focus more on pursuing my goal of helping adults afflicted with sickle cell disease." Ms. Bowers is currently employed as a Clinic Nurse and Call Center Liaison for the UAMS Adult Sickle Cell Clinical Program. She currently serves on the Board and is Outreach Coordinator for Sickle Cell Support Services. Additionally, Ms. Bowers is a member of the National Black Nurses Association (NBNA), Little Rock Black Nurses Association of Arkansas (LRBNAA), and Phi Theta Kappa Honor Society. Ms. Bowers represents a group of scholars who can provide Arkansans the help they need.

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Nursing: Multidisciplinary Approaches to Patient Centered Care - Where Do We Go From Here?

Dr. Elcedo Bradley, RN, EdD, PHN, MEd, MPA

Dr. Jamesetta A. Halley-Boyce, RN, PhD, FACHE

The theme of the 43rd NBNA Annual Institute and Conference was entitled, *Nursing: Multidisciplinary Approaches to Patient Centered Care*. As the National President of the Chi Eta Phi Nurses Sorority, Inc., I was most honored to be asked by the National Black Nurses Association to be the Keynote Speaker at the Closing Session. Please find the essence of my presentation created with my colleague and Executive Assistant, Dr. Jamesetta Halley-Boyce. The presentation addressed the meaning of the Conference theme and compared and contrasted the different approaches to achieve Patient Centered Care from the prospective of Afro-American Nurses. Additionally some recommendations for the enhancement of our mutual strategies as the two major professional organizations of predominantly nurses of color were identified, especially those strategies to assure our future success as professional organizations while simultaneously and in collaboration, mutually meeting the needs of the segment of the population we serve.

From our presence at the table where policy decisions are formed to the closure of Historically Black Colleges with Schools of Nursing from which many African American students have in the past entered the Nursing Profession, we must have a presence, a voice and yes, a vote. The current challenges to Patient Centered Care and Nursing Care based in part on Healthcare Reform initiatives such as the Affordable Care Act (2010) frequently called OBAMACARE, necessitates we be all inclusive and work together to achieve the greater goal/good of Population Health. From unlicensed personnel like Certified Nursing Assistants (CNA) to the quickly growing group of nurses with terminal degrees, the Doctor of Nursing Practice (DNP) to joining with our physician colleagues, we must collaborate in our efforts to meet patient care needs, quality outcomes and achieve care delivery which is safe, compassionate, therapeutically effective and within the constraints of both human capital resources and government mandated reimbursement systems and clinical standards.

In this new dawn of nursing and the development of essential partnerships to attain sustainable healthcare for the patient populations we serve who are made more at risk by healthcare disparities both in care delivery and the absence of service providers, we must lead the charge and join forces.

Nursing leaders must anticipate that the nursing workforce will continue to be age-diverse in the future. Although four different generations in the workforce can present leadership challenges, the age diversity can also add richness and strength to the team if all staff members are valued for their contributions. In today's highly competitive health care marketplace, organizations and leaders that effectively manage their age-diverse workforce will ultimately enjoy a competitive edge. Employee engagement increases as well as patient outcomes as reflected in increased HCHAPS scores and decreased sentinel events.

The National Black Nurses Association and the Chi Eta Phi Nurses Sorority, Inc. are NOW partners in our mutual goals to address the issues of healthcare disparities in the populations we reflect, represent and serve; to promote and assure the full implementation of the Affordable Care Act and to enhance the quality, quantity and the overall number of care providers with culture backgrounds like those of the majority of our memberships. To assure the continued sustainability and contribution to humanity of our organizations, we must embrace our youth, our professionally young members like the Chi Eta Phi's Betas. We must allow the forces of the generational gaps of the members within our great organizations identified in our respective organizational strategic analyses and plans, be the major strategy of choice.

Many of professional nurses of color in this Nation hold active memberships in multiple professional organizations like Chi Eta Phi Sorority, The National Black Nurses Association, The American Nurses Association and Sigma Theta Tau Honor Nursing Society as well as our clinical specialty organizations. We must enhance our visibility and gain recognition for our significant contributions to the nursing profession and the healthcare system not just because we are Black Nursing Leaders but, because we are globally recognized leaders in healthcare. We stand as leaders for change and to ensure healthcare insurance for all Americans. But we also have a greater charge, an overwhelming challenge and a responsibility to the African American segment of our Nation's population; the segment with the highest rates of heart disease, diabetes, hypertension and those chronic illnesses that negatively impact our lives. We must be educators and teach prevention, health promotion and improved life style changes.

Today, Chi Eta Phi Sorority and the National Black Nurses Association stand as Partners for Change no longer competitors for membership. We firmly believe, once effectively implemented, embracing, mentoring and preparing our young members in a well-defined succession plan is the major strategy, strength and the key to both our organizational survival as well as and most importantly, the attainment of our mutual health goal for all American, especially those Americans in under served, under insured and underrepresented segments of the population.

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Mentoring New Nurse Educators: A Lesson to Veteran Nurse Educators

LaWanda W. Baskin, MSN, FNP-C

Proper mentoring of new nursing faculty can assist with creating competent nurse educators. As more nurses are leaving the bedside and moving into different nursing roles the field of nursing education is being filled with a large number of inexperienced nurse educators. Some of these nurses were once experts in their field but have decided to enter the world of nursing education as a change in careers. Others are completing undergraduate degrees and transitioning directly into graduate level programs to become nurse educators. Regardless of their method of entry, as these new nurse educators move into the classroom setting it is the responsibility of more seasoned educators to ensure a smooth transition into the role for the good of the students and the strength of the nursing programs. Because nursing is considered a professional discipline, many are afraid to admit that there are nurses that follow the old adage of "eating their young". This can often be seen as an all too common occurrence in the field. Unfortunately, this culture may spill over into the nursing education arena. It is unfortunate that a group of professionals would be so close-minded and not realize the untapped potential that can be found in new nurse faculty. Perhaps they have forgotten what it was like to stand before a class for the first time. Just as a new nurse requires mentoring and developing so does a new nurse educator. However, new nurse educators are often met with bullying and incivility.

Developing capable faculty involves new faculty being willing to receive and the nursing academic unit being willing to provide guidance and mentoring. Proper mentoring is key in grooming and retaining capable nursing faculty. Nurse education programs do not always prepare one for what the real world actually has in store and it is important to share some of the tools of the trade with new nurse educators. This is true in many disciplines; nursing is not alone in this. It is called on the job training in other occupations. Without proper mentoring and guidance new faculty can be forced into the shadows and never giving the opportunity to show their maximum potential.

Once seen as an expert in my area of practice, imagine my fear and reservations as I entered a new career avenue as nursing faculty at the university level. Petrified and feelings of inadequacy could only begin to describe how I felt during my first months. Just knowing that I was responsible, in part for educating future advanced practice nurses was sometimes more than I could handle. Confident in my skills as an advanced practice nurse I still was unsure how I would translate this to the classroom. With the support of seasoned educators, that have helped to guide and mentor me, I am developing into a competent nurse educator. Now able to create innovative lesson plans that produce positive learning outcomes, I am thankful for great mentors and the opportunity to learn and receive all that was offered and continues to be provided to me.

Being successful as a nurse educator and scholar go beyond the classroom. A good mentor should teach you how to manage your time and how to be well rounded in all aspects of academia. This is not something that is usually taught in a textbook. Developing good mentee-mentor relationships is a reciprocating process. As a beginning nurse educator, one must set professional goals and seek out someone that is genuinely interesting in their success with completing those goals. It is the mentee's responsibility to clearly communicate expectations to their mentor. On the other hand the mentor should communicate their willingness to help with development of the mentee. It may be important to pair with someone that also has similar interest. It would be a mismatch and a waste of time to choose a mentor that has no interest in research, for instance, if your desires were to do this. Likewise, a mentor should not agree to mentor one that has no interest in doing more than just what is required in the classroom. The mentor must be willing to share successes and failures with his or her mentee. Mentors should also be there as a support to the mentee as they develop and make choices about their life's work.

It has been my experience that these relationships are not always formally assigned. In my case the mentee-mentor relationship was a matter of happenstance and being in the right place at the right time. Still today it remains an unspoken agreement, but we continue in this reciprocating process and I am a much better nurse educator because of it. Although this has worked out for me, I believe that all nursing academic units should develop formal mentee-mentor programs. Imagine the strength and success that would flow from institutions of higher learning if the lessons of success from seasoned nurse educator faculty could be passed along to new faculty. As nurses we have a tendency to be threatening by the thought of being replaced. Instead we should embrace the opportunity to be a mentor. Consider it an honor to share and perpetuate your style and life's work.

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Orientation and Mentorship:

Assisting the Novice Nurse Educators Transition in Academia

Rebecca Harris-Smith, EdD, MSN

There continues to be an urgent need to address the lack of nursing faculty to teach future nurses as the aging workforce in academia approach retirement (Gardner, 2014; Grassley, 2015). The ability to recruit and retain new faculty continues to be difficult because of the significant salary difference between education and hospital base pay (Grassley, 2015). As a clinical nurse expert accepts employment into academia he/she realizes that orientation in this setting is very different from what they have come to expect in the clinical arena. It is imperative that appropriate orientation is available to the novice nurse transiting into academia, providing the tools that will assist the novice nurses to understand the scholarship, researcher, and teaching aspects of education. This investment will help to ease the transition from clinician to academician. The National League of Nursing (NLN) has addressed the issue of mentorship training for the expert clinical nurse hired as nurse educator via position statements and they developed a mentoring tool kit (National Leauge for Nursing, 2008). The transition process from clinical nurse expert to nurse educator is one that has been researched for decades and the literature continues to address this as a much-needed area of concern for the new nurse educator.

Essential to the core responsibilities of faculty in academia are the teaching and learning that occur in the academic arena. It is well documented in the literature that many expert clinical nurses are hired into academia because of their clinical expertise but lack formal training in education or teaching experience (Alexander, Karvonen, Ulrich, Davis, & Wade, 2013; Allen, 2008; Anderson, 2009; Gardner, 2014; Grassley, 2015). This creates a situation in which instructors may be unaware of the multiple teaching strategies and methods available to address the learning styles and needs of their students. These novice nurses are also frequently unaware of the need for scholarship and research.

It becomes a challenge to provide time to newly hired nurses to assist them as they transition into their new roll. For smaller schools of nursing, scheduling a mentor is often difficult, as faculty members tend to have different teaching and clinical schedules. The hiring of a faculty staff developer better facilitates a newly developed orientation schedule that provides a one-on-one orientation that nurses are accustomed to having in the hospital setting. If universities and colleges commit to the hiring of a nurse educator as a full-time employee his/her time should be dedicated to providing additional duties as needed. This educator would be equivalent to the nurse educator that all hospitals employ. He/she can assist with clinical and didactic training, by assisting all faculty members as needed. Activities that can be assigned to this educator may include but are not limited to; (a) providing staff development, (b) assisting with committee work, (c) helping faculty to develop their portfolio, (d) attending initial clinical with novice nurse, and (e) introducing multiple teaching strategies to ensure new faculty members are able to address the learning needs of the intergenerational nursing students in programs across the nation. The scheduling of a bi-monthly lunch and learn training for novice and experienced faulty would provide a time and place to collaborate like-minded colleagues.

