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NEW YORK

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ANA - NEW YORK NURSE

WE MAKE A DIFFERENCE FOR NURSES IN NEW YORK STATE

October 2023

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ANA - New York Nurse will reach over 72,600 New York nurses and schools of nursing.

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PRESIDENT'S MESSAGE

Marilyn L. Dollinger, DNS, FNP, RN



Welcome to fall! The ANA-NY 11th Annual Conference is at Turning Stone Resort on November 9-11, 2023. I hope that as you read this, you have already registered. We look forward to seeing you at the meeting and hearing about your concerns, issues, and successes. **This is how you make your voice heard.**

As I reflect on the coming months, I am pleased to have an opportunity to address members of both the Nursing Students Association of New York State (NSANYS) and the National Student Nurses Association (NSNA). Although retention of the current nursing workforce is a top priority, maintaining and increasing the pipeline of new nurses is essential. We must determine the best strategies to fix the "leaky bucket" of new nurses who leave the profession too soon after just a few years in practice.

Every single one of us has a role in recruiting, supporting, and mentoring students and new nurses. How we talk about our profession, our jobs and the future is important. The welcome and support that we give nurses and their faculty on clinical units and in the community previews for students how they will be championed as new graduates. Nursing residencies, orientations, and precepting with patience and encouragement are all ways that each of us can make a difference.

As President of ANA-NY, I carry a message to students that the health care system is changing. We must prepare the new generation of nurses to take our place at the decision-making tables on units, in hospitals, in health care systems and in Albany and Washington. If other stakeholders design the innovative systems of the future, we risk others telling nurses what their role will be. We will not be told what our role will be! Everywhere that health care is delivered, there are nurses. It does not happen without us. I talk to students about the importance of advocating for access and justice in health care but also advocating for appropriate staffing, safe workforce conditions, and fair regulations that govern nursing education requirements, licensure, and reimbursement. These issues are all part of advocacy and this is the most important role for professional associations. It is our job to make sure the next generation of nurses understands that we have the greatest influence when we work together through professional associations.

It is also important that organizations understand what the generational differences are for students and new nurses entering the profession--what motivates them to join professional associations and be engaged? ANA is currently working on "Project MZ" that will provide this data as organizations change strategies and structure to recruit and engage a diverse membership across generations. Stay tuned for the results from Project MZ and be ready to help ANA-NY incorporate these recommendations as we grow and continue to support all nurses in New York State.

GAIN A MEMBER!

PASS THIS NEWSLETTER ALONG TO A NURSE COLLEAGUE

MEMBERSHIP APPLICATION ON PAGE 26

FROM THE DESK OF THE EXECUTIVE DIRECTOR



Jeanine Santelli, PhD, RN, AGPCNP-BC, FAAN



I am very excited to report that ANA-NY is doing very well post-COVID. Many membership/volunteer organizations have seen a decline in membership numbers and overall engagement over the past two to three years. Even several of the other ANA constituents have reported a drop in numbers. As busy and maxed-out as our members are, we are thrilled to report that our numbers are strong. We are holding our membership numbers in the mid- 8,000's. This year's election participation, although not strong at 4%, is vastly improved from the barely 1% participation that we have had in the last 6 election cycles. We have about 80 members active in our eight committees and Board plus another 80 participating in our five informal SIGs.

We are actively seeking out opportunities to enhance our member experience such as adding full text access to CINAHL, enhancing our website, continuing the complementary career coaching by Dr. Quinlan, and offering more programming. In 2023, we offered 42 webinars and events and launched our "How To" series of quick videos on a variety of topics. Some of our "How To" videos have been viewed over 100 times!

The office staff and the Board have been on the road around the state exhibiting and presenting updates on ANA-NY and our legislative priorities. We are receiving inquiries on our positions from other state and national healthcare organizations, state and federal legislators, and Governor Hochul.

We are exploring the possibility and functionality of an ANA-NY app. I've been looking at ways that we can support the work of the Nurse Honor Guard in NY. More "How To" videos are in the works. Plus, the Program Committee has lots of new and exciting ideas for 2024, so keep an eye out for the weekly bulletins published every Thursday to stay current with the activities of ANA-NY

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8,588
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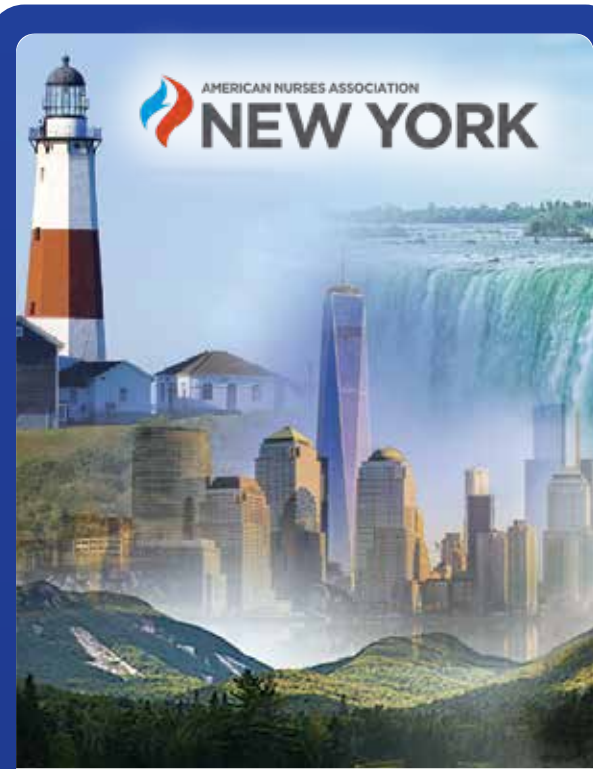


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Article Submission

- Subject to editing by the ANA-NY Executive Director & Editorial Committee
- Electronic submissions ONLY as an attachment (word document preferred)
- Email: membership@anany.org
- Subject Line: ANA-New York Nurse Submission: Name of the article
- Must include the name of the author and a title.
- ANA-NY reserves the right to pull or edit any article / news submission for space and availability and/or deadlines
- If requested, notification will be given to authors once the final draft of the ANA - New York Nurse has been submitted.
- ANA-NY does not accept monetary payment for articles.

Article submissions, deadline information and all other inquiries regarding the ANA-New York Nurse please email: membership@anany.org

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LEGISLATIVE UPDATE

By Amy Kellogg and
Caiti Anderson



Our June newsletter outlined what happened during the 2023 legislative session, but the newsletter was written before the legislative session officially concluded. As a reminder, the last day of the legislative session was scheduled to be Thursday, June 8. The Senate wrapped up their business on Saturday, June 10. The Assembly adjourned on June 10 and returned on Tuesday, June 20, to wrap up remaining issues. This return was limited in scope, with the Assembly mainly focused on passing local bills. The Assembly concluded their business late in the evening on June 21. There have been some reports that the Assembly may return to Albany later in the year to vote on the stalled Seneca Gaming Compact, which is set to expire in December. Despite these rumors, Assembly Speaker Carl Heastie recently told reporters that there was no plan to reconvene the Assembly before session in 2024.

At the conclusion of the 2023 session, twenty-two that we were tracking had passed both houses this session. While not all were priorities, we wanted to highlight one that was a priority and dealt with expanding the ability of nurses to perform non-patient specific orders. The standing order bill, A6030-C (Assemblymember Paulin)/

S6886-A (Senator Rivera), was strongly supported by ANA-NY and was signed into law by the Governor on July 19, 2023. Now, non-patient specific orders may include administering EKG tests for acute coronary syndrome, administering point-of-care blood glucose tests, tests and IVs to those with severe sepsis and septic shock, and pregnancy tests. We sent in a letter of support urging the Governor to sign this legislation and are pleased that it is now in effect.

While we monitor and support bills that passed both houses, we also continue to work on legislation that did not pass during the session. One of these bills is the Nurse Licensure Compact bill. We have held numerous meetings to garner support for this bill, A6421 sponsored by Assemblymember O'Donnell. We are working closely with the National Council of State Boards of Nursing (NCSBN) to support this legislation and are coordinating with them in securing a Senate sponsor for the bill.

As we continue to up our legislative work from the 2023 legislative session, we are also turning our attention to the 2024 legislative session and our priorities for next year. The Legislative Committee continued to meet over the summer to update the legislative priorities list that will be presented to the membership at the annual meeting in November. The legislative priority list shapes the work we do for the upcoming legislative session. As we are in the middle of a two-year session, we did not make many significant changes to the legislative priority list. However, we did create a greater focus on bolstering workforce development and creating a pipeline of individuals entering the nursing profession.

Before we begin the 2024 legislative session, there will be an Election Day on Tuesday, November 7, 2023. As it is an odd-numbered year, there will only be candidates

for local election on the ballot throughout the State. However, it is important to note that there will also be two constitutional amendments on the ballot. The first constitutional amendment would remove the debt limitations in the State Constitution from small city school districts (cities with less than 125,000 inhabitants). Currently, the constitutional debt limit for small city school districts amounts to 5% of the average full value of the last five years' worth of property tax rolls in the district. This constitutional amendment passed both the Assembly and Senate in 2022 and 2023 by overwhelming margins in support.

The second constitutional amendment would allow municipalities to exclude from their debt limits indebtedness for the construction or reconstruction of sewage facilities until 2034. Under the State Constitution, municipalities have a debt limit set as a percentage of the five-year average full valuation of taxable property within a municipality. Construction on sewage facilities is expensive and puts municipalities in danger of exceeding the constitutional debt limit. Like the first amendment, this constitutional amendment passed both houses in 2022 and 2023 by overwhelming margins in support. We encourage everyone to vote on November 7!

Finally, we would like to remind you that ANA-NY now has a Political Action Committee (PAC). The ANA-NY PAC will be supporting candidates that support the profession and issues of importance to our members. We urge you to visit the ANA-NY PAC web site and donate.

If you have any questions about the legislative process or the priorities of ANA-NY, please contact a member of the Legislative Committee. As always, we welcome your questions, thoughts, ideas or comments on legislation or the bill track.

Nurses: Lighting the Way



CONFERENCE DAILY THEMES

Turning on the Lights

Thursday, November 9, 2023

Keeping the Light On: Supportive Work Environments

Friday, November 10, 2023

Shine the Light for All: Health Diversity, Equity, Inclusion, and Belonging

Thursday, November 9, 2023

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11TH ANNUAL ANA-NY CONFERENCE

NURSES: LIGHTING THE WAY

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KEYNOTE PRESENTATION

Developing a Philosophical Identity

— JOHN PERRICONE, MS —



John Perricone was a Health Educator and Psychology teacher in the Maine-Endwell School District in upstate N.Y. for thirty-one years. His love and passion for teaching have made him the recipient of local, state, and national "Excellence in Teaching" awards having most recently received SUNY Cortland's Distinguished Educator award. He is a best-selling author and a nationally and internationally sought keynote speaker, having been invited to speak in all fifty states and abroad.

FROM THE DESK OF THE HISTORIAN



Remembrances - Part II

Gertrude B. Hutchinson, DNS, RN, MA, MSIS, CCRN-R

There is a briskness now to the fall air as part 2 of this column topic goes to press. Observances of 9/11/2001 happened this week in homes, cities, and sacred places where loss occurred and care was provided on that fateful day. Veterans Day, November 11, is approaching and as you will receive this issue in October. A lot of remembrances for nurses in these 3 months.