The ability to retain novice faculty requires that administration value their human capital by investing in their future. A solid foundation requires appropriate orientation that is supplemented with mentorship, and it may be necessary to restructure mentorship that facilitates the needs of the novice nurse. In closing, there is a need to employ a faculty nurse educator to orientate and mentor newly hired faculty transition into academia, and support seasoned faculty as they adjust to the multiple teaching strategies available for their use in the student-centered, intergenerational, multicultural classroom in nursing programs. As nurse faculty receive the individualized support and training from this experienced educator

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the transition to practice becomes less stressful by ensuring the novice nurse has appropriate guidance and support. Investing in the novice nurse's understanding of the didactic /clinical workload, scholarship/service and research is essential to ensure their ability to function effectively in academia. The arbitrary assignment of a fellow co-worker does not meet this burden. The changing climate in healthcare and nursing education requires that we invest in future nurse educators to make certain that they are prepared to teach the intergenerational multicultural nursing students of the future.

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Simulation in Nursing Education

Tedra S. Smith, DNP, CRNP, CPNP-PC

Two primary obstacles impede nursing students from experiencing a meaningful pediatric clinical rotation. First, there are a limited number of pediatric clinical sites to meet the need. There are forty-three free standing pediatric hospitals in the US, as opposed to over 5000 adult hospitals (US News 2012-13). In the year 2010, Bachelor of Science nursing programs enrollment grew by 5.7% in response to the nursing shortage (American Association of Colleges of Nursing, 2011). In contrast, the number of pediatric hospitals has not increased. Second, the role of students in all health care settings is limited because of more rigorous guidelines on medication administration and patient safety regulations (Pauly-O'Neill, Prion, & Lambton, 2012). Increasing nursing school enrollments and decreasing clinical sites is not just a pediatric nursing course issue. Across the board nursing programs are using simulation as an adjunct to clinical experiences. In order for faculty members to successfully integrate simulation into the curriculum as clinical experience they must understand the background on simulation.

Background on Simulation in Nursing Education

The history of using simulation in nursing education dates back to the use of task trainers and low fidelity manikins. Simulation now includes the use of low and high fidelity manikins as well as standardized patients. Nursing schools and health care facilities have implemented simulated experiences to enhance the learning experience and to teach various procedures. Improving the quality of patient care prompted Stephens & Mosser (2012) to look at utilizing simulation in the clinical laboratory setting. The simulation experience allowed nurses to learn how to perform peripheral IVs in a safe environment. The study concluded that the simulation experience decreased the number of peripheral IV attempts by nurses in the ER (Stephens & Mosser, 2012). Another study noted that simulation provided students with an opportunity to acquire communication skills and build self-confidence (Venkatasalu, Kelleher & Shao, 2015).

There are a large number of relevant studies that provide evidence of the effectiveness of simulation. However, students often report a high level of anxiety related to simulation. According to Najjar. Lyman & Miehl (2015), anxiety is common among all simulation participants and it can support and/or hinder learning. One study on anxiety and simulation noted decreased anxiety scores among students that were allowed to practice with the manikins and standardized patients prior to simulation (Erickson et al., 2012). Although simulation has been noted to cause anxiety, studies have proven that practice with high-fidelity simulation increases self-confidence and student satisfaction (Erickson, et al., 2012 and Bremner et al., 2006).

Why Use Simulation

The use of simulation within nursing education has expanded rapidly in recent years. Simulation has been perceived as an innovative means to address some of the challenges faced by nurse educators, particularly preparing students for a complex, modern nursing role (Felton et.al. 2013). Simulation is a transformative learning experience. Students are afforded the ability to perform patient care without risk of harm to the patient and in a safe environment. Clinical simulation offers realistic experiences where students can perform assessments, implement nursing interventions, interact with family, and formulate a plan of care. Supplementing clinical rotations with simulation can provide consistent clinical experiences for students, promote continuity of experiences and address essential learning objectives identified by nursing faculty. So where do we go from here with simulation in nursing education?

Future of Simulation in Nursing Education

The International Nursing Association for Clinical Simulation and Learning (INASCL) published the revised seven standards and guidelines for simulation in 2013 (INASCL, 2013). Each standard was developed to standardize simulation practices to support shared values and beliefs as it relates to terminology, objectives, facilitation, the role of the facilitator, the role of the participant, debriefing, and professional integrity. In April of 2015, the National League of Nursing (NLN) published their vision for teaching with simulation. In this publication NLN openly supports the use of simulation as clinical experiences and identified key strategies, such as advanced faculty development courses in simulation, needed to ensure this change occurs (NLN Vision Series, 2015). Continued studies on how simulation effects students cognitively and psycho-motor outcomes are needed to support the continued use of simulation.

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Surfing the "Silver Tsunami"

Black Advanced-Practice Registered Nurses in Gerontological Specialties and Academia Critically Needed

Britt Cusack, DNP, ANP-C, APN

Kate Kemplin, DNP, RN

In four years, Americans aged 65+ are projected to comprise 20% of the population (Centers for Disease Control and Prevention [CDC], 2013). In 20 years, minority populations will compose the majority of the American population (Rastogi, 2011). Only 5% of nurse practitioners identify as Black (U.S. Department of Health and Human Services [DHHS], 2014) and nationwide termination of gerontologic APRN programs will presumably contribute to the burdens facing an already fractured healthcare system (GAPNA, 2015). The lack of Black gerontology APRN faculty and that effect on healthcare is virtually unexplored in the literature.

In stark contrast to White family dynamics, the Black culture is grounded in family rituals and collectivism (McCoy, 2011); ethnographically, Blacks honor aging, the wisdom of elders, and health promotion opportunities are often found in the church or greater community (Eiser & Ellis, 2007; Waites, 2009). Given that an estimated 95% of APRNs are not Black, designing phenomenologically-based gerontological curriculum incorporating the values of American Blacks rests squarely on the shoulders of nursing faculty who are 87% White (Budden, Zhong, Moulton, & Cimiotti, 2013; GAPNA, 2015; McCoy, 2011). Since Black students' exposure to racially similar faculty increases academic performance (Kim & Sax, 2007), we postulate that the care of Black geriatric patients will benefit greatly from initiatives designed to recruit Black BSNs into graduate gerontology APRN programs.

Despite 297 "Calls to Action" as returned results in a thorough search of extant nursing literature databases, less than five results returned regarding minority or Black nurses published since 2005. Since 2007, specific campaigns to increase minority nurse faculty/scholars awarded 58 scholarships (American Association of Colleges of Nursing [AACN], 2015, 2016), however, leaders in nursing workforce diversity indicate progress is protractedly incremental and proportionately insignificant (Wood, 2015). Of our nurse faculty members, 0% identify as Black (C. Smith, personal communication, February 12, 2016) though recruitment of minority faculty is imperative (Stanley, Capers, & Berlin, 2007), a cornerstone of the university-wide strategic plan (University of Tennessee at Chattanooga [UTC], 2015) and profoundly important to our School of Nursing (SON).

With the recent inception of an endowed Chair in Gerontology, we are integrating aging content throughout nursing and interdisciplinary curricula via a minor in gerontology in integrated studies, and we launched an adult gerontology acute care APRN concentration (UTC, 2016). Despite our best efforts, we assume the absence of Black APRN faculty could create unconscious discrepancies in designing culturally-competent curricula (Pacquiao, 2007; Richards, 2003;Stanley, Capers, & Berlin, 2007) and in launching ethnocentric gerontological research studies. Similar to many SONs, less than 6% of our APRN students identify as Black, which unfortunately is less than half of the overall percentage of Blacks in the United States (CDC, 2013; Rastogi, 2011), and 0% of these APRN students matriculated into the nurse practitioner track, opting instead to pursue studies in nursing anesthesia (L. Hill, personal communication, February 12, 2016).

From our perspective, it is not enough to launch graduate nursing options in gerontology without considering the populations with whom these APRNs most closely identify. The nursing education literature is saturated with examples of cultural competency and initiatives designed to enable clinicians to practice without prejudice. Simply, we believe there is no didactic substitute for the presence of Black faculty, and we acknowledge the requisite academic environment needed to support inclusion and diversity (Robinson, 2014). Recruiting and retaining Black APRNs as both gerontology faculty and as clinicians is as important as focusing on the demographics of the aging population. Admittedly, we cannot recruit substantially diverse gerontology faculty from an established nursing workforce that remains woefully White (Seago, 2005), and are considering trajectories that include strong community involvement with historically Black high schools, churches, and youth centers.

In conclusion, we humbly ask Black nursing and activist communities – regardless of academic preparation or background - to seek out and actively partner with schools of nursing to serve on advisory boards, curriculum committees, and to advise on recruitment and retention initiatives. As the baby boomer population ages, the next generation of nursing faculty is tasked with preparing nurse clinicians and scholars who will care for the aged of all backgrounds; our aim is to meet this task with optimal participation of the diverse communities we promised to serve.

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Addressing Chinese Nursing Student Challenges in America

Tori Brown, EdD, RN

As healthcare serves a more diverse population, nursing programs are exploring innovative solutions to produce a diverse nurse workforce. As China develops economically, more Chinese nursing students are choosing to advance their education in the United States. As nursing programs prepare to educate students from China, critical thinking, educational differences, language acquisition, and vocabulary translation must be considered. While transitional support is requisite, the question becomes how will academic assistance be needed (Koch et al., 2011)? It is important that nursing educators understand the unique challenges and learning needs of Chinese nursing students, in order to implement teaching solutions that facilitate their academic progress (Koch et al., 2011).

Students learn differently in China. One distinct difference is critical thinking skills. Historically, Chinese students are encouraged to memorize information rather than prioritizing and problem solving. Wa Sit (2013) explains that Chinese education is exam oriented. Therefore, Chinese students can repeat information, but may lack full understanding of the concept. However, the nursing profession relies on basic critical thinking skills, which requires a systematic and logical approach to solve problems.

Passive and silent learning are common learning methods in Chinese education. In the Chinese culture, instructors are viewed as authoritarian. Students are expected to sit quietly in class with little interaction. Consequently, students do not question the teacher during the lecture, but may seek clarification afterwards (Wa Sit, 2013). However, in American culture, instructors highly encourage dialogue and active learning among nursing students. Fonseca (2015) states that active learning promotes critical thinking.

There are many factors that influence a Chinese students' academic achievement and progress. Thus, the ability to learn English, common American jargon, and healthcare terminology can be a challenge for Chinese students. Crawford and Candlin (2013) state that international students are faced with challenges related to the speed of the lecture along with integration of unfamiliar vocabulary. In addition, Redden (2014) expresses that Chinese students spend an abundant amount of time reading their textbooks, while consulting a dictionary in order to articulate and understand foreign terms. Furthermore, Crawford and Candlin (2013) as well as Bednarz, Schim, and Ardith (2010) describe several incidents in which international students' encountered difficulty comprehending medical abbreviations and terminology seen within a patient's medical chart during a clinical rotation.

Respectively, many Chinese students who are provided the opportunity to study in the United States generally perform well on their English proficiency exams such as The Test of English as a Foreign Language (TOEFL) or The College English Test (CET). He, Xu, and Zhu (2011) furthered explained that learning is comprised of two distinct parts which include basic interpersonal communication (BIC) and cognitive academic language proficiency (CALP). BIC is used within social communication, while the CALP permits students to examine, evaluate, and understand theoretical ideas. Although Chinese students are competent on the BIC, challenges usually arise within the CALP at the start of nursing school (i.e. nursing content and medical terminology) (He et al., 2011).

For Chinese nursing students, adapting to American educational styles can create academic barriers. To assist Chinese nursing students with these challenges, there are several educational methods nursing educators can implement. First - become more culturally competent by exploring challenges and barriers experienced by Chinese students. Chinese students may enter into each nursing course with a different level of knowledge, method of analyzing information/content, and educational expectations. Alexandrowicz (n.d.) stated that integrating different teaching methods can make the content more understandable (i.e. hands-on demonstration, discussion, collaborative learning, and visuals). Second – know and use available resources. Many universities and colleges have departments that specialize in international studies and tutoring services for reading and writing. Implementing a variety of resources can provide quality education for the student (Bednarz et al., 2010). Third – understand learning styles and incorporate teaching methods that address them. In your initial class, it could be beneficial to assess student learning styles, especially the international students (i.e. Chinese). Bednarz et al. (2010) suggests the use of an individual learning assessment that illuminates the needs of the student. When educators understand the learning styles of students, individualized pathways for learning success can be implemented.

Academic investments in culturally diverse students can consume a nurse educator's time and energy. However, if learning needs are addressed early, less time is required to configure and implement a plan for learning success (Bednarz et al., 2010). Ultimately, working with Chinese students can be a learning adventure and an opportunity for nursing programs to produce culturally diverse nurses that reflect the populations we serve.

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Dr. Tori Brown is currently a visiting professor at Winston Salem State University in North Carolina. At WSSU, Dr. Brown assists with the coordination of the international program through Hubei, China. She is a 2015 doctoral graduate from Walden University (Higher Education and Adult Learning). In 2010, she received her Master of Science in Nursing with a concentration in Advanced Nursing Education. Dr. Brown began her nursing career in the oncology patient population which included bone marrow transplants.

Teaching Nursing in 2016

Rowena Trim, RN, BSN, MPH

Being a member of a nursing school faculty today requires a different skill set then what was needed when I first began teaching in the 70's. It isn't just the students who have evolved but the various clinical sites and curriculum have also changed.

Working with the mantra "ED-U-CAR-E" or (to draw out) is still consistent. WE just have to rework our magic to have the same results. The most amazing thing about education is that the students still want to learn. This is what keeps me in the game. I still get goose bumps on the days before class begins. I am curious about how I will get these new students from discovery to learning. How will I approach them collectively and individually? I think teaching Fundamentals is the most challenging because this is their first brush with real nursing. When I question the student on why they chose nursing as a career I get different responses depending on which quadrant I am teaching. Generic BSN students usually tell me they want to help people. Perhaps they have a family member who was a nurse. Often a mother, aunt or grandmother. The ABSN students are usually more pragmatic. They have a degree and they are taking the 15 month accelerated BSN Program. The response is often, "I had a degree but I wanted more." Or" I could not get a job". This student is in a hurry to finish and get on with the program. An approach to these 2 types of students requires me to use tact and finesse to get the message across. Today's student is generally older, late 20's or even in their 30's. Using adult to adult learning strategies makes for a better learning experience for both. When I began my teaching career at Howard University, my students were newly out of high school and very much into student activities and college life. Most lived on campus and were concerned with pledging, dating, etc.

Today's student is impacted by a personal life involving marriage, children, and lately caring for a parent. I even had a student recently who was a person who bought and sold houses as a professional house flipper. Attending school while traveling back and forth every day to campus provides another layer of distractions. Constructing a learning strategy that allows for creativity while at the same time allowing for shepherding them through the discovery to learning process is an art form. For me the benefit is that I often learn as much from the student as the student learns from me. As an experienced instructor, I can share from my wisdom position. They usually welcome this perspective.

One of the things I welcome is that our curriculum at Roseman University of Health Sciences School of Nursing in Nevada recognizes that a learning approach that uses Block Learning best suits the student. Combining blocks of lecture with clinical is once again more natural and more closely aligns itself with best learning practices. Teaching from the Mastery concept takes some of the pressure off the student so both teacher and student can focus on learning. Throughout my years of teaching I have learned to appreciate the art of journaling. This gives me better insight into the student's thinking and growth in the subject matter. I welcome the progress of his or her understanding of the course work.

One has to integrate clinical and theory while using teaching modalities that are current and effective. Several years ago I changed the evaluation process from me doing it to the student to making it a collaborative process. This is in line with the Mastery Concept. Initially, my students bristled at this notion stating, " We are used to the professor giving us a grade Pass or Fail." My response to them was, "this is your learning, so we do this together".

Our Clinical Performance Evaluation Tool consists of 8 sections that look at objectives related to:

1. **Effective Communication**
2. **Principled Actions**
3. **Technical Competency**
4. **Critical thinking**
5. **Teaching-Learning**
6. **Leadership**
7. **Nursing Professionalism**
8. **Research**

Students are expected to demonstrate how they can effectively communicate to establish a therapeutic nurse-patient relationship. The student documents how they meet the standard and I include my observations to support this element.

Principled Actions reveals how the student uses the nursing process. I look for ways in which the student identifies and uses relevant data to support the Nursing Process.

Technical Competency involves the use of data collecting. In our case the use of online charting. In Las Vegas we have four major hospital systems using as many e-charting systems. The student is expected to identify and use correct principles as a basis for nursing interventions

Roseman expects the student to develop an ability to identify appropriate client education needs. I always stress that every nurse patient interaction is an opportunity to teach. The students sometimes need additional assistance to recognize the opportunities.

Beginning students in the clinical rotations must demonstrate leadership as they develop skills as members of the health care TEAM. Faculty use role play and actual team leading. This is a time they learn to actively listen to input from team members.

Because the beginning ABSN student has usually had some working experience in another field, they often need to learn the professional protocols. Unlearning can be a bit touchy. This is where tact and tenacity come in. Basic RN students don't usually have as much unlearning to do.

The required Case Studies provide an opportunity for students learn to develop research skills. They work in groups and are expected to present their findings to staff and Administration. They must demonstrate how to utilize research in the development of care plans.

When the evaluation is presented it is a joint effort of the students' examples and my observations. Using the Mastery Concept we come up with an acceptable measure of the student's success in the clinical rotation.

Rowena Trim, RN, BSN, MPH
is an established business professional active in the Las Vegas Real Estate community and a Registered Nurse. She has a Bachelors degree in Nursing with dual majors in Science and Psychology. Her Master's degree is from the University of California Berkeley School of Public Health. Rowena is active as President of the Southern Nevada Black Nurses Association. She has served as adjunct faculty at Roseman University Health Sciences School of Nursing since 2004.

BBNA and National Mentoring Month

Deborah Thedford-Zimmerman, MSN, RN, CWOCN, Chair, BBNA Membership Committee
Jennifer J. Coleman, PhD, RN, CNE, Chair, BBNA Mentorship Program

The Birmingham Black Nurses Association's (BBNA) mentorship program, created in 2004 and revised in 2010, provides ongoing support, guidance, and encouragement to nursing students in the Birmingham and surrounding areas. The goals of the program are (a) to foster professional growth and socialization opportunities, (b) to increase minority nursing student retention and graduation, and (c) to facilitate nursing students' exposure to career options. Each nursing student in the program is assigned a BBNA nurse as mentor and the pair communicates regularly. Formal monthly meetings are scheduled for all nursing student mentees and discussions include study skills, time management, test taking strategies, professional communication, image development, career planning, scholarship opportunities, and other topics identified by the students. We recognized "National Mentoring Month" as a great opportunity for members of our mentorship program to begin the year with fresh energy and enthusiasm.

The first mentorship meeting of the year was held on January 7 and we welcomed new members, completed initial and renewal chapter membership applications, and reviewed the calendar for the year. Goals and objectives of the program were shared with all.

On January 15, BBNA Membership Committee members attended Professional Development Day at Children's of Alabama where two nurses and one nursing student were recruited. A very special part of the day was the opportunity to meet a faculty member from Lurleen B. Wallace State Community College, Department of Nursing. After speaking with her about the purpose and activities of our mentorship program, we were invited to speak with her students. On National Mentorship Day, January 21, 2016, Deborah Thedford-Zimmerman traveled to Hanceville, Alabama and presented an overview of NBNA/BBNA and BBNA's mentorship program. There were 125 nursing students, three faculty members, and the director of the school of nursing in attendance. Ten nursing students completed membership applications and joined our mentorship program. Within the week each student received a "Welcome Letter", a schedule of the general membership meetings, and a schedule of mentorship meetings.

BBNA chapter members serve as mentors and have also volunteered to sponsor membership dues for mentees. At our general business meeting on January 18, our Vice President Emeritus, Geneva Irby donated a lovely piece of jewelry from her business as a fundraiser for nursing student memberships. We plan to conduct a drawing at our Annual Open House and Membership Drive on February 15, 2016.

In addition to emotional encouragement and academic tutoring, chapter mentors offer opportunities for student community involvement. Nursing student mentees accompanied us to a community health forum at a local church on January 23rd. We provided a podium presentation on safe infant sleep environment as part of a mini-grant we received to educate minority communities on decreasing risk factors for sudden infant death syndrome. Our nursing students interacted with forum attendees, distributed brochures, and offered health information.

At our mentorship meeting in February, we were pleased to have three of our new students attend. Nursing care plans, documentation, and prioritizing were discussed and students expressed appreciation for all strategies and tips that were offered.

BBNA is inspired by our NBNA President, Dr. Eric J. Williams. We join with him in the goal of creating a new generation of nurse leaders who will provide meaningful, patient-centered nursing care. We are doing our part with our mentorship program.

Deborah Thedford-Zimmerman is Membership Chairperson and immediate past assistant secretary of the Birmingham Black Nurses Association. She has been in nursing for over 40 years and recently retired from the University of Alabama Hospital in Birmingham Alabama. Although retired, she is still very active in her chapter.

Jennifer Jeames Coleman is a Professor, Ida V. Moffett School of Nursing at Samford University in Birmingham, Alabama. She is immediate past president of the Birmingham Black Nurses Association and Mentorship Program Coordinator.

Teaching and Learning Strategies in Distance Education

Denise Linton, DNS, FNP-BC

Nursing education continues to be influenced by the rapid integration of technology within the academic environment (Carley, 2015). There is an explosion of online nursing programs for all entry levels of nursing. There are also hybrid courses which integrate traditional and technology-based teaching methods within nursing curricula. As a result, nurse educators are faced with the challenge of utilizing distance education formats and platforms that they may have little theoretical or practical experience with. Multiple innovative strategies can support education and competency development for nursing educators while at the same time effectively engaging the student learners. This presentation will introduce the novice distance educator to fundamental student engagement, teaching, and learning strategies that can be used to facilitate teaching and learning using distance education and digital media technologies.

Student Engagement

Nurse educators engaged in distance education can use their Learning Management System (LMS) to foster student engagement by communicating via a variety of news forums. These news forums include environments that support Q & A, announcement postings, and student only discussion rooms. A forum for course related questions provides opportunities for students to seek clarification about course information. Consequently, the entire class benefits from the educator's response and the likelihood of receiving multiple emails with similar questions is reduced. The educator posts to the announcement forum and provides students with information on a consistent basis. A forum can be created specifically for student only use; this can be a place for introductions and ongoing communication where students support and encourage each other throughout the semester. A forum where faculty are able to ask students to respond to specific questions can be used when a student is not actively participating in the course and/or the educator wishes to evaluate a students' understanding of specific concepts. Clear instructions should be given to the students regarding the purpose of each forum and how to post to each.