Our parents, grandparents, and great-grandparents living today heard these words "This is the war to end all wars" of British author H. G. Wells in 1914 and President Woodrow Wilson in 1917 as England and America entered "The Great War" (WWI, 1914-1918) or those of President Franklin Delano Roosevelt describing December 7, 1941 as "day that will live in infamy" as we officially entered World War II on December 8, 1941. For many, the men and women in uniform and family members and health care personnel memories of service during the Vietnam War still loom large and Veteran's Day is a solemn day for all who served and are still serving to remember all. Nurses are key in their care giving roles in all these instances. Let's meet at a few of them.



Figure 1: Nurses assigned to Camp Sherman, IL

So many nurses were on duty in NYC hospitals on 9/11 or left their days off behind to go to their places of employment as in any disaster, it's "all hands on deck." You are too numerous to name here in this column, but I honor your dedication and care given on that day by you and those who came from far and wide to assist in care giving in the days and months that followed. Here is a story from one former Mount Sinai Hospital nurse, [Frances Gravitt, RN](#) who shared her story with a reporter in Ohio.

Let me introduce you to nine very important members of the Army Nurse Corps. These nurses were to serve in theatre in WWI, but because there was no segregated



Figure 2 (L-R): Helen Vartigian, Frances Liberty, ANC

housing provisions, they were denied that opportunity and were billeted to Camp Sherman, IL to care for ill servicemen during the 1918 Flu Pandemic. Dr. M. E. Carnegie identified each of these women so their names will never be forgotten. Pictured left to right in rows 1, 2, and 3 respectively are: Ailene Cole, Susan Boulding, Lillian Spears, Jeanette Minnis, Sophia Hill; Marion Brown (Seymour), Jeannette West; Clara Rollins and Lillian Ball.

Did you know that the involvement of the Army Nurse Corps (ANC) started in 1956 in Vietnam? By the time the war ended in 1975, Presidents Eisenhower, Kennedy, Johnson, and Nixon oversaw the deployment of approximately 3.4 million US service personnel - of which were 11,000 women - stationed in Vietnam and 8 of those women lost their lives there. Many nurses survived bringing home scars and memories of their time in service, and like many of their comrades, PTSD was a constant companion. Two New York nurses in Figure 2 represent all the nurses who served. Helen Vartigian and Frances Liberty are pictured here in a painted commissioned by the Center for Nursing, Guilderland. Major Vartigian was present for the unveiling (a surprise for Vartigian). She served in the 12th Evac Hospital in Cu Chi. Col. Frances Liberty's family was present for the unveiling. According to notes made by Colonel Liberty, she had "served the ANC in WWII, Korea, and 3 tours in Vietnam."

Now it is time to turn to the month in the middle to remember October 16, 1932. Some of you may ask, "What is significant about this date?" Others of you know it is the founding date of the Chi Eta Phi Sorority established for nurses of color. It is significant to me because of one of its "Twelve Jewels."

Aliene Carrington Ewell envisioned XHΦ and as its founding "Jewel" gathered 11 other like-minded nurses of color to join her in establishing this honor society. Those other 11 Jewels were: Clara Beverly, Lillian Moseley Boswell, Gladys L. Catching, Bessie Cephas, Henrietta S. Chisholm, Susan Elizabeth Freeman, Ruth Garrett, Olivia Howard, Mildred Wood Lucas, Clara Belle Royster, and Katherine Chandler Turner. Now to share my connection to XHΦ.

School is my connection through Mrs. Bessie Cephas, RN.

Mrs. Cephas was my school nurse while I attended Beaver Falls Jr. and Sr. High in Beaver Falls, PA and was a huge presence in my life. She loved all the students she talked with or cared for when they came to her office. She would stand in the hall next to her office during class changes just to say "Hi" as all the students passed. She encouraged those of us who expressed our desires to become nurses. She and her husband, Dr. Cephas, were important members in our home town and the Beaver Valley. Mrs. Cephas was a quiet, steady, strong nurse and person who has left her imprint on my life forever. Thank you for allowing me this time of personal privilege in this column.

One parting thought to close this column of remembrances. As nurses, we may never know the lasting imprint we may make others. Thanks for reading the columns this year. See you in January! Trudy



Figure 3: Aliene Carrington Ewell, RN



Figure 4 Bessie Foster Cephas, RN

11TH ANNUAL ANA-NY CONFERENCE

NURSES: LIGHTING THE WAY

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Kenya Beard
EdD, RN, AGACNP-BC, FAAN



Quida Lauzon
RN



Lisa Alteri, RN
Facilitator

KEYNOTE PANEL DISCUSSION

Don't Let Your Light Go Out

"Don't Let Your Light Go Out" is an inspiring and insightful panel discussion featuring accomplished nurses who have charted unconventional career paths beyond the bedside. The discussion aims to motivate aspiring nurses to embrace the versatility of their profession, encouraging them not to let their passion and dedication falter, but rather to forge a path where their light can continue to shine brightly, impacting lives far beyond the bedside.

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BOARD BUZZ

This quarter, on behalf of our members, the Board of Directors:

- Voted to sponsor the Eva Allerton Nursing History Lecture in Rochester, NY. Our president, Dr. Marilyn Dollinger, will be the speaker.
- Discussed the program and plans to date for the 11th Annual Conference this November at Turning Stone. As last year, there will be a Silent Auction with many fantastic items.
- Treasurer’s Report showed income above budgeted, and expenses below budgeted for the year.
- Voted to send \$1000 to Hawai’i ANA to help nurses affected by the wildfires on Maui.
- As ED Santelli has been communicating with the Nurses Honor Guard, she encouraged the Guard to obtain 501(c)3 status. As costs range from \$2000-5000, following discussion, the Board voted to underwrite the cost of the Nurses Honor Guard obtaining 501(c)3 status.
- President Dollinger continues meeting with our organizational affiliates (OAs) to strengthen our connections and learn how ANANY can best serve them.
- The Board reviewed the current Strategic Plan (2019-2023) and started work on the new Strategic Plan for 2024-2028.
- Continued to participate in virtual and in-person leadership activities with ANA and other professional organizations. Our number of programs for ANA-NY, ANA, and OAs have proliferated greatly. Schedule for next year will be addressed by the Program Committee.
- Details on these and other Board activities reside in the Approved BOD Minutes on the Members Only website.

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COMMITTEE SPOTLIGHT



Awards Committee

The Awards Committee typically meets once or twice a year in the Spring. The office team sends out the call for award nominees for that year's categories. The committee electronically scores the submissions and then meets to finalize the awardees. Volunteer for this committee if you want a chance to be wowed by the accomplishments of our members.

The 2023 members of the Awards Committee are:



Chair – Verlia Brown, MA, RN, BC

Verlia is a retired Critical Nursing Care Coordinator from Kings County Hospital Center in Brooklyn, NY. She is a member of the Bylaws Committee, ANA Membership Assembly Representative, and former member of the Board of Directors for ANA-NY. She is also a member of the Association of Critical Care

Nurses Association and Sigma Theta Tau International Honor Society of Nursing. She served ten years as an auxiliary member of the New York State Education Office of the Professions.

Shianti Bascom

No picture or bio submitted

Jonathan Mizgala

No picture or bio submitted



Karin Pantel, EdD, MSN, RN, CNE

Karin began her career as a totally committed and professionally active RN 56 years ago and is now a retired Nurse Educator, remaining very involved - currently serving as Secretary of SIGMA Tau Kappa at-Large, the Awards and Scholarship Committee NLN, New York League for Nursing (she is the Founding NYLN President), an ANA-NY member, and a new member of the ANA-NY Awards Committee. Currently Karin is committed as well to her busy but rewarding work as a Hudson Valley Volunteer Alzheimer's Community Educator and Education Chair for the New York State Association for Rural Health (NYSARH). Karin resides in a rural New York County and is dedicated to educating and advocating for awareness and action regarding quality health care in her community...as should be a nurse's mission...throughout life.



Ebele Maduekwe, BSN, RN

Ebele works at Stony Brook Hospital in Stony Brook, NY as a RN Supervisor 1 on the 11north floor. She is a member of the Program Committee, Audit Committee, and Awards Committee for ANA-NY.



Board Liaison – Gertrude (Trudy) Hutchinson, DNS, RN, MA, MSIS, CCRN-R

Trudy is currently an Assistant Professor of Nursing at Russell Sage College. She previously worked as an Adjunct faculty in the graduate program at SUNY Empire State College and was the Director of History and Education and Archivist at the Center for Nursing at the Foundation of New York State Nurses in Guilderland, NY. Dr. Hutchinson holds membership in numerous professional organizations such as: Sigma Theta Tau International Honor Society, and Phi Kappa Phi (life member); International Nurses Association; NLN and NYLN; ANA and ANA-NY, and currently serves as president of the Delta Pi Chapter #110 (RSC) of Sigma International Nursing Honor Society. She contributes to ANA-NY as Secretary and authors the "From the Desk of the Historian" for the ANA-New York Nurse Newsletter. Dr. Hutchinson earned her Doctor of Nursing Science in Leadership and Education from The Sage Colleges School of Health Sciences, a MA in History and MS in Information Systems (MSIS) both from SUNY Albany, a BA in History from California State University, San Bernardino, and her Diploma in Nursing from United Hospital SON. She has an extensive background in critical care, neonatal, emergency department, and air & ground CCT. She held national certifications - CCRN and CEN - until her departure from the acute care setting to pursue graduate education. She received the Faculty DAISY award (2023), and the NYONEL Northeast Region's Leadership Award (2015). Her areas of research focus on nursing leadership, women and oral history; military nursing; and nursing education. She has presented widely in the Capital District of NYS and at national and international conferences on her research. She has written numerous articles and papers including her dissertation, *Unsung Heroines' Roles in Establishing Nursing Training Schools in the Upper Hudson Valley of New York State, 1872-1930*, and the Foreword for William Patrick's book, *The Call of Nursing: Stories from the Front Lines of Health Care*.

ORGANIZATIONAL AFFILIATE SPOTLIGHT



The Professional Nurses Association of Suffolk County (PNASC) was formed as a broad-based professional association for Registered Nurses in Suffolk County. Founded in 1987 by Margaret Hardie, Clara Hoffman and a group of RNs who believed a collective approach to professional issues, with the community spirit inherent in the nursing profession, would enable Suffolk County to address concerns more effectively and compassionately. PNASC was officially approved by its former NYSNA's Board of Directors on January 21, 1988. Margaret Hardie was elected its first president.

Our Mission Statement is to "Support, Educate and Encourage Registered Nurses to Advocate for their Patients and their Profession". We address health care issues and concerns in the county and are committed to advancing the profession and protecting the public.

PNASC awards yearly scholarships to both a nursing student and an RN preparing to advance in their career who demonstrates leadership and dedication to nursing. The **Margaret M. Hardie Nurse of Excellence Award** is given to an RN who has made

significant contribution to nursing and health care in Suffolk County. PNASC also offers the community many resources such as: participation in community events, volunteers in times of need, fundraising, advocacy for quality health care and educating the public.