Teaching Strategies

Presentation of course content varies from slides to audio, and/or video presentations and should be used to satisfy the different learning styles of distance education students. Students who prefer slide presentations usually have an inclination for "reading and make notes." Students who prefer audio presentations such as voice over slide presentation often report that they can "listen on the go." Students who enjoy video presentations, such as Panopto, have reported that "it makes me feel like I am in a classroom and you are talking to me."

Learning Strategies

Discussion board assignments promote clinical reasoning through "cognitive and metacognitive processes" (Carley, 2015). Therefore, discussion board assignments can be used as a learning strategy. A discussion board is an asynchronous strategy that involves interaction between students and their colleagues as well as the instructor. As with any assignment, expectations are often presented in the form of a rubric which should include criteria regarding the quality and grading of initial and response posts. For example, for maximum point attainment, the rubric might delineate that posts should be substantive, include credible sources, add new information, and extend the discussion. These assignments can be individual or group presentation and the use of technology can be encouraged.

Conclusion

It is important to remember that students in the 21st century were born into a culture that uses technology and they tend to learn and study in the same type of culture (Campbell & Daley, 2013). Beginning distance educators can continue to grow by familiarizing themselves with web and video conferencing tools through faculty development opportunities at their places of employment, nursing conferences or specialty conferences.

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Dr. Denise Linton is currently an Associate Professor and the Nurse Practitioner Coordinator at the University of Louisiana at Lafayette in the Department of Nursing. She teaches in the online program and is an online certified instructor and course designer. She reviews online educational materials in the Health Sciences Portal of Multimedia Educational Resource for Learning and Online Teaching (MERLOT)

The Trend of Telehealth Nursing: Remotely Supporting Patients

Sabrina McKoy
Senior Nurse Manager, Lash Group, a part of AmerisourceBergen

Recent studies on the use of telehealth nursing services have shown that 76 percent of patients prioritize access to care over the need for human interactions with their health care providers and 70 percent of patients are comfortable communicating with their health care providers via text, e-mail or video, in lieu of seeing them in person.1 This trend toward remote and immediate access is becoming more prevalent in the industry and telehealth nursing positions are becoming more well-known and necessary in the care continuum.

Telehealth nursing assists the healthcare industry in many ways. It contributes to reducing healthcare costs by decreasing hospital admissions and emergency department visits, assisting with managing chronic illnesses, and impacting the nursing shortage by improving nurse utilization.2

Telehealth nursing is unique in that it can be practiced almost anywhere from clinics to offices, hospitals to call centers, and even nurses' homes. It is vital in enabling healthcare providers to connect with patients across vast distances. These nurses aim to deliver and continuously improve patient access and adherence programs to ensure patients receive the best possible care at every stage of their therapeutic journey.

Various health systems are adopting telehealth practices because it provides convenient access for patients and focuses on increasing access and patient satisfaction. Telehealth nursing offers the potential to improve efficiency and convenience in our healthcare system as new delivery and payment models evolve.

I have been telehealth nursing for over six years and I truly believe nurses have an impact on patients and their caregivers. When a patient is first diagnosed with a chronic illness or terminal disease, sometimes our team is their first call. Our team works with purpose by listening to patients and educating them about what to expect throughout their therapeutic journey and providing counsel on properly taking medicine. As a Senior Nurse Manager at Lash Group, a part of AmerisourceBergen, I support the managers and nurses through compassionate communication, empowerment, and working together to ensure patient adherence.

Below are a few additional facts that you may not have known about telehealth nursing:

1. RNs have meaningful contact with patients because they do not have other patients to be seen or distractions from others coming in room, etc.; 1:1 uninterrupted time with patients.
2. They get to build relationships with patients over the course of the entire disease process.
3. Expertise extends deeper in the field because telehealth nurses have the opportunity to interact with other components beyond the patient including the provider, pharmacy, payer, and others.
4. Telehealth nurses have the opportunity to learn about rare diseases and state-of-the art therapies in medicine.
5. Even though the location is not within a hospital, telehealth nurses are still supporting and educating patients in a very designed and specific approach with very clear outcomes.
6. Telehealth nurses get input and exposure to the business side and operations, growing their acumen in other areas.
7. Being in telehealth expands one's expertise because they work with a broader audience of patients and are forced to learn how to communicate with patients over the phone vs. side-by-side or in-person.

Working in telehealth is exciting because each call is different and you never know what type of situation, question or comment you will be presented. The utilization of your listening, critical thinking and assessment skills are critical when it comes to supporting the patient. As a telehealth nurse, your eyes become your ears and you are an expert at identifying even the subtle changes in a patient's voice. Building rapport is also key. Once trust is established, the patient and the nurse are able to work through barriers together,

whether it's navigating through benefits, obtaining education, or supporting the patient through medication adherence.

Telehealth nurses have a positive impact on the lives of patients every day. For example, one time a patient called in to our program and was adamant about speaking to a manager. She stated she was newly diagnosed, had a lot of questions and described that if it was not for her nurse, she would have never started on her medication. The nurse thoroughly explained the benefits, answered her questions and walked her through the prescribing information. She was extremely thankful for the support that she received.

Industry experts with the American Telemedicine Association estimate that within the next five years, 50 percent of healthcare services will be provided by telehealth3 and the need for these nurses and healthcare professionals is going to continue to rise. Providing support and guidance to patients is the main role of nurses and telehealth has shown it can improve patients' access to care and as a result, contribute to successful healthcare outcomes.

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Sabrina L. McKoy is a Registered Nurse for Lash Group, a patient support services company and part of AmerisourceBergen. Currently, she is a Senior Nurse Manager responsible for a national team of remote-working nurse managers and telehealth nurse educators who support one of Lash Group's clinical patient adherence programs. Ms. McKoy has experience in hospital and research settings, as well as the pharmaceutical industry. And, she has held roles in quality improvement, management, and training. Ms McKoy works with purpose by not only supporting the patients in her adherence program, but also by empowering her team and collaborating with others to obtain successful patient outcomes. She is a graduate of North Carolina Central University, Durham NC, where she earned a Bachelor's of Science in Nursing.

Broadcasters Promote Public Health

Dennis Wharton, Executive Vice President, Communications at the National Association of Broadcasters

Local radio and television broadcasters effectively communicate with millions of Americans on a daily basis. In addition to providing news, weather, sports and entertainment programming, stations devote significant resources to serving their communities with critical public health information. Broadcasters consistently host, promote and sponsor events in their local communities. Below are a few of the myriad examples of broadcasters' health-related public awareness campaigns.

- **Univision's month-long health and wellness campaign, "Reto 28," included a 28-day nutritional and fitness challenge last June. Reto 28 fed into the company's third annual "Semana de la Salud" (Health Week), which took place June 6-13, 2015**
- **CBS Television worked with the National Stroke Association on a public awareness campaign.**
- **Sinclair Broadcasting's KUTV-TV Salt Lake City partnered with the Utah Department of Health and Intermountain Healthcare on the "Baby Your Baby" campaign, reminding mothers-to-be to seek regular and early prenatal care.**
- **Hearst's WBAL-TV Baltimore hosted Dr. Oz's "Good Life" presentation, which provided information on achieving long term positive health.**
- **Several Orlando radio stations launched "Ellis and Tyler's Dash for Health," inviting listeners to join them in an eight-week wellness initiative.**

Radio and television stations devote countless resources, including hundreds of hours of donated airtime, to producing and hosting radiothons and telethons. These events have raised millions of dollars over the past several decades for organizations that include St. Jude Children's Research Hospital, Children's Miracle Network (CMN), Fisher House, the Ronald McDonald House and local hospitals around the country. NAB features many of these fundraisers in our monthly e-newsletter, Licensed to Serve. The October 2015 edition provides many great examples, in addition to what is found below.

- **Univision's TeletonUSA raised $15.7 million to benefit children with neuromusculoskeletal disabilities, cancer and autism.**
- **Hubbard Radio's WTMX-FM raised $1.3 million Robert H. Lurie Children's Hospital.**
- **Entercom's WEEI-FM Boston raised $3.3 Million for the Dana-Farber Cancer Institute through the Jimmy Fund.**
- **CBS Radio raised $2.4 million for St Jude Children's Research Hospital, to ensure that no family has to worry about money while their children receive treatment.**
- **Telemundo affiliate WSCV Miami raised $4.5 Million for La Liga Contra el Cancer (League Against Cancer).**
- **Entravision Radio raised $1.2 million for Children's Miracle Networks.**

Radio and television broadcasters also donate airtime to running public service announcements (PSAs). NAB distributes PSAs from hundreds of non-profit organizations to broadcasters through the online distribution platform NAB Spot Center. Spot Center currently features PSAs on a number of important health-related topics, including diabetes, stroke, colon cancer, Alzheimer's disease, mental health awareness, leukemia and lymphoma, domestic violence, substance abuse and heart disease.

Every other year, NAB also produces, hosts and distributes PSAs through the organization's Congressional PSA campaign. NAB invites members of Congress and their families to be featured in free, professionally-produced spots that address issues of importance to their constituents. In 2015, a record 307 members of Congress and their families were featured in PSAs on topics that include cancer prevention, mental health and healthy kids. Broadcasters generously aired the radio and television PSAs more than 186,000 times between July and December 2015, donating more than $16 million in airtime.

In 2013, in addition to producing the Congressional PSAs, NAB launched the OK2TALK PSA campaign, which aimed to reduce the stigma of mental health among teenagers and young adults. Local radio and television stations across America aired the OK2Talk PSAs almost 323,000 times, representing more than $40.8 million in donated airtime.

No other media provides the same reach as broadcast radio and television. Broadcasters use our role as Americans' most-trusted, top-choice news source and our power to drive local conversations to disseminate vital information and positively impact our communities

HIV Infections and Black Women: Getting to Zero

Linda Goler Blount, MPH

Black women continue to be disproportionately affected by HIV. The rate of HIV infection for Black women is 20 times that of white women and nearly five times that of Hispanic women. Black women accounted for 13 percent of all new HIV infections in the United States in 2010 and nearly 64 percent of all new infections among women. CDC data also indicates that 87 percent of Black women with HIV were infected through heterosexual sex.

PrEP (pre exposure prophylaxis) can protect Black women from HIV infection, but most of them don't know about it. That's why we launched Let's Talk About PrEP, a campaign to educate Black women about PrEP as a new way to take charge of their sexual health and protect themselves from HIV infection. We are encouraging women to add PrEP to their HIV prevention toolkit which includes getting tested, taking a medication daily, using condoms and practicing safe sex to remain HIV negative. When following these steps, PrEP has proven to be 92 percent effective in preventing HIV infection.
As nurses, you can help us reach our goal of zero new HIV infections for Black women! Women tell us their primary sources for health-related information are nurses and doctors. So, we need nurses to talk to women about PrEP as an option and answer any questions that may help them make an informed decision. You have tremendous influence on the women you serve and care for and can help keep them safe from this preventable virus.
Here are a few resources to arm you with the information necessary to talk to your patients about PrEP:

- **CDC's Clinical Guidance on PrEP**
- **Clinical Providers' Supplement**
- **U.S. Food and Drug Administration, Risk Evaluation and Mitigation**
- **National HIV/AIDS Clinicians' Consultation Cente (now known as the Clinical Consultation Center)**

This is an urgent matter! 1 in 32 Black women will be infected with HIV in her lifetime. We can turn things around, but we cannot do it alone. We need your help. You treat and care for women every day. They trust you and the information you share with them. Join the Imperative in spreading the word! Let's Talk About PrEP!

To learn more visit letstalkaboutprep.com. For more information about the Black Women's Health Imperative, visit bwhi.org.

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CDC (2015) HIVAmong Women. Retrieved February 6, 2016, from http://www.cdc.gov/hiv/group/gender/women/index.html

Resources:

U.S. Public Health Services. PreExposure Prophylaxis for the Prevention of HIV Infection in the United States 2014. A Clinical Practice Guideline. http://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf

U.S. Public Health Services. PreExposure Prophylaxis for the Prevention of HIV Infection in the United States 2014. Clinical Providers Supplement. http://www.cdc.gov/hiv/pdf/prepprovidersupplement2014.pdf

U.S. Food and Drug Administration, Approved Risk Evaluation and Mitigation Strategies (REMS), http://www.accessdata.fda.gov/scripts/cder/rems/index.cfm

National HIV/AIDS Clinicians' Consultation Center, http://nccc.ucsf.edu/

Linda Goler Blount is the President and Chief Executive Officer at the Black Women's Health Imperative, the only national organization dedicated to improving the health and wellness of our nation's 21 million Black women and girls - physically, emotionally and financially. A Michigan native, Linda holds a Master of Public Health, Epidemiology from the University of Michigan and Bachelor of Science in Computer Engineering/Operations Research from Eastern Michigan University.

Kidney Disease: The Silent Epidemic

Jared Zeide

At a typical checkup with a primary care physician, patients will have their blood pressure, reflexes and cholesterol tested. Maybe the physician will test their heart function with an electrocardiogram if the patient is older or has a family history of heart disease. But how often do you hear of testing chronic kidney function as part of a routine checkup? And why should this matter?

Millions of Americans have cardiovascular disease, diabetes and hypertension so naturally these conditions must be addressed at an exam – but so must chronic kidney disease (CKD), which is often ignored. Nearly 30 million Americans have CKD, about the same number who have diabetes. Shockingly, only 10% are aware their kidneys are failing.

Generally speaking, patients who have heart disease, diabetes, high cholesterol or hypertension are aware of their condition. The same awareness is needed for CKD, a major component of the health problems our country is experiencing. You can't have a discussion about metabolic syndrome conditions without kidney disease. They feed into each other, as hypertension and diabetes are common causes of kidney disease, and kidney disease can contribute to cardiovascular disease. Unfortunately, kidney disease affects minority groups at a greater rate just as diabetes and hypertension do, with African Americans being three times more likely to have CKD.

There are two sides to addressing the issue – prevention and treatment. Because CKD is rarely inherited, it is preventable in most cases. Patients who maintain a healthy diet and exercise regularly are unlikely to be affected by diabetes and high blood pressure, and therefore unlikely to have CKD. On the treatment side, it gets trickier because CKD is asymptomatic in its early stages. With that being said, there are two simple tests that test for kidney disease – ACR (urine) and GFR (blood).

What can nurses do?

Nurses are at the frontline of patient care, and have an important impact on patient outcomes. To this end, they can have an impact on diagnosing CKD. By spreading the word about kidney disease, nurses can create awareness and educate patients who are in good health as well as those in the care of a hospital, clinic or other facility. Most importantly, they can recommend anyone with the following risk factors get screened for CKD:

- **Diabetes**
- **Hypertension**
- **Family history of kidney disease**
- **Age 60 or older**
- **Being African American, Hispanic, Asian, American Indian or Pacific Islander**
- **Obese (BMI of 30 or above)**

Additionally, they can refer patients who are leaving clinical care to NKF Cares, the National Kidney Foundation's free helpline which offers support for people affected by kidney disease, organ donation or transplantation (1-855-NKF-CARES). Raising awareness to make kidney disease part of the greater discussion of healthcare can help improve patient outcomes for millions.

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www.cdc.gov

Jared Zeide is the Senior Marketing Manager at the National Kidney Foundation, the leading organization in the U.S. dedicated to the awareness, prevention and treatment of kidney disease for hundreds of thousands of healthcare professionals, millions of patients and their families, and tens of millions of Americans at risk.
www.kidney.org

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Preferred Qualifications: Doctoral (DN or PHD) degree in Nursing; two years of clinical teaching experience.

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*See job posting for additional job description details at **jobs.cscc.edu**.*

Minimum Qualifications: Master's Degree in Nursing with a current Ohio RN licensure in good standing.

Preferred Qualifications: Doctoral (DN or PHD) degree in Nursing; clinical and teaching experience.

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To Be Politically Correct

Teresa Mosley, BSN, RN, COHN-S, CHCM, CEAS
Monica J. Harmon, MSN, MPH, RN

Nurses perform many activities in the health care delivery system including policy implementation at various levels. But, how do you get nursing organizations apprised of pressing issues, partner with policy makers, and inform decisions supporting the health of the public? In an age, where everyone is inundated with data and media presence, how can nursing organizations vie for our elected officials' time, commitment and support? Nurses must concisely communicate issues to efficiently address sociopolitical factors. Major steps in policy implementation are information gathering, making contact, and strategized follow-up. Attention to these steps are crucial to your cause, its intent, and your group's reputation. Southeastern Pennsylvania Area Black Nurses Association (SEPABNA) answered the charge for Capitol Hill by becoming well-versed of the issues, contacting out national legislative representatives, and setting a plan for follow-up with legislators at the local, state, and federal levels.

Information Gathering

Members of SEPABNA left 2015 NBNA Day on Capitol Hill with a goal in mind – to take the day's activities beyond the office visits. The Health Policy Committee (HPC) decided to formally strategize plans for preparation, education, and action for SEPABNA. Setting this formalized plan organized the HPC, assisted us with goal setting, and measuring outcomes. We met regularly over the year to obtain knowledge and plan for engagement with our local, state, and federal legislators.

For Capitol Hill Day 2016, HPC decided to focus, prepare, and encourage activism amongst our members. As many NBNA chapters do, we have a diverse membership. The question we were forced to answer was, "How do we orient everyone to the significance of health policy?" HPC created a health policy primer that was presented at the January, 2015 meeting and posted to the chapter website. This primer included a history of NBNA Day on Capitol Hill, introduction to health policy, description and explanation of focus areas, and a call to action. HPC compiled and disseminated an information packet for use on Capitol Hill including materials sent to chapters from NBNA, listing of legislators, and information about the electoral process. Next we contacted elected officials to schedule appointments to discuss partnering to bring focus areas to prominence and offer some solutions for action.

Contacting Elected Officials

HPC next devised an action plan for contacting elected officials in the five-county area. Contacting your elected officials can be a daunting task. If you are ready to move the sociopolitical agenda forward, HPC has some suggestions to assist your chapter to advocate for your area.

> • When making your initial call to the legislator's office, speak in a calm, confident yet enthusiastic manner.
> • Be prepared to offer a one minute blurb about why you would like his or her support. The blurb should include your name, credentials, group name and an overview of what you would like to discuss.
> • Detailed messages should be saved for the one-on-one meeting you will have with the official or his or her designee.
> • First impressions are important. Balance your passion and communicate your project in a way that is not offensive to the receiver. Managing one's emotions and expectations will allow you to convey the information effectively in a way that the intended receiver can grasp the message (The Clemmer Group, n.d.).

As a committee, our goal was to be perceived as unified and persuasive. We were always respectful of staff time. We created a plan to maximize our time. One suggestion would be to use an electronic tracking tool with the names of the officials, contact information, disposition and follow-up. Documentation and report of your progress is essential to prevent duplication of efforts if more than one person in your group is setting appointments.

Plan for Follow-up

We took the charge for action seriously. After the Capitol Hill visits we sent thank you cards to the legislators' offices. We made appointments with our local and state officials to engage at those levels. Our members participate in local political efforts such as voters' registration events, health fairs, and volunteer for political action committees. HPC plans to submit op-eds on the focus areas and coordinate with other black professional groups to advance action. SEPABNA is on the move!

Continued on Page 34

Teresa C. Mosley BSN, RN, COHN-S, CHCM, CEAS has been a nurse for 28 years and held Certifications in Informatics, Ergonomics, Occupational Health, Health Coaching, Mental Health and Aging and Safety. She is also a public speaker and has most recently taught seminars to secular and faith-based organizations on health, wellness, and nursing informatics. Teresa has worked in cardiology and community health nursing and currently serves as Director of Occupational Health and Wellness at Inglis, a long-term care facility in Philadelphia, PA. She has served as guest lecturer at the University of Pennsylvania School of Nursing. Teresa completed her Bachelor's Degree at Widener University and will receive her Masters of Science in Nursing from Chamberlain College of Nursing in August of 2016. Teresa is a recent recipient of the "Dr. Lauranne Sams, Scholarship" from the National Black Nurses Association.

Monica Harmon, MSN, MPH, RN has worked in a variety of settings working with vulnerable populations such as prisoners and mothers and babies. Her practice areas include: in-patient pediatrics, home health, prisons, schools, and group homes for individuals with intellectual disabilities. Research activities included the study of detained adolescent females in Philadelphia, maternal and child fatalities, diversity in nursing, and community/public health nursing education and practice. She teaches CPR and First Aid to health care workers and community members alike. She has also presented workshops on asthma, autism, sickle cell anemia, elder health issues, and relationships to community groups.

Organosmart™ Fresh Water to Flint Campaign

By: Keena Stephens 1/29/2016

Oftentimes we see on the news or may even witness bad things happening all around us. As a nurse and a compassionate person, it has always been hard to turn the other cheek and overlook these things. More recently, it was in the news of a major water contamination due to faulty pipes and poor filtration in Flint, Michigan. As a result, there have been deaths and detections of lead in the blood of numerous children and adults in Flint that is directly linked to the water. Seeing the images in the news that resemble images in third world countries were unbelievable to me, so I asked myself, "What are YOU going to do about it?"

My company, Organosmart™, is an integrative health and wellness solutions company that helps people regain control of their health through our self-care lifestyle solutions. I partnered with Absopure Water Company in Plymouth, MI who agreed to deliver large pallets of water for free to Flint. On the receiving end in Flint, I partnered with Ms. Laura Rahmaad- Senior Nutrition Program Director at the Geneseee County Community Action and Resource Department (GCCARD).