PNASC held a very successful seminar on Human Trafficking on March 4, 2023, presented by Tammy Toner-Butler and Dr. Francine Bono-Neri. The seminar provided an extensive overview of human trafficking history and current incidence, characteristics of traffickers and victims, nursing assessment to recognize possible victims and appropriate strategies and available resources. It was an eye-opening experience and a wonderful opportunity to engage the community.

At the Annual Gala on May 17, 2023, PNASC awarded a \$1,000 nursing scholarship to an amazing high school student who will be pursuing nursing. They also presented the Margaret M. Hardie Award to Janet Stevens for her dedication and tireless efforts in providing direct patient care to maternity patients, innovative teaching to LPN students at Suffolk County Community College, diverse community outreach events and providing perinatal bereavement services. PNASC is looking forward to engaging nursing students in the organization with mentoring opportunities once the fall 2023 semester is underway.

PNASC now serves more than 17,000 Suffolk County RNs and celebrated its 35th anniversary in 2022. Registered Professional Nurses living or working in Suffolk County may join. Student Nurses enrolled in an RN program and are residents of Suffolk County may join PNASC as associate members. For more information, visit our website at <https://pnascrn.org/>.

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ORGANIZATIONAL AFFILIATES

ANA-NY is Proud and Honored to be Associated with our Organizational Affiliates

Chi Gamma Chapter Sigma



Greater New York City Black Nurses Association (GNYCBNA)



Genesee Valley Nurses Association (GVNA)



Mohawk Valley Nurses Association (MVNA)



New York League for Nursing (NYLN)



New York State Association of Nurse Anesthetists (NYSANA)



New York State Association of School Nurses (NYSASN)



Northeast New York Professional Nurses Organization, Inc. (NNYPNO)



Nurses Association of the Counties of Long Island, Inc. (NACLI)



Philippine Nurses Association of New York (PNANY)



Professional Nurses Association of Dutchess/Putnam, Inc. (PNADP)



Professional Nurses Association of Rockland County (PNARC)



Professional Nurses Association of Suffolk County (PNASC)



Professional Nurses Association of South Central New York (PNASCNY)



Professional Nurses Association of Western New York, Inc. (PNAWNY)



Are you a member of a nursing group that should become an Organizational Affiliate (OA)?

Here are some benefits: 1. A discount on exhibiting at ANA-NY's annual conference; 2. Attendance at ANA-NY's annual conference at a member registration rate for the OA's representatives; 3. The right of OA's RN liaison to attend and speak at ANA-NY's governing assembly, without vote; 4. A link with your logo on ANA-NY's website with recognition of OA status; 5. Access to professional development opportunities for OA's members and staff; 6. Access to experts in a variety of nursing specialties; 7. Opportunities to network with ANA-NY members across New York State; 8. Access to speakers from the membership on a variety of nursing topics; 9. Preferred sponsorship opportunities at special events and other programs; 10. A complimentary subscription to ANA-NY's quarterly newsletter for your members.

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NO KIDDING

How Does the Orthopedic Nurse Disseminate His Research? PodCAST

**Connie J. Perkins,
PhD, RN, CNE**



Come on, that has to have you in STITCHES...well maybe that's just OR and ER nurses.

By this point, everyone has heard of podcasts and likely listened to at least one. You can pass the time listening to fiction or non-fiction stories, talks about topics that interest you, or even ones that inspire you. My favorite these days is the *Advancing Women* podcast by my colleague Dr. Kimberly DeSimone. It is my go-to when I walk across campus to a meeting or need a positive affirmation after a tough day. I encourage you to check it out! Although podcasts can be for non-work related enjoyment, they can also be used as a way to get the word out on a research project, an evidence-based practice topic, or innovation you have been involved in. A great example is the podcast *See You Now* by the American Nurses Association and Johnson & Johnson, which focuses on nurse driven innovation (ANA Enterprise, n.d.). Imagine my joy when a nursing student listened to a *See You Now* episode on her own and recommended it to me; which happened this semester (wow, they are actually listening when I lecture)! Podcasts like this one are available without a membership or app,

just visit their website or search "see you now podcast" and you can listen to any episode via computer, tablet, or smart phone.

If you are looking to get the word out about something you are involved in, I suggest reaching out to already established podcast creators to ask to be a guest speaker. I have been on a few during Nurses month and even created nursing content for *Kaplan NCLEX Prepcast* (another good one to recommend to nursing students or graduate nurses). If you'd like to make your own and don't know where to start, I'd suggest using the Apple app GarageBand. Although an unconventional use of the app that often sits in your iPhone or iPad untouched, it has the capabilities to record music, voice, and edit (buzzsprout, 2022). If you are a fellow Apple nerd, you can check out Steve Job's keynote on using this app for podcasting back in 2006 (Ciccarelli, 2020). There is also a great tutorial article in *American Nurse* on how to flip a poster, publication, or podium presentation to a podcast (Redulla, 2023).

If you feel a bit out of the loop and think podcasts are "the newest trend", you are wrong. Adam Curry and Dave Winer are credited with inventing the podcast concept back in 2004 and there is a National Podcast Day annually celebrated on September 30th (International Podcast Day, 2022). There are People's Choice awards for podcasts, George W. Bush delivered his weekly address using a podcast during his presidency, "podcast"

was declared a word of the year by the New Oxford American Dictionary, and there are Guinness Book World records involving podcasts; all occurring before 2010 (International Podcast Day, 2022). If you have yet to jump on the bandwagon, I suggest you give it a try. If you tried a while ago and didn't care for it, revisit it. The content has grown substantially since launching almost 20 years ago. Happy listening...or disseminating!

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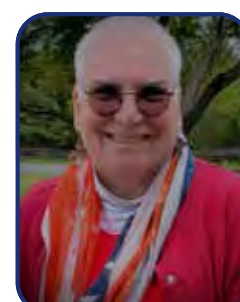
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EVIDENCE YOU CAN USE



The Importance of Nutrition in Health and Wound Healing

Kathleen M. Rourke, PhD, MSN, RN, RD

Graduate nursing students are often very interested in exploring topics about nutrition. For example, I teach graduate nursing courses in research, public policy, leadership and theory. In these courses, my students quite often write their papers on nutritional topics or will ask me questions about nutrition because they are interested in helping their patients make better dietary choices or nursing students are interested in learning more about nutrition as an adjunctive therapy for them or their patients. While I am always thrilled to share my passion for nutrition with nurses, as passion for the link between nutrition and disease recovery is the very reason I went back to school to complete my Registered Dietitian credentials after nursing school, it is important for nurses to understand the important and often complex biochemical science and genetic foundation that drives nutrition as a clinical science. Like nursing, nutrition & dietetics is far more complex and diverse than often believed to be. Beyond the clinical RD, positions in food science, food service management, community nutrition, animal nutrition and research are available to the individual completing the rigorous requirements for positions in dietetics. As of 2025 the entry level into the dietetics profession is a Master's degree. And most importantly, there is a major difference between someone that refers to themselves as a "nutritionist" vs. a RD or Registered Dietitian. The former can be anyone that may have read an article on nutrition or took a course in nutrition, while the latter is an individual that has taken a prescribed curriculum of courses (approved by the Academy of Nutrition and Dietetics or AND), has

complete an approved internship program through AND, and passed the RD registration exam. Therefore, take care in where you get nutrition information, as so many individuals seek nutrition advice but that does not mean that what you are getting is solid and accurate "evidence-based data".

The science of nutrition and nutritional epigenetics has significantly advanced over this last few decades, providing health care providers with the biochemical science and genetic links to understand how macro (CHO, Pro, & Lipids) and micro (Vits & Minerals) nutrients are linked to health status and disease recovery. Interprofessional patient care has the potential to significantly advance a patient's recovery from injury or disease and advance a clinician's knowledge by collaborating with other health care providers. Nurses who either work with their RD or gain a better appreciation for some of the basic nutritional concepts of a healthy diet stand to make a positive difference in a patient's health status and successful recovery from wound trauma, optimizing wound healing. A nutrient rich and balanced diet is essential for disease recovery and the wound healing process.

I recently read a great article on nutrition and wound healing (Bishop, Witts, & Martin, 2018) which stressed the importance of nutrition in the wound healing process. Because this article emphasized many macro and micro nutrients in wound recovery, I thought it would be a great article to use to demonstrate how much nutrition impacts health and healing. So, let's get started: The process of wound healing occurs in three phases; (1) inflammation, (2) proliferation and (3) epithelialization and remodeling. In each phase, nutrition is vital to the success of that phase.

During the **inflammatory phase**, the wound site seeks to gain a sense of equilibrium via vasoconstriction and development of a fibrin clot. To establish this, blood flow increases to the site of injury, allowing for the entry of neutrophils (phagocytic granulocyte) and macrophages. The latter are especially important in ridding the site of dead cells and tissue. During the inflammatory phase of wound healing process, the fat-soluble vitamins; A, E and K are quite important. Vitamin A is important for the migration of the macrophages, monocytes and fibroblasts. Vit. A can be found in liver, eggs, and dairy products or Vit. A can be converted from carotene, which is found in orange, yellow and dark green vegetables (squash, carrots, & spinach). Keep in mind that while Vit. A is an essential nutrient to be provided in the diet, too much Vit. A. (preformed Vit. A) has been shown to be toxic, especially to the unborn fetus or young infant. Vit. E is also a fat-soluble vitamin, which has powerful antioxidant and anti-inflammatory properties. Vit. E has been shown to have a positive relationship between the stability of the cell wall structure and intake. Therefore, a deficiency of Vit. E can result in instability of the cell wall structure. Vit. E is in wheat germ oil, as well as sunflower, safflower and soybean oil. It is also found in sunflower seeds, etc. Finally, Vit. found K is needed for the blood clot formation process. Vit. K is important in the blood clotting "cascade" as well as in bone formation and can be found in dark green leafy vegetables (i.e. spinach, broccoli, Brussels sprouts and kale). An individual's colonic bacteria can make Vitamin K, except in the newborn, as their colon is sterile. Absorption of all fat-soluble vitamins requires lipids, such as poly and monounsaturated lipids and essential fatty acids (linoleic, alpha linolenic, omega 3 and omega 6 fatty acids).



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The 124 Hour Interview: An Innovative Preceptorship Program

Hear from Susan Chin on how her organization built an innovative preceptorship program focused on building meaningful ongoing relationships that meet the needs of the students and the units hosting the students by implementing the following strategies:

- Providing more specialty opportunities
- Flexible scheduling
- Strong preceptor development and support
- Creating a clear recruitment pathway



Susan Chin

PhD, RN, NEA-BC, NNP-BC

EVIDENCE YOU CAN USE

Lipids are also required to promote healthy cell walls and neurogenerative properties. Vegetable oils, nuts, seeds and oily fish, such as mackerel and salmon are good sources of poly, monounsaturated and essential fatty acids.

Proteins and their component amino acids allow the body to synthesize its own proteins or n-containing molecules (i.e. carnitine & creatine). Amino acids provide nitrogen as well as oxygen, carbon and hydrogen, which are important for growth, tissue repair and immune function and are also important to the inflammatory phase. Two amino acids in particular are essential to this phase of wound healing. The first is arginine; a non-essential amino acid is produced from glutamate. Arginine is produced during any physiological or psychological stress to the body. The body is able to make arginine when not provided by the diet. In the kidney, citrulline is synthesized from arginine or arginine is converted to urea and excreted. Glutamate is a versatile amino acid that can be converted to glutathione (along with amino acids cysteine and glycine) in the body in the gamma glutamyl cycle. Glutathione can be used by the WBC's and serves as an antioxidant in the body. Glutamate can be metabolized to form alpha ketoglutarate and alanine (to form energy in the TCA cycle) or synthesize proline. *Glutamine* is an important amino acid that can be used by the intestinal cells as their primary source of energy or there is evidence that it can enhance the synthesis of heat shock proteins (proteins synthesized during the stress response). Lean proteins such as chicken, fish dairy products and legumes provide excellent sources of protein rich meals (Medeiros and Wildman, Advanced Human Nutrition, 2019).

Finally, minerals such as zinc are important to wound healing. Zinc deficiency has been associated with poor outcomes in diabetic patients and longer wound healing rates. Liver, red meat, nuts and whole grain cereals are good sources of zinc.

The second phase of wound healing is the **proliferation phase**. During this phase, fibroblast cells, or cells that help form connective tissue secrete collagen which helps to form a granular structure in and around the wound. A new blood supply system is formed with an extracellular matrix. The macrophages and fibroblasts help to support the new blood supply system, which enables the wound to receive plenty of oxygen and nutrients. Over time, the wound will shrink in size. Amino acids, such as arginine, support collagen deposition. Lipids and fatty acids, which are a dense source of energy, can continue to provide an important component for the cell membrane structure. Omega 3 (linolenic acid) and omega 6 (linoleic acid) fatty acids linoleic acid are important essential fatty acid for the diet. The dietary guidelines for 2020-2025 recommend a ratio of omega 3 to omega 6 fatty acids of 1.1-1.6 (Dietary Guidelines for Americans 2020-2025). The American diet generally retains an overabundance of omega 6 fatty acids in the form of saturated fats. Selecting from sunflower, safflower, soybean, canola oils and/or nuts and seeds are better options to secure intake of omega 6 fatty acids. Omega 3 fatty acids can be found in flaxseed oil and seeds, soybean oils and seeds, pumpkin oils & seeds, tofu and walnuts.

The B complex vitamins (thiamin, riboflavin, niacin, pantothenic, biotin, folate, cobalamin or B12 and B6) are water-soluble vitamins (the other is Vit. C) which are important for cell growth and many metabolic processes. Several of the B vitamins are energy producing vitamins (thiamin, riboflavin, niacin, pantothenic acid biotin and B6). Energy producing meaning these vitamins are involved in energy producing pathways. Sources of B complex vitamins include meat, fish and dairy, as well as complex carbohydrates (whole grains). Minerals, including zinc (liver, red meat, nuts and whole grain cereals are good sources of zinc) and iron are also very important for the proliferation phase of wound repair. Zinc continues to be important in the immune response, while iron (sources of iron include red meats, nuts, dried food, whole grain pasta) is critical for the body in forming hemoglobin. Hemoglobin optimizes tissue perfusion and ensures the delivery of oxygen to the cells of the body. (Medeiros and Wildman, Advanced Human Nutrition, 2019).

The final stage of wound healing is the **epithelialization and remodeling stage**. In this stage, healthy granular tissue is deposited and epithelialization proceeds to restore the integrity of the skin. Keratinocytes help to close the wound edges with the assistance of collagen and proteins. In this stage, continued consumption of a quality protein diet is important to promote wound healing. Vitamin C, a water-soluble vitamin is also important to promote the synthesis of collagen and carnitine, tyrosine and neurotransmitter synthesis. Zinc continues to be an important mineral for a strong immune response and water is also very important to the body's overall well-being.

It's important to keep in mind the importance of water as a nutrient. Without water, biological functions (for example, many of the biochemical reactions that occur between vitamins/minerals; do so in the fluid environment) could not occur without body fluids. The average human body is comprised of between 55-70% water. Individuals need between 12 cups (women) and 16 cups (men) of water a day (www.mayoclinic.org). This is only a rough estimate, as one's needs change relative to body size, the temperature, metabolic reactions, breathing, etc. All nurses are familiar with the I and O reports or input and output reports. Input should include fluids consumed, IV fluids and medications & metabolism of food creates a certain amount of water. Output generally includes urine, feces, respiratory output and perspiration. The provider should seek for the two sides to be approximately equal, especially if one has a cardiac or renal patient.

While many diet fads become popularized, the best dietary advice is to balance the diet by consuming meals that contain 20% high quality protein (lean meats such as fish, chicken or legumes, seeds and nuts), 15-20% lipids (mono and polyunsaturated fatty acids) and 60-65% carbohydrates (which should include whole grains, fruits and vegetables). A healthy diet is essential for wound healing and recovery from disease. As discussed, proteins are essential for not only tissue repair, but amino acids are the building blocks for many compounds such as glutathione, which is an antioxidant or creatine, which is a high energy compound. Lipids are essential components for healthy cell membranes as well as for construction of hormones and carbohydrates are broken down to glucose and minerals (if nutrient dense). The brain is dependent on glucose to function.

Nutrition assessment is important to ensuring proper health status through diet trends. Out-patient cases or individuals that are overweight or obese can be overlooked and assumed to be well nourished, which might not necessarily be the case. Teens often fall prey more easily to fad dieting. Many popular diets restrict food groups and work on the concept of deprivation. Finally, the elderly may restrict their dietary intake for any

number of reasons, such as food accessibility, palatability, depression, fit of dentures, pain, etc. Therefore, it is important to review biochemical measures, with body composition and physical assessment. A great topic for another article.

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PODIUM PRESENTATION

Lateral Violence as Experienced by Registered Nurses Working in New York State Magnet-Designated Hospitals

— Simone Bovell, PhD, RN —

The purpose of this qualitative descriptive phenomenological study was to understand lateral violence as experienced by registered nurses in magnet-designated hospitals.

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Story of Hope: Tammy Giovannone

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Tammy Giovannone, of Glenville, loved all creatures great and small. Cats. Dogs. Birds. Mice. You name it. Tammy devoted her life to her pets and animal rescue. She always had room for at least a few dogs and a handful of cats in her home. She volunteered to feed and fix stray cats that roamed her neighborhood. Her passion for pets ran so deep that she managed a local PetSmart just to surround herself with all the animals there, recalled her daughter-in-law, Kylie Giovannone.

"A huge pet lover. Huge," said Kylie when asked to describe Tammy.

"She loved animals. That was the one thing undoubtedly that was her favorite thing in the world, besides her children and grandchildren. But a close second."

Tammy's kindness was not limited to her furry, feathered, and human family. Kylie fondly remembered Tammy as a "kind-hearted, loving, caring person" who could light up a room and make everyone laugh. She frequently sought to cheer up others who needed support or just a hug. "She was just someone who was always there for people."

So, it seems only fitting that a woman equally devoted to people and pets would give the gift of life upon her untimely death at age 53.

Tammy died in March 2022 after suffering a head injury earlier that winter. She had sought medical attention and doctors discovered a severe brain aneurysm. Just five days before her scheduled surgery, the aneurysm suddenly burst. Despite their best efforts to save her life, doctors pronounced Tammy brain dead and shared the sad news with her stunned family.

Amid the shock came a silver lining. Prior to her passing, Tammy shared her wishes with Kylie and her husband, Nate, that she wanted to be an organ donor should the surgery have an adverse outcome. The couple, both proud registered organ donors, recalled the conversation on the way home from the hospital after receiving the news.

"Somebody else is able to have Christmas, Thanksgiving, Easter, other holidays, functions, or birthdays because of the gift that she was able to give. Somebody else got to celebrate one more year with their kids, with their parents because of what she was able to for them."

Tammy, who loved pets and people equally with such passion, would have wanted it that way.



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Essential Tips for Mentoring New Nurses

The workforce after the COVID-19 pandemic is much different from the prepandemic world. During the pandemic, many nurses left their current employers or exited nursing entirely. Shortages are persistent, and because of turnover, many in the current workforce are less familiar with the organizations they work for and less experienced in nursing. Travel nurses remain a mainstay in many areas of the country, and nurses who are newer in the field are being called on to serve as mentors early in their careers. Mentorship is a key part of helping new nurses to be successful in their current jobs and in their careers. It also helps with retention, which benefits all nurses working in an organization.

If you are an early-career nurse being asked to mentor new nurses, you may feel intimidated. However, you can take several steps to promote mutual success for both you and your mentee.

Understand the mentor-mentee partnership

Mentorship differs from preceptorship. Preceptorship [refers to](#) a temporary relationship where a nurse teaches a novice nurse the skills related to a new job as part of the orientation process. Mentorship is a more permanent relationship in which mentors share their knowledge as they guide and support mentees to help them grow professionally and personally. Mentorship can begin during or after formal orientation. (Mentorship and preceptorship frequently overlap, so many of the tips you see here apply in either situation.)

The mentor-mentee relationship is a partnership. As with any partnership, it's important to understand the responsibilities on each side. For example, the mentor should outline the types of support they can provide; the mentee should speak up when needs are not being met.

It's worth taking time at the start of the partnership to discuss expectations and ensure they are congruent. You'll want to discuss how it's best to communicate with you and set up established times to meet so you can discuss how things are going. It's a good idea to make these check-ins weekly for the first month after orientation.

Promote cultural integration

Each organization has its own culture, and as a mentor, you can help the new nurse integrate into that culture. Integration starts with helping your mentee understand "rules of the road" that aren't written down in policies and procedures. For example, you might explain who has informal power and how different staff prefer to communicate.

One of your biggest responsibilities is to help your mentee make connections with others in the organization. Invite others to share lunch with you and encourage the new nurse to join committees. Committee work has two advantages: It helps the mentee get to know people and it helps with career development.

You might also suggest group activities, such as potlucks or volunteer activities, that provide the opportunity for the mentee to connect.

Promote open communication

For the mentor-mentee partnership to succeed, you and your mentee must have strong lines of communication. Both of you must be open to feedback that is specific, yet kind. For example, if a mentee has not handled a situation correctly, you will want to point out what went wrong, but avoid blaming and finger-pointing.

Suggest, don't solve

It can be tempting to answer all the questions a mentee brings to you. As a relatively new staff person yourself, it feels good to be in the position of answering instead of asking questions. And you certainly will be answering many questions, such as those related to processes or how to do a procedure.

But when it comes to questions about how to solve a problem, avoid jumping in with an answer. Instead, ask the mentee for their input and what they think should be done. This is particularly important in the case of an interpersonal problem with another clinician. After all, you only have part of the story. Discuss the issue with the mentee and if they seem lost as to what to do, offer some suggestions. You might also role play how the mentee might approach the person they are having difficulties with.

Keep in mind that if you solve mentees' problems, you are depriving them of the opportunity to learn.

Quick mentorship tips

Here are some tips for ensuring a successful mentor-mentee partnership:

- **Set expectations up front.** These should include goals of the relationship.