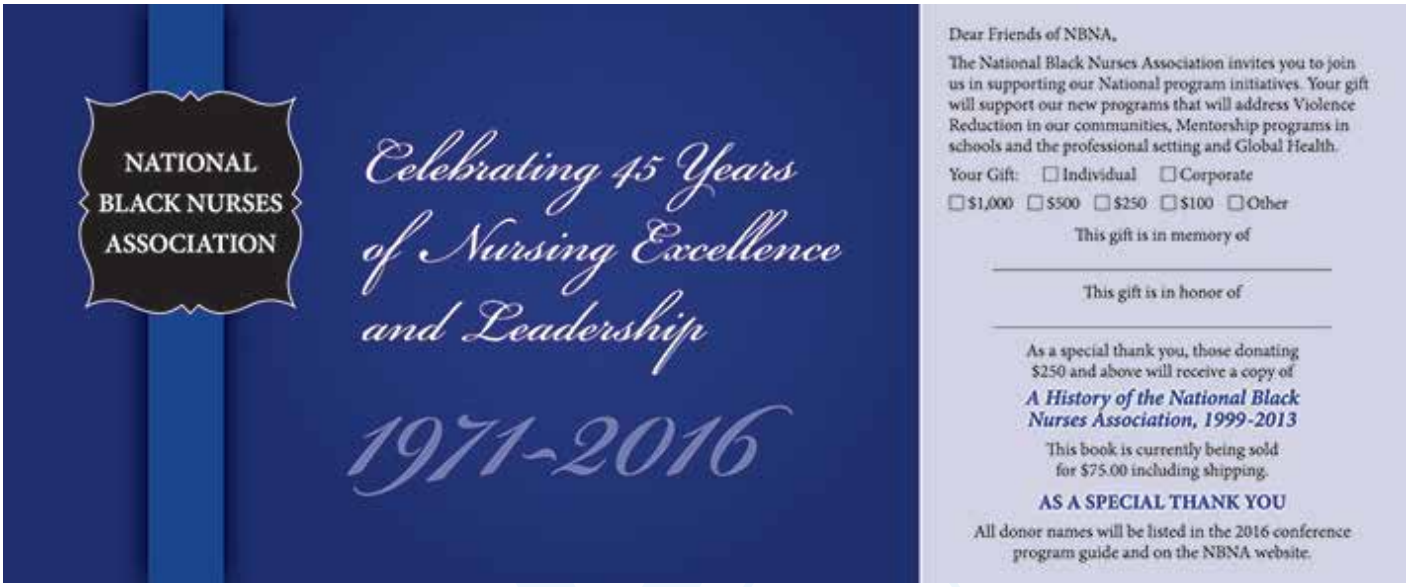
Through donations collected from the Organosmart™ Fresh Water to Flint social media campaign, we were able to deliver 1,156 gallons of fresh water and monetary donations for water, filters, and other commodities directly to the people of Flint. Through GCCARD, water will be directly delivered to homebound seniors through the Meals on Wheels program and will be available for families for pickup at the GCCARD warehouse. It doesn't always take a large sum of money to make a difference. Nurses make a difference everyday and we have the power to use our resources and our gift of compassion to change things all around us.

Sincerely,

Keena Stephens, LPN, B.S., CHES
Organosmart™
http://organosmart.com/

The Organosmart™ Mission involves the following concepts:

- You are the CEO of your body and should be aware of what helps it function at its best
- Your healthcare practitioners are your body's consultants, but you are the decision maker
- Proper self-care supports the body's natural healing processes



Click Here to Donate to "Friends of NBNA"

FOR IMMEDIATE RELEASE

Media Contact:
Name: Millicent Gorham
Phone: 301-589-3200
January 7th, 2016

National Black Nurses Association President Responds to Call to Action Against Violence

Statement from ***Dr. Eric J. Williams,***
President, National Black Nurses Association

I commend President Obama for his leadership in tackling gun violence, which hits communities of color and the poor the hardest. Nurses, first responders and physicians are on the front lines, in the emergency rooms and hospital rooms, witnessing the devastation that gun violence brings on individuals, families and communities. It is vital that our Nation seek solutions to reduce violence, particularly gun violence. Moreover, reduction in violence of all forms, domestic violence, bullying in the work place, verbal and mental violence must end.

According to the Kelly Report:

- Gun violence has killed more Americans in the past 50 years than any single war
- gun violence poses a major threat in communities of color
- each year more than 100,000 people are victims of gun violence and more than 30,000 die each year
- individuals under age 25 face the threat of gun violence.

As Nurses, we need to implement strategies to eliminate gun violence and create a culture of health where we live, work, play, and worship.

I am grateful that President Obama is pledging $500 million for mental health treatment. It is clear that our mental health system needs improvement. We know that those with mental health problems are more likely to harm themselves. Yet, more and more people with mental health are harming others through physical violence.
We need the ingenuity of all health care providers, all citizens, to end violence. The National Black Nurses Association will host its 28th Annual NBNA Day on Capitol Hill, Thursday, February 4, 2016. The theme of this signature event is "Addressing the Epidemic of Violence: NBNA's Call to Action". NBNA expects 300 nurses and nursing students to attend the all-day forum. The President's actions are a great start. NBNA joins him in this national public health effort.

FOR IMMEDIATE RELEASE

Media Contact:
Name: Millicent Gorham
Phone: 301-589-3200
February 18, 2016

NBNA to Deliver Water to Flint, Michigan

“The chemical laden water in Flint, Michigan has exposed thousands of its citizens, particularly its vulnerable children, to toxins that may have a deleterious health impact for years to come", said Dr. Eric J. Williams, President, National Black Nurses Association (NBNA). "The Board of Directors of the National Black Nurses Association decided to send almost 18,000 bottles of water to the Food Bank of Eastern Michigan" stated Dr. Williams.

Dr. Birthale Archie, NBNA's Second Vice President and President of the Kalamazoo-Muskegon Black Nurses Association spearheaded this effort. "NBNA joins with other national organizations to help bring awareness of how important water is for everyday life; for patients to be compliant with their medication regimen and to stem infectious diseases through appropriate hydration and hygiene", stated Dr. Archie.

On Friday, February 19th, at 10 am, Dr. Archie, Juanita Wells, President of Greater Flint Black Nurses Association and chapter members will be on hand to present the donation at the Hunger Solution Center, 1928 Howard Avenue, Flint, MI.

28th Annual National Black Nurses Day on Capitol Hill

February 4, 2016, Washington Court Hotel, Washington, DC
Addressing The Epidemic of Violence: NBNA's Call to Action

Dr. Loretta Sweet Jemmott Vice President for Health and Health Equity Professor, College of Nursing Drexel University and The Honorable Chaka Fattah, US House of Representatives, Philadelphia, 2nd District.

Dr. Eric J. Williams, NBNA President and The Honorable Robin Kelly, Chair, Congressional Black Caucus Health Brain Trust.

Chicago BNA Attendees; Jewel Griffin, Dr. Daisy Harmon-Allen Chapter President, Dr. Eric J. Williams, Rev. Evelyn Dixon, and Linda Howard.

Dr. Birthale Archie, NBNA 2nd Vice President, Chair Health Policy Committee; Dr. Eric J. Williams, NBNA President; The Honorable Chaka Fattah, US House of Representatives, Philadelphia, 2nd District; Yvonne Olusi-Ogadi, NBNA Board Member, Co-Chair NBNA Health Policy Committee; Kendrick Clack, NBNA Board Member, Member, Health Policy Committee.

Ms. Helen Horton and Ms. Connie Kelley-Sidberry attended NBNA Day on Capitol Hill in Washington, DC on February 4, 2016

Dr. Eric J. Williams, NBNA President, Dr. Elcedo Bradley, President of Chi Eta Phi Sorority, Inc, and chapter members.

Kendrick Clack, NBNA Board Member, Dr. Birthale Archie, Health Policy Committee Chair, Dr. Eric J. Williams, President, The Honorable Robin Kelly, D - IL, Chair, Congressional Black Caucus Health Brain Trust, and Yvonne Olusi-Ogadi, Health Policy Committee Co-Chair.

Local Nursing School Students

Howard University Students and Faculty Member.

Melissa Bishop-Murphy, Pfizer, The Honorable Robin Kelly, and Roy Cosme, President, Arcos Communications

28th Annual National Black Nurses Day on Capitol Hill

February 4, 2016, Washington Court Hotel, Washington, DC
Addressing The Epidemic of Violence: NBNA's Call to Action

New England Regional Black Nurses Association LaDonna Christian, Sasha DuBois, Melissa Joseph, Tarma Johnson, President, Margaret Brown, Immediate Past President, Dr. Deborah Washington

Mario Middleton of University of Phoenix, luncheon sponsor.

Peggy Pettit, Vice President, VITAS Healthcare and member of the Greater Fort Lauderdale Broward Chapter of NBNA and Dr. Eric J. Williams, NBNA President

The culmination of a successful day! Over 100 attendees participated in the debriefing following the Capitol Hill visits and the White House briefing.

ADDRESSING THE EPIDEMIC OF VIOLENCE IN THE AFRICAN AMERICAN COMMUNITY

EISENHOWER EXECUTIVE OFFICE BUILDING
SOUTH COURT AUDITORIUM

FEBRUARY 4, 2016

3:00pm **HOUSEKEEPING AND INTRODUCTIONS**

Marquita V. Sanders, Associate Director, Intergovernmental and External Affairs (IEA)
U.S. Department of Health and Human Services (HHS)

3:05pm **GREETINGS**

Eric J. Williams, DNP, MSN, RN, CNE
President of the National Black Nurses Association (NBNA)

3:15pm **KEYNOTE**

Michael D. Smith, Special Assistant to the President & Senior Director of Cabinet Affairs
My Brother's Keeper, The White House

3:30pm **PANEL KEYNOTE**

J. Nadine Gracia, MD, MSCE, Deputy Assistant Secretary for Minority Health and Director of the HHS Office of Minority Health (OMH) at the U.S. Department of Health and Human Services (HHS)

PANELISTS

- Darrin Donato, Senior Policy Analyst
  Division for At-Risk Individuals, Behavioral Health, and Community Resilience
  U.S. Department of Health and Human Services (HHS)
- Stephanie Felder, Director, Comprehensive Crisis Services
  San Francisco Department of Public Health (DPH)
- Elizabeth Prewitt, Community Manager
  ACEs Connection Network
- Brent J. Cohen, Policy Advisor
  Office of Justice Programs, Department of Justice (DOJ)
- Roslyn Holliday Moore, Senior Public Health Analyst
  Office of Behavioral Health Equity
  Substance Abuse and Mental Health Services Administration (SAMHSA)

5:00pm **Program Concludes**

Members on the Move
Chapter News

Queens County Black Nurses Association

October 25, 2015 at our Dinner/Theatre Scholarship Fundraiser at the Black Spectrum Theatre, Iona Thomas Connor RN, MSN, brought greetings from Liberia. She was honored for going to Liberia four years ago and restoring the nursing program at Tubman University. The program was dissolved 20 years ago when the school was destroyed during insurgent battles. Members from the QCBNA who supported her during the Ebola epidemic were happy to greet her.

From left: Dr. Judith Bennett-Murphy; Ms. Iona Thomas-Connor; Ms. Hyacinth McKenzie; Ms. Delores Green; Ms. Monique Prince, Dr. Claudette McFarquhar; Ms. Joan Thompson; Dr. Dorothy Ramsey; and Mr. Kirk Smith.

The QCBNA co-sponsored the forum "Interprofessional Networking to Promote Healthier Communities" on December 5, 2015. The event was held at Mount St. Mary College. Opening and closing keynote speakers were Dr. Debra A. Toney, past President of the NBNA and Dr. Kenya Beard, respectively.

Other organizations shared what they are accomplishing in different communities among various age groups and ethnicities. Dr. Kenya Beard from QCBNA was our final speaker who spoke about the unrest in black communities. She aroused our attention with the song by Marvin Gaye "Inner City Blues Makes me want to Holler". She was commended for speaking candidly about safe and effective health care in black communities and the need to tell all ethnic groups what the real problems are.

Central Carolina Black Nurses Council

Dr. Ronnie Ursin, Chief Nursing Officer for the Northern Louisiana Medical Center and former Board member of the NBNA was the featured speaker at the 25th Annual Education-Lecture Luncheon. The event was held on December 5, 2015 at the Friday Center in Chapel Hill. The focus for the lecture presentation was quality care in a changing healthcare environment. Highlights included the presentation of the Daniels Ruffin Scholarship for exemplary community service in the amount of $10,000 to Ms. Kiana Cooper, a junior nursing student at Winston-Salem State University.