- Provide honest feedback (both positive and constructive) to the mentee. Point out what is working and areas for improvement.
- **Recognize mentee accomplishments.** Everyone likes to hear when they do well.
- **Hold mentees accountable.** If they did not meet a previously established goal, discuss why and how to best move forward.
- **Be open to feedback about yourself** from the mentee. This can help you improve your mentorship skills.
- **Allow the mentee to solve their problems** if possible. This facilitates learning.
- **Be willing to make a change** if the partnership is not working.
- **Be a role model.** Don't expect to see positive behaviors in your mentee if you aren't role modeling them yourself.
- **Listen.** This is probably the hardest tip to follow but is also probably the most important. Listening helps ensure mentees feel they are being heard and enables you to provide effective support.

Assign and delegate appropriately

You may be involved in assigning and delegating to your mentee. Assignments refer to fundamental skills nurses learn in their basic education programs. Your mentee likely has areas that they feel more comfortable with than others, and it's helpful to start with those to build confidence. For example, a good assignment for a new nurse is a postoperative patient without comorbid conditions as opposed to someone with an unusual, complex medical condition. You'll also want to ensure that your mentee is adhering to standards of nursing practice.

As the nurse gains more experience, you may be able to delegate tasks. Delegation refers to tasks that are not part of the nurse's traditional role and are not covered in basic education. In this case, the nurse will need to receive additional education and demonstrate competency with the delegated task. For more information about delegation, refer to the national guideline from the National Council of State Boards of Nursing and American Nurses Association.

Know when to end

Not every mentor-mentee partnership works out. Your manager may have thought you and your mentee were the perfect fit, but once in the relationship, you find that it's not working well. Keep in mind that usually no one is to blame for this situation. Common reasons include communication styles being too different.

What's most important is that you notify your manager so a change can be made. You'll also want to thank the mentee for the opportunity to connect for a while on their career journey and wish them well for the future.

For partnerships that are working well, there is frequently no set time for the relationship to end. Even in organizations with formal mentoring programs that have end dates, such as 6 months to 1 year, information mentorship often continues.

Professional contribution

Mentorship provides you the opportunity to help patients in a different way from the direct care you normally provide — you are helping another nurse deliver excellent care. By following tips outlined in this article, you can help new nurses succeed and give back to the nursing profession.

By: Cynthia Saver, MS, RN, president of CLS Development, Inc., in Columbia, Md.

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Explaining the NCSBN
Enhanced Nurse Licensure
Compact (eNLC)

Presented by Marilyn L. Dollinger, DNSc, NP, RN,
ANA-NY President

AMERICAN NURSES ASSOCIATION
NEW YORK



A Guide to Your Nurse Practice Act

Nursing professionals have a wide range of valuable resources to help them in their jobs, such as organizational policies and procedures and databases of clinical practice guidelines. Many nursing professionals use these on a regular basis to help them deliver quality care. But they tend to overlook one essential practice resource — the nurse practice act (NPA). As the name implies, a state's or jurisdiction's NPA provides guidance for practice; adhering to the provisions of the act makes the nurse less vulnerable to legal action. Here's what you need to know about NPAs.

NPA basics

Each state and territory of the United States has an NPA, which is a law passed by a legislative body. An NPA outlines what is required to practice as a nurse and the types of activities various nursing professionals can engage in. NPAs generally have [several common components](#):

- **Definitions.** Terminology needs to be clear so the information in an NPA is interpreted correctly. An example of a definition is unencumbered license — a license that doesn't have any restrictions or current discipline issues.
- **Authority, power, and composition of a BON.** The Board of Nursing (BON) is responsible for enforcing the NPA and protecting the public (see sidebar).
- **Educational program standards.** These standards, which include items such as faculty qualifications, are for schools of nursing.
- **Standards and scope of nursing practice.** This is a vital section of the NPA for practicing nursing professionals. It outlines expectations for practice and includes information about proper delegation.
- **Titles and licenses.** This section details requirements (such as graduation from an approved education program and passing an examination) needed to use a particular title such as RN.
- **Grounds for disciplinary action, other violations, and possible remedies.** The BON is responsible for investigating issues such as misuse of controlled substances and significant errors in care, and for taking appropriate action, based on what is permitted under the NPA.

About Boards of Nursing

A Nurse Practice Act (NPA) includes the creation of a Board of Nursing (BON) for enforcement. The BON's main purpose is to protect the public, although another consideration is the rights of nursing professionals. According to the National Council of State Boards of Nursing (NCSBN), the BON can create rules and regulations that clarify what's in the act but are consistent with it and do not go beyond it.

BON members are elected or appointed to their position. Members typically include registered nurses, licensed practical/vocational nurses, advanced practice registered nurses, and consumers.

Following the NPA

You are responsible for following the NPA in the states and jurisdictions where you are licensed. Failure to do so leaves you open to legal action. For example, if you delegate incorrectly and the patient suffers harm, you could be named in a lawsuit. You would have little defense if you did not follow the NPA's guidelines for delegation.

Consider the NPA as a helpful resource. For instance, if your organization asks you to take on a task that is outside the scope of practice defined in the NPA, you have a valid reason for declining to perform the task. If you are unsure whether a task is covered, consult the BON for the relevant state or jurisdiction. You can easily access BON contact information via the National Council of State Boards of Nursing (NCSBN): <https://www.ncsbn.org/sites/ncsbn/membership/us-members/contact-bon.page>.

Of course, to follow the NPA, you must know what is in it. You can easily find the NPA(s) for where you practice through the "Find Your Nurse Practice Act" page on the NCSBN's website (<https://www.ncsbn.org/policy-gov/npa-toolkit/npa.page>). Simply use the drop-down menu to select your location.

It can be challenging to read a legislative act, so many states have created self-study education programs on their NPAs. You can find a list at the International Center for Regulatory Scholarship (ICRS) Connections Catalog: <https://catalog.icrsncsbn.org/browse/public/continuing-ed/npa/>.

A valuable resource

Following the NPA helps reduce your risk of legal action. Be sure to read newsletters and other correspondence from the BONs where you practice for any clarifications related to the NPA. It's also a good idea to revisit the NPA on an annual basis to ensure you are practicing according to the law.

By: Cynthia Saver, MS, RN, is president of CLS Development, Inc., in Columbia, Md.

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5 Common Legal Issues in Nursing

While registered nurses and licensed practical/vocational nurses (“nurses”) work to ensure the safety and well-being of their patients, they may also face a range of potential legal challenges - from malpractice lawsuits to licensing board complaints - that can have a significant impact on their careers and personal lives. By understanding the legal issues that may arise in their practice, nurses can protect themselves and their patients while delivering the best possible care.

Medical malpractice lawsuits. A medical malpractice lawsuit is defined as an allegation that a healthcare provider failed to provide the degree of care required of a professional under the scope of their license resulting in injury, death, or damage. As licensed healthcare providers, nurses are held to a high standard of care and are expected to adhere to ethical, legal, and professional standards. When a patient or their family member believes that a nurse provided substandard care that resulted in harm or injury, or a patient’s outcome differs from anticipated results, nurses are at risk for a [medical malpractice lawsuit](#). Nurses could be named in a lawsuit for many types of allegations, including:

- improper or negligent performance of treatment;
- failure to properly or fully complete patient assessments;
- failure to monitor;
- improper medication administration; and
- failure to follow facility policies and provide a safe environment.

Nurses can help minimize the risk of a medical malpractice lawsuit by taking actions including maintaining clinical and specialty competencies, practicing within the requirements of the state nurse practice act and the standard of care, and complying with organizational policies and procedures.

Licensing board complaints. One of the most common legal challenges that nurses face is State Board of Nursing (SBON) complaints. [SBON complaints](#) differ from medical malpractice lawsuits in that allegations can be directly related to a nurse’s clinical responsibilities and professional services, and/or they may be of a personal, nonclinical nature, such as allegations of fraudulent billing, substance use, or improper behavior on social media. Complaints may be filed by patients, patients’ family members, colleagues, employers, and/or regulatory agencies, sometimes anonymously, and they are subsequently investigated by the SBON. SBON investigations can result in no action against the nurse, or disciplinary actions that can range from warning letters to revocation or suspension of their nursing license. The SBON may then report any disciplinary action to other agencies, regulatory authorities, or other SBONs, which may decide to initiate their own investigation and take [reciprocal action](#). Staying up to date with the regulations and the legal, ethical, and professional standards of practice set by their SBON can help nurses avoid these types of complaints. Nurses should also immediately contact their professional liability insurer if they become

aware of an SBON complaint that has been filed or if they have any reason to believe that there may be a potential threat to their license to practice nursing.

Depositions. A deposition is a question-and-answer session conducted under oath for the purpose of compiling information from an individual who is either named in a lawsuit (i.e., a named defendant) or is a witness to the matter being litigated. An attorney will ask the witness questions while a court reporter records the testimony verbatim. Nurses may be subpoenaed to provide a deposition or court testimony in matters where they are not a defendant but are or were involved in the assessment and/or treatment of a patient who is involved in legal action. Following the receipt of a subpoena, nurses should immediately inform their professional liability insurance provider and employer’s risk manager or legal counsel of the deposition notice. Together, these professionals help ensure that a proper response is filed, while also counseling the nurse against the unauthorized release of information in their responses. Nurses should never testify in a deposition without first consulting their insurer or legal counsel.

Records requests. In addition to subpoenas to provide a deposition, nurses may also be subpoenaed to provide patient records in a case where they may not be named as a defendant. Records requests can be time-consuming and stressful to manage, so it is crucial for nurses to work with their professional liability insurance provider and employer’s risk manager or legal counsel to understand their legal obligations and rights when it comes to these requests. The issues to consider include protecting patients’ confidentiality, compliance with state privacy requirements, and adherence to federal Health Insurance Portability and Accountability Act (HIPAA) regulations.

Confidentiality of patient information. The healthcare industry is governed by strict privacy laws, including HIPAA, and nurses must be diligent in safeguarding patients’ protected health information (PHI) to avoid legal repercussions. As a healthcare professional with access to patient data, nurses are subject to [HIPAA guidelines](#). HIPAA allows covered entities, including nurses, to disclose PHI solely under [defined circumstances](#) – for example, in the case of organ donation or domestic violence or abuse. Disclosure of PHI that violates HIPAA regulations can result in severe consequences, from loss of employment to license revocation or even becoming subject to a lawsuit or substantial fines. Nurses should keep in mind that additional state and federal requirements under patient privacy standards may also apply to their practice, in addition to HIPAA. To help safeguard patients’ PHI, nurses should be mindful of the patient information that they access or share, use caution when [posting](#) comments or pictures of their workplace online, and be aware of employer security policies and procedures with regards to handling patient information. Nurses should also make sure to attend employer-provided security awareness training(s) and review updates regarding new measures.

Understanding legal issues

Nurses face a range of legal issues in their practice that can have a significant impact on their professional and personal lives. From malpractice lawsuits to confidentiality issues, nurses must be aware of their legal obligations and rights to avoid potential legal challenges. By staying up to date with regulations and standards of practice, taking precautions to avoid malpractice, managing deposition and records requests effectively, and protecting patient privacy, nurses can mitigate legal risks and continue to provide high-quality care to their patients. With a strong understanding of the legal issues they may encounter, nurses can navigate their career with confidence and professionalism.

Article by Georgia Reiner, MS, CPHRM, Risk Analyst, Nurses Service Organization (NSO)

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CLIMATE CONVERSATIONS

Climate Disasters and Oncology Care: A Systematic Review of Effects on Patients, Healthcare Professionals, and Health Systems

GINEX, P., DICKMAN, E., ELIA, M.R. et al. Climate disasters and oncology care: a systematic review of effects on patients, healthcare professionals, and health systems. *Support Care Cancer* 31, 403 (2023). <https://doi.org/10.1007/s00520-023-07842-z>

Purpose

Climate disasters have devastating effects on communities and society that encompass all aspects of daily life, including healthcare. Patients with cancer are particularly vulnerable when disaster strikes. As the number and intensity of disasters increases, it is important to understand the effects across the cancer care continuum. This systematic review investigates the effect of climate disasters on patients, the oncology healthcare workforce, and healthcare systems.

Conclusion

Response to climate disasters necessitates a holistic approach at the patient, workforce, and health systems levels. Specifically, interventions should focus on mitigating interruptions in care for patients, advanced coordination and planning for workforce and health systems, and contingency planning for allocation of resources by health systems.

To access electronic copies of the West Virginia Nurse, please visit <https://www.healthcareers.com/nurse-resources/nursing-publications/new-york>





Alliance of Nurses for Healthy Environments

Cara Cook, MS, RN, AHN-BC

As nurses, we know that human health and the health of the planet are inseparable. With modernity, science, and public health interventions, we've made advancements that have led to fewer people living in poverty, life expectancy increasing, and improved health for many around the world. Unfortunately, many of these advances have not come without a price. We now have millions more vehicles on the road and more polluting industries. Our modern conveniences and necessities require more and more energy to be produced – often by burning fossil fuels. All of these increase the amount of pollution and greenhouse gas emissions released into our environment – creating stress on our planet. These emissions are leading us on a trajectory that unless we take action now may lead to a very different life for us all.

If we were to approach Earth as we do the patients and communities we care for, we'd see that ecosystems impacts such as water scarcity, biodiversity loss, and climate change translate into health impacts. We see this highlighted in the fatal wildfires in Maui, exposure to wildfire smoke in the Northeastern region of the United States, and the 23 billion-dollar extreme weather events thus far this year. As we heal from these events and consider a path forward in the face of continued planetary crisis – we must ask ourselves how can nursing promote a sustainable, healthy, and just world?

Embracing a planetary health approach to nursing practice, is a way to rethink delivery of care and the promotion of health and well-being in a way that centers healing for the planet and people. Planetary health is a relatively new concept to nursing, however major nursing organizations are highlighting the necessity for nurses to utilize this approach in practice. In September 2023,

the American Nurses Association (ANA) released a new position statement entitled [Nurses' Role in Addressing Global Climate Change, Climate Justice, and Health](#). This position statement is meant to provide guidance to nurses, nursing organization, and the healthcare sector on strategies, interventions, and recommendations for mitigation and adaptation to climate change.

The [Planetary Health Alliance](#) defines planetary health as "a solutions-oriented, transdisciplinary field and social movement focused on analyzing and addressing the impacts of human disruptions to Earth's natural systems on human health and all life on Earth." Nurses are key to advancing planetary health. We are the largest portion of the health sector and practice in a variety of settings. Our holistic approach to care and healing provides us a unique perspective and ability to push for systems transformation to better align healthcare, public health, and all sectors in a way that promotes human and planetary health.

What does this look like in nursing practice? Key examples fall within the domains of nursing practice, education, and advocacy. First, nurses have a professional obligation to practice in an environmentally safe and healthy manner. Yet, the US health care sector accounts for about 8.5% of all the greenhouse gas emissions in the country. Fortunately, we are seeing more and more hospitals and health systems shifting to practices that reduce these emissions with nurses as key promoters – either by participating in green teams, leading sustainability departments, or launching unit-wide initiatives.

Second, we are seeing a shift in nursing education in which nursing students are requesting content on environmental health and faculty are working to integrate planetary health into nursing curricula. The [Planetary](#)

[Health Education Framework](#) aims to provide guidance for how to incorporate these concepts into higher education programs. Educators can utilize this framework and other resources such as the Nurses Climate Challenge School of Nursing Commitment to update nursing curricula so that is reflective of the need to prepare the next generation of nurses to address planetary health impacts within practice.

Lastly, nurses must step into the role of planetary health advocates. Advocating for policy and institutional change that put us on a path to meeting emissions reductions goals is critical. Nursing organizations are participating in the [Solutions for Pollution](#) campaign, focused on pushing for administrative actions that will accelerate the transition to clean energy, cut climate pollution and other dangerous pollution and to protect health, and help communities and families that have been historically overburdened by pollution.

Nursing advocacy played a key role among the larger environmental movement to get strong commitments and action at a federal level. The Biden Administration has [created](#) the first-ever [National Climate Task Force](#), with a directive for agencies to working together in advancing the following goals: 1) Reducing U.S. greenhouse gas emissions 50-52% below 2005 levels in 2030, 2) Reaching 100% carbon pollution-free electricity by 2035, 3) Achieving a net-zero emissions economy by 2050, and 4) Delivering 40% of the benefits from federal investments in climate and clean energy to disadvantaged communities.

The planetary health crises we are facing are overwhelming and daunting, however there lies power and hope in collective action. Learn more about what you can do and join a community of nurses committed to advancing planetary health at [envirn.org](#).

ATTACKING A NURSE IS A FELONY IN NEW YORK STATE

The Nurse Felony Assault Law is Penal Law § 120.05(3). Per this law, assaulting a registered nurse or licensed practical nurse is assault in the second degree, which is a class D felony.

STOP VIOLENCE AGAINST NURSES

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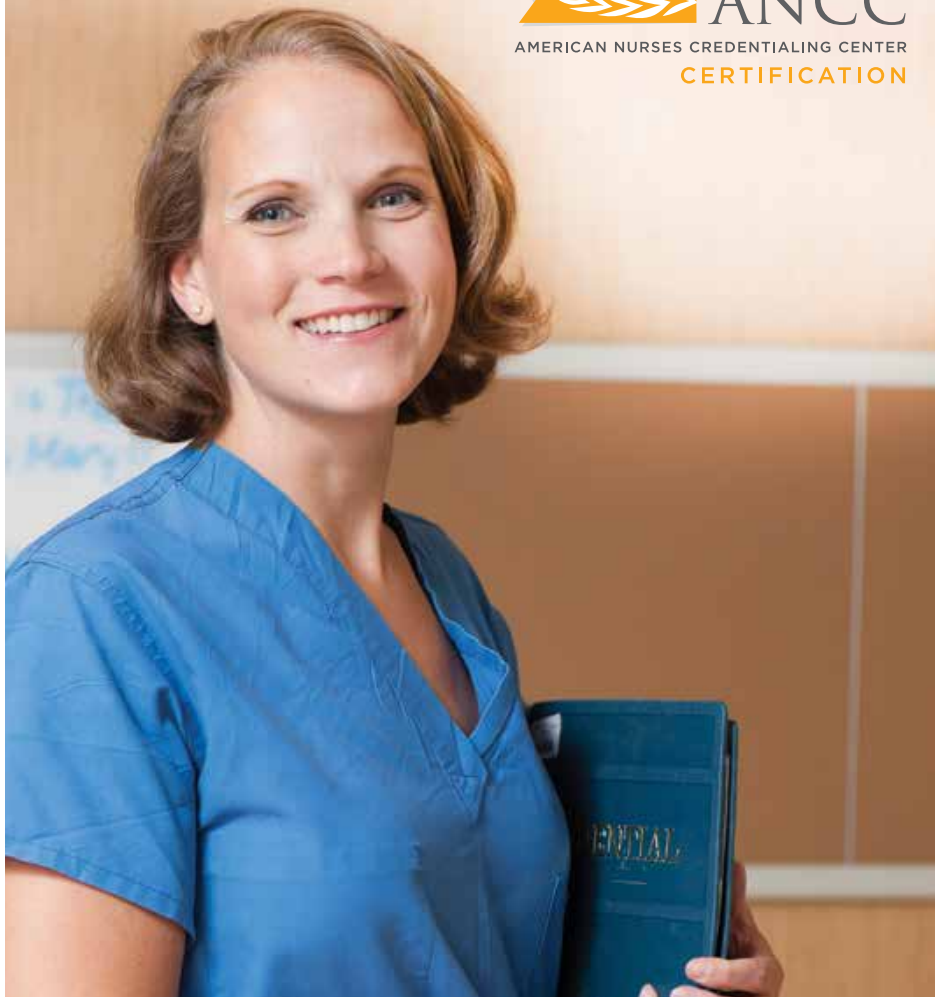
The screenshot shows the ANA-NY Weekly Update for February 16, 2023. It includes sections for:

- ANA-NY Now Accepting Proposed By-Laws Amendments:** Information about the organization's By-Laws Committee and the deadline for amendments.
- Upcoming Events:** A list of events including 'Books & Brunch: Field Guide to Green Gardening' and 'Creating Black Wealth: The Pursuit of Being Financially Free'.
- Important News:** A reminder to call for abstracts for the 11th Annual Conference and news about the 'Nightingale Tribute' and 'A Celebration of Notable Black Nurses in History'.
- Welcome to Our NEW Organizational Affiliates!** A list of new affiliates including the New York League for Nursing and the New York State Association of School Nurses.
- AMERICA'S BLACK NURSES:** A promotional graphic for the ANA's Black Nurses initiative.



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How to Display Your Credentials



HOW TO DISPLAY YOUR CREDENTIALS

Common questions and answers about displaying your credentials in the proper order

Why Do We Need a Standard Way to List Credentials?

Having a standard way ensures that everyone—including nurses, healthcare providers, consumers, third-party payers, and government officials—understands the significance and value of credentials.

What Is the Preferred Order of Credentials?

The preferred order is:

- ▶ Highest earned degree
- ▶ Licensure
- ▶ State designations or requirements
- ▶ National certifications
- ▶ Awards and honors
- ▶ Other recognitions

Why Is This Order Recommended?

The education degree comes first because it is a “permanent” credential, meaning it cannot be taken away except under extreme circumstances. The next two credentials (licensure and state designations/requirements) are required for you to practice. National certification is sometimes voluntary, and awards, honors, and other recognitions are always voluntary.

What Are Examples of Credentials?

Educational degrees include doctoral degrees (PhD, DrPH, DNS, EdD, DNP), master’s degrees (MSN, MS, MA), bachelor’s degrees (BS, BSN, BA), and associate degrees (AD, ADN).

Licensure credentials include RN and LPN.

State designations or requirements recognize authority to practice at a more advanced level in that state and include APRN (Advanced Practice Registered Nurse), NP (Nurse Practitioner), and CNS (Clinical Nurse Specialist).

National certification, which is awarded through accredited certifying bodies such as the American Nurses Credentialing Center (ANCC), includes RN-BC (Registered Nurse-Board Certified) and FNP-BC (Family Nurse Practitioner-Board Certified).

Awards and honors recognize outstanding achievements in nursing such as FAAN (Fellow of the American Academy of Nursing).

Other certifications include non-nursing certifications that recognize additional skills. One example is the EMT-Basic/EMT, awarded by the National Registry of Emergency Medical Technicians.

What Credentials Do I Have to Use?

On legal documents such as prescriptions and notes on medical records, you must use the credentials required by your state for your area of practice, for example, Susan Jones, RN, or Joyce Smith, APRN.