Patricia Daniels Ruffin Scholarship: (left to right) Ms. Kiana Cooper (recipient), Ms. Stephanie S. Cooper (scholarship chairperson); and Ms. Helen Horton (Chapter President).

Connie Kelley-Sidberry volunteered with Enroll America by assisting with phone banks at WRAL TV studio, area churches and at Advance Community Health Center.

Peketa Long volunteered 100+ hours at the medical clinic for the uninsured at Urban Ministries of Raleigh to provide medical services to about 45 clients throughout the 2015 calendar year.

Ms. Willie Gilchrist-Stanfield and Ms. Erma Smith-King attended the 20th Anniversary Leadership Awards for Healing with CAARE.

Members on the Move
Chapter News

Keynote for the occasion was Deputy Surgeon General Rear Admiral Sylvia Trent Adams. CAARE, Inc. was established to provide no-fee health and wellness services to the residents of Durham.

Atlanta Black Nurses Association, Inc

The Atlanta Black Nurses Association (ABNA) hosted the 43rd Institute and Conference at the Atlanta Marriot Marquis and Hilton on July 29-August 2, 2015. Thank you to attendees. Congratulations to award recipients Ms. Johnnie Lovelace, Nurse of the Year for Community Service; Ms. Patrice L. Brown, Scholarship Recipient; and Ms. Ora D. Williams, Scholarship recipient.

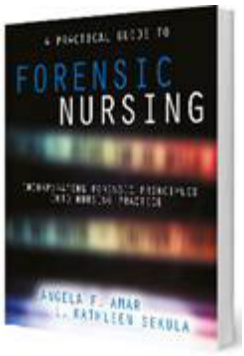
The Legendary Awards were held at the Cobb Galleria in Atlanta, GA. The recipients of these awards are honored for as living legends that have made significant contributions to healthcare locally, nationally, and internationally. The event was attended by Ms. Evelyn Miller (ABNA President), Dr. Darlene Ruffin-Alexander, Ms. Ora Williams and Ms. Lisa Griffin-Moh.

On May 2, 2015, VITAS Healthcare and the ABNA presented Missing Our Mothers: Daughters Remember. Keynote for the event was Ms. Sally-Ann Roberts. Members in attendance were Ms. Evelyn C. Miller, Ms. Ora D. Williams, Ms. Betsy L. Harris, Ms. Jackie Henson, Ms. Joni Lovelace, Ms. Karen Rawls, Ms. Patrice Brown, Ms. Arkeelaua Henderson, Ms. LeRae Richardson, Ms. Emma Knight, Ms. Evelyn Bell, and Mr. Traci Rucker.

Members on the Move
Chapter News

Ms. Ora D. Williams, ABNA Past President, authored an article titled, "Educating Everyone on F.A.S.T." for the spring edition of the Georgia Cloverdale. In addition, Ms. Williams was the recipient of the Margaret Pemberton Scholarship and noted on Capella University's President's list for outstanding academic achievement.

Congratulations to Dr. Eugenia Jennings on completing the requirements for the DNP; Ms. LeRae Richardson on completing the requirements for the MSN; Ms. Patrice Brown for induction into the Sigma Theta Tau, International Phi Pi Chapter at Chamberlain College; Ms. LaShay Smith on her hire in the NICU at Grady; and Dr. Darlene Ruffin-Alexander on her interview with Spirit 1340 AM Radio on the topic of health-wellness-politics.



Congratulations to Angela Frederick Amar, PhD, RN, FAAN, Associate Professor & Assistant Dean for BSN Education, Emory University's Nell Hodgson Woodruff School of Nursing and Nurse Faculty Scholar Alumna, Robert Wood Johnson Foundation on the publication of her book, "A Practical Guide to Forensic Nursing: Incorporating Forensic Principles Into Nursing Practice."

Ms. Evelyn C. Miller (ABNA President) and Ms. Jacqueline Henson (ABNA Treasurer) attended the White Dress Luncheon held by the Grady Conclave Georgia Nursing Chapter.

Black Nurses Association of Greater Phoenix

Members of the Black Nurses Association of Greater Phoenix Area celebrate the 2015 scholarship recipient, Jasmine Carter (center) during the chapter's August meeting. (Left to right: Dr. Monica Ennis; Dr. Angela Allen; Dorothy Golida, Scholarship Chair; Rev. Dr. Deidre Walton)

Congratulations to the Black Nurses Association of Greater Phoenix Area for being recipients of the East Valley NAACP Health Award for 2015 (LaTanya Mathis; Dr. Angela Allen, president; Jasmine Carter, 2015 BNAGPA scholarship recipient; Carol Rosemond; India Caldwell)

Members on the Move
Chapter News

Congratulation to Dr. Angela Marie Allen on being recognized as the 2015 March of Dimes Nurse of the Year. Dr. Allen is a Clinical Research Program Director and President of the Black Nurses Association of Greater Phoenix is pictured with Jacqueline Toliver (BNAGP Treasurer).

Grant Funding: Congratulations to the BNAGPA for receiving $8,000 in grant funding for health and wellness projects

Little Rock Black Nurses Association of Arkansas

Congratulations to Little Rock Black Nurses Association of Arkansas Member, Krystal Royster, on being accepted into the Arkansas Action Coalition Young Leadership Program for BSN Students.

Birmingham Black Nurses Association

BBNA student member Chaunice Neal presented "Overcoming Retakes: A Psychological Journey" during the Emerging Leaders Forum at the NBNA 43rd Annual Institute & Conference held in Atlanta, GA in August 2015.

BBNA student member Carolyn Etheridge was installed as the NBNA Student Representative at the NBNA 43rd Annual Institute & Conference on Sunday, August 2, 2015 in Atlanta, GA.

During the 2015 ASNA Annual Convention, BBNA member Lindsey Harris was elected secretary of the Alabama State Nurses Association. BBNA member Carthenia Jefferson was elected vice president of the Alabama State Nurses Association.

BBNA held its 25th Anniversary Celebration in December 2015. On Friday evening, December 4, a Partners Appreciation Reception for BBNA sponsors and collaborative partners was held at the Sheraton Birmingham Hotel. During the reception, BBNA presented its annual scholarships and awards. Five nursing students received financial assistance with nursing school expenses. On Saturday, December 5th, BBNA hosted a formal celebration gala in the ballroom of the Sheraton Birmingham Hotel. Each BBNA member was introduced by NBNA Executive Director, Dr. Millicent Gorham, and made a red carpet entrance into the ballroom. NBNA president, Dr. Eric J. Williams and other board members were also in attendance. During the program, reflections and predictions for BBNA were offered. Dr. Charlie Dickson, former president of the Alabama Board of Nursing spoke on the past and the need for BBNA. Marcia Lowe, past president of BBNA and former NBNA board member reviewed the present status of BBNA. Carolyn Etheridge, student representative of NBNA and BBNA, reflected on the future of BBNA. After dinner, gala attendees celebrated to the music of the band Entrigue Muzik of Mobile.

BBNA celebrated the Christmas season with the residents of Children's Village. Children's Village is the only long term placement facility for children in Jefferson County and the only group home that welcomes both boys and girls. BBNA filled the Christmas wish lists for the 18 children and spent time with them laughing, playing, taking pictures, and offering friendship.

BBNA recognized National Mentoring Month with several activities involving nursing students. On National Mentor Day, January 21st, Deborah Thedford-Zimmerman spoke to 125 nursing students at Wallace State Community College in Hanceville. Mentorship meetings in January and February included discussions on study skills, care plans, documentation, prioritizing, and

Members on the Move
Chapter News

NCLEX preparation. On January 23, mentorship participants accompanied chapter members to a community health forum at a local church.

BBNA members Deborah Andrews, Carolyn Etheridge, and Martha Dawson attended NBNA Day on Capitol Hill in Washington, DC.

BBNA Membership chair Deborah Thedford/Zimmerman with Wallace State students on National Mentor Day

BBNA at Community Health Forum; nursing student TaMeisha Lewis, Jennifer Coleman, nursing student Carolyn Etheridge

Deborah Thedford-Zimmerman with Wallace State faculty, Janet Brown and Dean Deborah Hoover

The American Assembly for Men in Nursing (AAMN) announced its newly elected 2015-2016 Board of Directors during the AAMN 40th Annual Conference in Minneapolis, Minnesota, September 24-26, 2015. The new Officers and Board Members took office at the conclusion of the Annual Business Meeting during the conference and includes: Secretary – Ronnie Ursin, DNP, MBA, RN, NEA-BC, now the chief nursing officer of the Northern Louisiana Medical Center, Ruston, LA.

Judy Edvaline Vansiea, DNP, MS, MA, APRN-PMHNP, was appointed to the Minority Fellowship Program (MFP) National Advisory Committee of the American Nurses Association, January 1, 2016 through December 31, 2016.

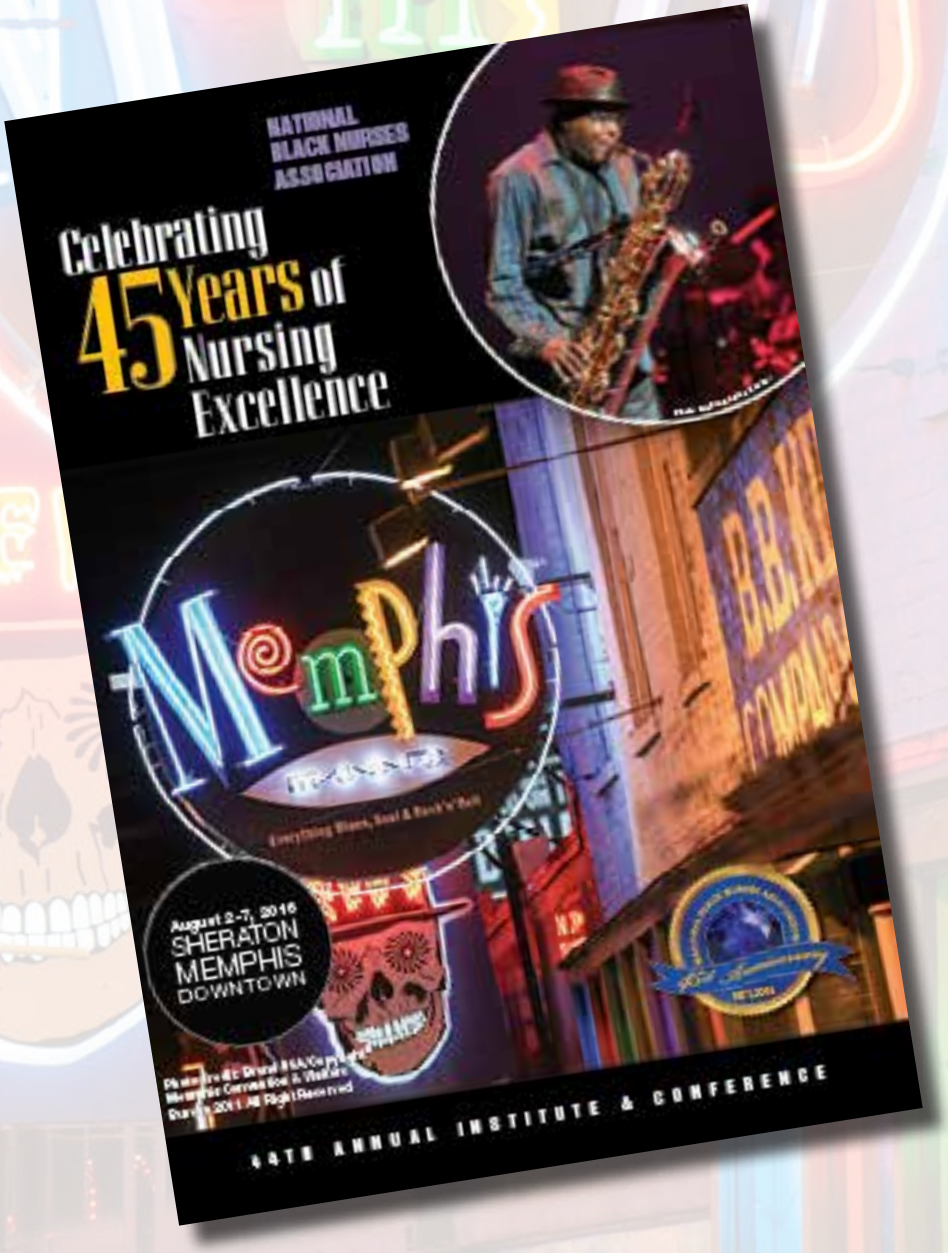
Linda Burnes Bolton, DrPH, RN, FAAN, was elected to the National Academy of Sciences, formerly the Institute of Medicine (IOM).