In professional endeavors such as speaking, writing for publication, or providing testimony before a legislative body, use all your relevant credentials. Note that journals sometimes order credentials differently, and it is acceptable to conform to their style.

What If I Have More Than One of the Same Type of Credential?

List the highest education degree first, for example, Michael Anderson, PhD, MSN. In most cases, one degree is enough, but if your second degree is in another relevant field, you may choose to list it. For example, a nurse executive might choose Nancy Gordon, MBA, MSN, RN. Note that the highest non-nursing degree is listed first followed by the highest nursing degree. A nurse who has a master’s in a non-nursing field might choose Anne Peterson, MEd, BSN, RN. If you have a doctorate and a master’s degree, omit your baccalaureate degree.

Multiple nursing certifications may be listed in the order you prefer, but consider listing them either in order of relevance to your practice or in the order they were obtained, with the most recent first. Always list non-nursing certifications last.

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Practice Excellence Through Credentialing

The mission of the American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association (ANA), is to promote excellence in nursing and health care globally through credentialing programs. ANCC’s internationally renowned credentialing programs certify and recognize individual nurses in specialty practice areas. It recognizes healthcare organizations that promote nursing excellence and quality patient outcomes while providing safe, positive work environments. In addition, ANCC accredits healthcare organizations that provide and approve continuing nursing education. ANCC’s Credentialing Knowledge Center™ offers educational materials to support nurses and organizations as they work toward their credentials.

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CREDBR0013 01/13 ELIT

Alzheimer's Notes: Groundbreaking Alzheimer's Research

With more than 6 million Americans living with Alzheimer's disease today, researchers are working tirelessly to advance science that will lead to earlier detection, preventions and additional new treatments for Alzheimer's and all dementia.

In July, more than 10,000 researchers attended the Alzheimer's Association International Conference® (AAIC®) 2023 both in person in Amsterdam, Netherlands, and virtually to share the latest in Alzheimer's and dementia science. Highlights include:

- **Advances in treatment offer even more hope.** Data by Eli Lilly from the TRAILBLAZER-ALZ 2 Phase 3 clinical trial of donanemab found the drug significantly slowed cognitive and functional decline in people with early symptomatic Alzheimer's disease. The company has submitted this data to the U.S. Food and Drug Administration with a decision expected by the end of the year.
- **Volunteering later in life may promote a healthy brain.** A study of an ethnic and racially diverse population of older adults found that volunteering was associated with better baseline scores on tests of memory, thinking and planning. We are

looking for volunteers for our Hudson Walk to End Alzheimer's on Saturday, October 14. If you're interested, call 518.867.4999.

- **Advancements in blood tests for Alzheimer's.** Researchers found a simple, finger prick blood test shows promise in the ability to detect markers of Alzheimer's using a single drop of blood. If validated, this test could offer a quick, noninvasive and cost-effective option that is simple enough to be performed independently.
- **Chronic constipation may be bad for your cognition.** A new report shows individuals with bowel movements every three days or more had significantly worse cognition, equivalent to three years more of chronological cognitive aging, than those with healthy bowel movement patterns.
- **Opioid use is associated with increased death in people with dementia.** Researchers found new opioid use in older adults with dementia is associated with a significantly increased risk of death, including an eleven-fold increase in the first two weeks.

"There is great progress in Alzheimer's and dementia research," said Beth Smith-Boivin, executive director of the Alzheimer's Association Northeastern New York chapter. "This year at AAIC, we gained insights into treatment, early and accurate diagnosis, and our understanding of risk factors for Alzheimer's and other dementias. The work of the scientific community holds great promise for the future."

The Alzheimer's Association is available with information and support for families as they navigate the disease and related research. For more information, visit alz.org or call the 24/7 Helpline at 800.272.3900.

Marisa Korytko is the Public Relations Director for the Alzheimer's Association Northeastern New York chapter. She can be reached at mekorytko@alz.org.

ALZHEIMER'S ASSOCIATION

Alzheimer's Association Chapters of New York State and the Finger Lakes Geriatric Education Center presents

Virtual Dementia Education Series

for Health Care Professionals



Alzheimer's Research Update: Diagnosis, Treatment & Risk Reduction

PERCY GRIFFIN, PHD - Director, Scientific Engagement, Alzheimer's Association

Alzheimer's is a global health problem with more than 6 million people living with the disease in the US alone. Tremendous gains have been made in the understanding of the science and basic biology underlying Alzheimer's and other dementias. This session will explore how these advances are leading to great strides in strategies for prevention, detection, diagnostics, and therapeutic interventions.

WEDNESDAY, SEPT 20th | 12PM

TO REGISTER: action.alz.org/MTG/594823232 | Or SCAN QR CODE TO RIGHT ▶



Palliative Care & Dementia

EMILY CHAI, MD - Vice-Chair for Inpatient Services in the Brookdale Department of Geriatrics and Palliative Medicine at the Icahn School of Medicine at Mount Sinai

Palliative care plays a vital role in patients with dementia by offering a holistic approach to care that can greatly improve their quality of life. This session discusses how palliative care not only focuses on managing potential symptoms like agitation, confusion, and pain, it helps patients and families navigate the challenges of disease and make informed decisions about care options.

TUESDAY, OCT 17th | 12PM

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This project is sponsored by the Finger Lakes Geriatric Education Center funded by the Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS) under the Geriatric Workforce Enhancement Program #U1QHP28738. This information or content and conclusions are those of the author/speakers and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, DHHS, or the U.S. Government.

Accreditation
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the University of Rochester School of Medicine and Dentistry and Rochester/Finger Lakes Chapter of the Alzheimer's Association.

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This program is supported, in part, by grants from the New York State Department of Health, New York State Office for the Aging, Monroe County Office for the Aging, and the Health Resources and Services Administration & the University of Rochester.

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Phyllis S. Quinlan, PhD, RN, NPD-BC

It's hard to believe that a year has almost come and gone since the 10th Annual ANA-NY Conference held in Niagara Falls in 2022. The pace of life just seems to accelerate no matter how hard we try to slow it down and savor the moments. It is the nature of the life and profession we have all chosen. Our mission and purpose as nurses is not just to keep up with the demands and challenges of a post-pandemic world; our path is to serve, advocate, and lead.

However, if our heroic response to COVID-19 taught us anything, it anchored our understanding of how vital it is to weave self-care into our daily routine just like washing our faces and brushing our teeth. Self-care is a daily necessity for professional caregivers and leaders. We are so willing to embrace the ethical guidelines to do no harm to others. Now, we must be just as willing and mindful not to allow any harm (body, mind, or spirit) to come to each of us. We are among the most generous people on the planet, and it is high time we shared some of that loving-kindness with ourselves.

Since 2021, 90-minutes of free personal/career coaching with me has been a part of your ANA-NY membership benefits. In addition, I participate in the annual ANA-NY Conferences offering 20 minutes of onsite coaching to every conference participant who wishes to take advantage of this added benefit.

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This year, I hope you offer yourself some self-care by joining me at the Turning Stone Resort Casino. Feel free to bring a copy of your resume. I would be happy to help you create a resume and perhaps, a LinkedIn Page that showcases your career at its best or sit and talk through anything that might be disrupting your peace of mind. Blessings.



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Phyllis S. Quinlan, PhD, RN, NPD-BC



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SIG No. 2	Nurses who are interested in climate change and its impact on health to propose strategies that nursing can implement to have a positive impact.
SIG No. 3	Nurses who want to learn more about policy and advocacy to discuss the details of the policy and political process and learn more about the ANA-NY Legislation Committee activities.
SIG No. 4	Nurses who are interested in advancing the profession of nursing through igniting compassion for nurses.
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By **Tara Zacharuk-Marciano, Ph.D., RN & Jelena Skumpia, MSN-Ed, RN**

Perioperative nursing practice is constantly evolving to improve patient care and meet the needs of technological and medical demands. Perioperative nurses are patient advocates during surgery. They focus on safety and quality while providing evidence-based patient care. High-quality surgical patient care requires effective communication and proper and accurate documentation. Proper documentation is critical because it provides relevant information about patient care and is an effective way of interdisciplinary communication. Electronic medical records were developed so nursing documentation can be completed accurately and in a timely manner. However, operating room nurses face many challenges in completing intraoperative documentation. Studies show that nurses spend between 19 and 35% of their time on documentation in electronic medical record (Weston, 2022). Required intraoperative documentation is extensive and time-consuming, interrupting the care that nurses provide for their patients. Due to the fast-paced environment and high expectations for short turnover, nurses are often forced to complete intraoperative documentation after care for the patient has been transferred to the post anesthesia recovery nurse. Required intraoperative nursing documentation is often redundant, and duplicate information is repeated in different segments.

Charges and implants are complex, causing errors and frustration among nurses. Scanning systems have glitches and often do not work, requiring nurses to enter necessary information manually. Lack of proper charges and implant documentation can lead to supply ordering issues and financial losses. Intraoperative implant documentation is critical and the only identifier of the implanted devices. Multiple fields are completed for each implant, in addition to paper implant record. Intraoperative implant charting must be done accurately and in a timely manner, requiring the nurse's full attention.

Intraoperative nursing documentation includes detailed information about the patient's positioning, equipment used, padding and preventative dressings applied, and staff involved. Skin assessment is documented before and after the surgery. Intraoperative nurses document each piece of equipment used during the surgery, including the identifying number, settings, and, in some cases, the length of time the equipment was used. Surgical counts are completed and documented at least three times. In many cases, additional counts are required. "Time Out" and debriefing are charted in detail.

Preop and postop diagnosis, procedure, wound classification, staff involved in the case, critical times, nursing assessment, medication on the field, and specimen are some of the necessary information operating room nurses document. Obtaining surgical specimens and handling them correctly is critical, and it requires detailed documentation in the electronic medical record and on the pathology sheet. Operating room nurses do not have allocated time to complete documentation. They are often distracted and interrupted, causing critical documentation errors.

Perioperative nurses are expected to complete extensive intraoperative documentation while being patient advocates and circulating the room, making sure the surgical team has what they need and standard practices and policies are followed. It is challenging to accomplish all the requirements and expectations of today's healthcare. Nurses need technology to help them document efficiently and effectively, allowing more time to provide patient care.

Integrating AI into operating room nursing documentation can streamline workflows, enhance accuracy, and free up nurses' time for more direct patient care. Here are several ideas on how operating room nurses could utilize AI for documentation:

1. **Voice Recognition for Real-Time Documentation:** Nurses could use AI-powered voice recognition software to dictate their observations, actions, and patient information during procedures. This hands-free approach would allow them to document in real-time without diverting their attention from patient care.
2. **Automated Data Entry from Monitoring Devices:** AI algorithms could automatically extract data from various monitoring devices, such as vital sign monitors and anesthesia machines. AI would reduce manual data entry errors and ensure accurate patient information is seamlessly integrated into the electronic health record.
3. **Smart Documentation Templates:** AI-generated templates could dynamically adapt to the specifics of each surgical case. As nurses input information, the templates could intelligently adjust and prompt for relevant details, ensuring comprehensive and accurate documentation.
4. **Contextual Documentation Assistance:** AI could analyze real-time patient data and offer context-aware suggestions for documentation. For example, if a nurse administers a medication, the AI system could prompt for dosage, route, and time, ensuring that no critical information is missed.