Members on the Move
Chapter News

Frieda Hopkins Outlaw, PhD, RN, FAAN, was named the Executive Program Consultant for the Substance Abuse and Mental Health Services Administration (SAMHSA) Minority Fellowship Program at the American Nurses Association. This appointment began September 1, 2015. Dr. Outlaw has a long-standing relationship with the program including participation as a Fellow from 1981 to 1983 and subsequently serving on the MFP National Advisory Committee.

2016

NBNA Conference Registration



Click the link above to enter the registration page.

NBNA 45th Anniversary

Celebrating the places we have been and the places you will go!
Join us in Memphis and see how we will help you get there!

Dear NBNA Membership,

Plans are well underway for the NBNA's 45th Anniversary Celebration which will take place in Memphis, August 2 - August 7, 2016. Over the coming months you will receive information about several exciting events that the local chapter and the various conference committees are planning.

As with all anniversary celebrations, we will honor our past, and celebrate our future. The 45 Under 40 Award will honor and celebrate NBNA members who are 4o years old and under who have shown strong leadership and demonstrated excellence and innovation in their practice setting, in their NBNA chapters and in the communities they serve. These are the emerging leaders who will carry the vision and the mission of our Founders into the future. These young leaders are the "way forward" for our communities and our organization. These young leaders are the "Future of Nursing".

I look forward to celebrating with you all in Memphis!

Dr. Eric J. Williams
President

NBNA Salutes Its Next Generation of Nursing Leaders
45 Under 40 Award

Each NBNA Chapter is invited to submit the names of up to two (2) members of their chapter who are 40 years of age or younger. Please complete the attached form and return to dmance@nbna.org no later than May 1, 2016.

Application link: https://form.jotform.com/60475328090152

To be eligible, the nominee must be:

- An active member of an NBNA Chapter or a Direct Member
- Born in 1976 or later (Chapter President to verify)
- Direct members will need to provide confirmation of DOB to National office
- Have served as a chapter officer or committee member
- Have an active nursing license
- Employed; and/or enrolled in an advanced degree program (Masters or Doctoral)
- Provide documentation of professional, chapter, and community accomplishments as well as publications and presentations (no more than 2 pages, it may be in a list format, a two page CV or 2 certificates, etc.)
- Must submit a 50 word bio in a Word document
- Must submit a current professional head shot photograph
- Nominee must provide a 75 word or less testimonial about what NBNA has meant the to candidate

All information you provide will be published in the 2016 conference program book.

Chapter websites

Alabama
Birmingham BNA ..... www.birminghambna.org
Arizona
Bna Greater Phoenix Area ..... www.bnaphoenix.org
Arkansas
Little Rock BNA ..... www.lrbnaa.nursingnetwork.org
California
Bay Area BNA ..... www.babna.org
Council Of BN, Los Angeles ..... www.cbnlosangeles.org
Inland Empire BNA ..... www.iebna.org
San Diego BNA ..... www.sdblacknurses.org
South Bay Area Of San Jose BNA ..... www.sbbna.org
Colorado
Eastern Colorado Council Of BN (Denver) ..... www.coloradoblacknurse.org
Connecticut
Northern Connecticut BNA ..... www.ncbna.org
Southern Connecticut BNA ..... www.scbna.org
Delaware
BNA Of The First State ..... www.bnaoffirststate.org
District Of Columbia
BNA Of Greater Washington DC Area ..... www.bnaofgwdca.org
Florida
BNA, Miami ..... www.bna-Miami.org
BNA, Tampa Bay ..... www.tampabaynursesassoc.org
Central Florida BNA ..... www.cfbna.org
First Coast BNA (Jacksonville) ..... www.fcbna.org
St. Petersburg BNA ..... www.orgsites.com/Fl/Spnbna
Georgia
Atlanta BNA ..... www.atlantablacknurses.com
Concerned NBN Of Central Savannah River Area ..... www.cnofcsra.org
Savannah BNA ..... www.sb_na.org
Hawaii
Honolulu BNA ..... www.honolulublacknurses.com Illinois
Chicago Chapter NBNA ..... www.chicagochapternbna.org Indiana
BNA Of Indianapolis ..... www.bna-Indy.org
Kentucky
Kyanna Bna (Louisville) ..... www.kyannabna.org
Lexington Chapter Of The NBNA ..... www.lcnbna.org
Louisiana
Baton Rouge BNA ..... www.mybrbna.org
Shreveport BNA. www.sbna411.Org
Maryland
BNA Of Baltimore ..... www.bnabaltimore.org

Chapter Websites

Massachusetts
New England Regional BNA ..... www.nerbna.org
Michigan
Greater Flint BNA.....www.gfbna.org
Saginaw BNA.....www.bnasaginaw.org
Minnesota
Minnesota BNA.....www.mnbna.org
Mississippi
Mississippi Gulf Coast BNA.....www.mgcbna.org
Missouri
Greater Kansas City BNA.....www.gkcblacknurses.org
Nevada
Southern Nevada BNA.....www.snbna.net
New Jersey
Concerned BN Of Central New Jersey.....www.cbncnj.org
Concerned BN Of Newark .....www.cbnn.org
Northern New Jersey BNA.....www.nnjbna.com
New York
New York BNA ..... www.nybna.org
Queens County BNA.....www.qcbna.com
Westchester BNA.....www.westchesterbna.org
North Carolina
Central Carolina BN Council.....www.ccbnc.org
Ohio
Cleveland Council Of BN .....www.ccbninc.org
Columbus BNA.....www.columbusblacknurses.org
Youngstown-Warren (Ohio) BNA.....www.youngstown-warrenobna.org
Oklahoma
Eastern Oklahoma BNA ..... www.eobna.org
Pennsylvania
Pittsburgh BN In Action .....www.pittsburghblacknursesinaction.org
Southeastern Pennsylvania Area BNA.....www.sepabna.org
South Carolina
Tri-County BNA Of Charleston.....www.tricountyblacknurses.org
Tennessee
Nashville BNA.....www.nbnanashville.org
Texas
BNA Of Greater Houston ..... www.bnagh.org
Fort Bend County BNA.....www.fbcbna.org
Metroplex BNA (Dallas) .....www.mbnadallas.org
Wisconsin
Milwaukee Chapter NBNA.....www.mcnbna.org

Chapter Presidents

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) ..... LaTanya Mathis..... Phoenix, AZ

Arkansas

Little Rock BNA Of Arkansas (126)..... Yvonne Sims..... Little Rock, AR

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) ..... Elerie Archer..... Denver, CO

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 Swayz ..... Washington, DC

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BNA, Miami (07)..... Dr. Linda Washington-Brown.. 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
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Columbus Metro BNA (51) ..... Gwendolyn Mcintosh ..... Columbus, GA
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Savannah BNA (64) ..... Cheryl Capers..... Savannah, GA

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Greater Illinois BNA ..... Dr. Debra Boyd-Seale ..... Boling Brook, IL

Indiana

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Northwest Indiana BNA (110) ..... Michelle Moore ..... Merrillville, IN

Kansas

Wichita BNA (104) ..... Peggy Burns ..... Wichita, KS

Kentucky

Kyanna BNA, Louisville (33) ..... Brenda Hackett ..... Louisville, KY
Lexington Chapter Of The NBNA (134) ..... Peggie Brooks ..... Lexington, KY

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Acadiana BNA (131) ..... Dr. Nellie Prudhomme ..... Lafayette, LA
Baton Rouge BNA (135) ..... Tonya Washington Nash ..... Slaughter, LA
Bayou Region BNA (140) ..... Salina James ..... Thibodaux, LA
New Orleans BNA (52) ..... Georgette Mims ..... New Orleans, LA
Shreveport BNA (22) ..... Bertresea Evans ..... Shreveport, LA

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

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New England Regional BNA (45) ..... Tarma Johnson ..... Roxbury, MA
Western Massachusetts BNA (40) ..... Dr. Kristina Sanders-Ayinde ... Springfield, MA

Michigan

Detroit BNA (13) ..... Nettie Riddick ..... Detroit MI
Grand Rapids BNA (93) ..... Crystal Cummings ..... Grand Rapids, MI
Greater Flint BNA (70) ..... Meseret Hailu ..... Flint, MI
Kalamazoo-Muskegon BNA (96) ..... Shahidah Lel-Amin ..... Kentwood, MI
Saginaw BNA (95) ..... Archia Jackson ..... Saginaw, MI

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Minnesota BNA (111) ..... Shirlynn LaChapelle ..... Minneapolis, MN

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Central Mississippi BNA (141) ..... Tangela Hales ..... Brandon, MS
Mississippi Gulf Coast BNA (124) ..... Dr. Joanna Fairley ..... Gulfport, MS

Missouri

Greater Kansas City BNA (74) ..... Iris Culbert ..... Kansas City, MO

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Nevada		
Southern Nevada BNA (81)	Rowena Trim	Las Vegas, NV
New Jersey		
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Concerned Black Nurses Of Newark (24)	Dr. Portia Johnson	Newark, NJ
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Northern New Jersey BNA (57)	Larider Ruffin	Newark, NJ
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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
North Carolina		
Central Carolina Black Nurses Council (53)	Helen Horton	Durham, NC
Sandhills North Carolina BNA (138)	Dr. LeShonda Wallace	Fayetteville, NC
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Akron BNA (16)	Cynthia Bell	Akron, OH
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Columbus BNA (82)	Pauline Bryant-Madison	Columbus, OH
Youngstown Warren BNA (67)	Carol Smith	Youngstown, OH
Oklahoma		
Eastern Oklahoma BNA (129)	LaMaria Folks	Tulsa, OK
Pennsylvania		
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Southeastern Pennsylvania Area BNA (56)	Denise Pinder	Philadelphia, PA
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Tennessee		
Memphis-Riverbluff BNA (49)	Linda Green	Memphis, TN
Nashville BNA (113)	Shawanda Clay	Nashville, TN
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Galveston County Gulf Coast BNA (91).....Leon McGrew..... Galveston, TX
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Southeast Texas BNA (109) .....Denise Sanders Boutte ..... Port Arthur, TX

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NBNA: Northern Virginia Chapter (115) .....Joan Pierre..... Woodbridge, VA

Wisconsin

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