5. **Surgical Workflow Optimization:** AI could learn from historical surgical data to predict the progression of surgeries and documentation needs. This could help nurses anticipate specific moments when documentation is essential and prepare accordingly.
6. **Data Validation and Error Checking:** AI could scan documentation for inconsistencies, missing information, or conflicting entries, alerting nurses to potential errors before records are finalized.
7. **Data Synthesis for Research and Quality Improvement:** AI could analyze aggregated nursing documentation data to identify trends, best practices, and areas for quality improvement in perioperative care.

By harnessing the power of AI for documentation, operating room nurses can offload administrative burdens, reduce the risk of errors, and focus more on their core mission of providing high-quality, patient-centered care. ANA's Position Statement, "The Ethical Use of Artificial Intelligence," states that "It is critical for nurses to support AI technology that creates, maintains, and/or enhances caring interactions with patients." With such a large percentage of the nurse's time spent documenting in the operating room, AI may hold the key to improving nursing practice in this realm.

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MEMBERS ON THE MOVE

American Academy of Nursing Announces the 2023 Class of New Fellows

Academy to Induct 253 Nurse Leaders in Its 50th Anniversary Year



June 28, 2023 (Washington, DC) — The American Academy of Nursing (Academy) announces today that it will induct 253 distinguished nurse leaders into the 2023 Class of Fellows. The inductees will be recognized for their substantial, sustained, and outstanding impact on health and health care at the Academy's annual [Health Policy Conference](#), taking place on October 5 – 7, 2023 in Washington, DC. This year's conference theme is "Celebrating 50 Years of Leadership, Policy, and Partnership."

The newest Fellows, and largest class, represent 40 states, the District of Columbia, and 13 countries. In welcoming these Fellows, the Academy will be comprised of more than 3,000 leaders who are experts in policy, research, administration, practice, and academia that champion health and wellness, locally and globally.

"As the American Academy of Nursing's President, it gives me great pride to welcome these incredible leaders into our organization during our 50th anniversary year. Reflecting on the Academy's history, we began with 36 Charter Fellows in 1973 who saw the need for an organization that would recognize and elevate the impact of nursing on health care," said Kenneth R. White, PhD, RN, AGACNP, ACHPN, FACHE, FAAN. "The Academy continues to convene and celebrate nurses who make extraordinary contributions to improve health through the generation, synthesis, and dissemination of nursing knowledge. This year's group of inductees truly

represents today's thought leaders and the diversity of our profession's policy leaders, practitioners, educators, and innovators. Each Fellow of the Academy is changing the future of health and health care through their support to advance equity, promote inclusion, and lift up the next generation of nurses, advancing the Academy's vision of healthy lives for all people."

The 2023 Class of Fellows represent nursing's positive impact through representation in a variety of roles and settings from governmental positions to executive and entrepreneurial leadership in practice, non-profits, as well as higher education. Through a rigorous and competitive application process, the Academy's [Fellow Selection Committee](#), which is comprised of elected and appointed Fellows, reviewed nearly 400 applications, ultimately selecting the 2023 Fellows based on their contributions to advance the public's health. Induction into the Academy is a significant milestone in which past and current accomplishments are honored by their colleagues within and outside the profession.

The Academy is thrilled to host the Induction Ceremony and Soiree on the evening of Saturday, October 7, 2023. The program will feature short, personalized videos from each inductee on the impact they have made to advance health. This event is a special tribute to nursing leadership, research, and innovation where colleagues, family, friends, and sponsors can gather together in Washington, DC to celebrate the power of nursing's impact. [Learn more](#) about the Academy and [visit the policy conference website](#) for more details.

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MEMBERS ON THE MOVE

American Academy of Nursing Designates Six Extraordinary Leaders as Living Legends during its 50th Anniversary Year

Academy's Highest Honor to be Presented at the Health Policy Conference in October



July 19, 2023 (Washington, DC) — The American Academy of Nursing (Academy) will officially designate six extraordinary nurse leaders as [Living Legends](#) this fall. Drs. Janice G. Brewington, Pamela F. Cipriano, Martha A.Q. Curley, Mary O'Neil Munding, Madeline A. Naegle, and Adeline M. Nyamathi will be honored at the Living Legends Ceremony held at the Academy's annual [Health Policy Conference](#), taking place on October 5 - 7, 2023. Each of these incredible nurse leaders exemplify the resolve and ingenuity of the profession and have made significant impacts on health systems and health policy.

"Each year, the Academy selects exemplars of the profession to be recognized as Living Legends for their outstanding contributions in improving health and advancing the nursing profession as a whole. I am delighted to celebrate these accomplished leaders and visionaries," said Academy President Kenneth R. White, PhD, RN, AGACNP, ACHPN, FACHE, FAAN. "Recognizing those who have transformed the work we do, particularly during the Academy's 50th anniversary year, is a truly special honor. This year's Living Legends have

championed equity, diversity, and inclusion to collectively improve the public's health in America and around the world."

These remarkable individuals have generated policy change through innovation, science, and leadership to advance health equity in the diverse communities they serve. They will be honored as 2023 Living Legends, the highest designation of the Academy.

The Academy's Health Policy Conference and Living Legends Ceremony will be held on the evening of October 6, 2023, at the Marriott Marquis in Washington, DC. This event is a special tribute to innovation, research, and leadership where colleagues, family, friends, Fellows, and sponsors can gather together in Washington, DC to celebrate the power and legacy of nursing's impact.

ANA-New York Member

Madeline A. Naegle, PhD, CNS-PMH-BC, FAAN, has profoundly influenced psychiatric/mental health nursing practice and policy through her work to advance addictions nursing, now a recognized subspecialty. Dr. Naegle is Professor Emerita at New York University's (NYU) Rory Meyers College of Nursing. Notably, she championed the integration of behavioral health, including substance use disorders, into health professional education and practice to promote evidence-based care for persons with severe substance

use and other mental health disorders. Her advocacy for highly stigmatized populations focuses on well-being and holistic health, a hallmark of Dr. Naegle's career, she successfully spurred a surge in support and peer assistance for nurses with mental health and substance use disorders. As founding Deputy Director of NYU's World Health Organization Collaborating Center for Gerontological Nursing Education, she has implemented educational programs, disseminated best practices, and expanded international recognition of key nursing competencies in mental health and the care of older adults. Dr. Naegle is the founding Editor of the *Journal of Addictions Nursing*, and her groundbreaking work is widely circulated in peer reviewed journals, policy statements and book chapters, and continues to positively impact mental health care practice globally.

About the American Academy of Nursing

The American Academy of Nursing serves the public by advancing health policy and practice through the generation, synthesis, and dissemination of nursing knowledge. Academy Fellows are inducted into the organization for their extraordinary contributions to improve health locally and globally. With more than 3,000 Fellows, the Academy represents nursing's most accomplished leaders in policy, research, administration, practice, and academia.

American Academy of Nursing Honors Exceptional Leaders with Annual Organizational Tributes

Awardees will be recognized during the Academy's Health Policy Conference in October



August 31, 2023 (Washington, DC) — The American Academy of Nursing (Academy) will honor Eileen M. Sullivan-Marx, Representative Lauren Underwood, Kevin W. Sowers, Barbara Nichols, Jeri A. Milstead, and Winifred V. Quinn, with the organization's prestigious annual awards during the 2023 Health Policy Conference, Celebrating 50 Years of Leadership, Policy, and Partnerships, being held October 5-7, 2023 in Washington, DC. Each awardee is being recognized for their invaluable contributions to improve care, advance health equity, change health policy, and promote the nursing profession.

"These individuals—all of them beloved colleagues in our community—have invested their talent wisely and generously to the benefit of our profession, our society, and our future," said Academy President Kenneth R. White, PhD, RN, AGACNP, ACHPN, FACHE, FAAN. "They show us what is possible and encourage us, by their example, to aim higher; they inspire us, as nurses out loud, to fulfill the promise of equitable healthcare. By recognizing their achievements, we not only honor them but also affirm what nurses and their partners can do. Now, in the Academy's 50th anniversary year, the glow of their leadership lights our way forward."

ANA-New York Member

The President's Award, the highest individual achievement award given by the Academy, which recognizes a Fellow who has made extraordinary, lifelong contributions to improving the health of individuals, families, and communities, will be presented to Eileen M. Sullivan-Marx, PhD, RN, FAAN. Dr. Sullivan-Marx led New York University Rory Meyers College of Nursing as Dean for over a decade. During the height of the COVID-19 pandemic and national antiracist movements, she leveraged her perceptive and exceptional leadership skills, serving as President of the Academy. Throughout her career, Dr. Sullivan-Marx has driven state, national, and global policy in support of advanced practice nurses. Her research centers on core implementation issues and focuses on medical and nursing payment in Medicare and Medicaid policy. An expert in aging, she served as a Senior Policy Advisor to the Centers for Medicare & Medicaid Services, focused on expanding the Programs for All Inclusive Care for Elders (PACE), a Medicare/Medicaid funded comprehensive community program, beyond older adults to include veterans and adults with disabilities. Her ongoing dedication to promoting health access and equity by driving policy is inspiring.



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Erin Planty Ozone Park	Meghan Hund Port Washington	Duc-Nguyen Nguyen Bronx	Lizandra Gutierrez Skaneateles	Antaline Pecoraro Corning
Wykecia Anderson Pleasant Valley	Olivia Rivers Holbrook	Rachel Cassetta Fishkill	Roselyn Satin New York	Tricia Masterpol Liverpool
Danielle Mwejanda Copiague	Edward Adiele Ossining	Mercedes Bass Fresh Meadows	Loralee Sessanna Hamburg	Lucy Penque Sanborn
Na Zhang Roslyn Heights	Lauren Premo Colton	Phyllis Derrick Mount Vernon	Alicia Sargent Brooklyn	Christina Prendergast Oceanside
Tammie Boyle Rochester	Alice Garcia South Ozone Park	Christopher Theobald Saranac Lake	Samantha Silverman Greenlawn	Lauren Pagona Levittown
Amanda Deokinanan-Falcon Howard Beach	Hannah Lum Penfield	Jeannie Mathieu Laurelton	Suzanne Maynard Victor	Elizabeth Colome Brooklyn
Moselle Jules Brooklyn	Michelle Slymon Honeoye Falls	Shanti Marshall Brooklyn	Jessica Smith Medford	Loy Allen Brooklyn
Joanne Williams Rochester	Mary Beth Depasquale North Tonawanda	Geraldine Millington Brooklyn	Debra Harvey Oneonta	Ashley Gulla Neversink
Kate Popet Halfmoon	Kacey McKinley Massena	Alicia Dilavore Saint James	Gillian Rice Wynantskill	Guangyang Li Staten Island
Donna Maldonado Bohemia	Andrea Reid-Robinson Bronx	Kiersten Fiorio Putnam Valley	Kernstie Pierre Elmont	Tarona Tchorzewski Astoria
Sabina Kasai Brooklyn	Fatoumatta Daabo Touray New York	Cindy Tyrrell Stormville	Kayla Darienzo East Northport	Alexandra Gershon Brooklyn
Caroline Rowley Glens Falls	Shannon Thomas Nineveh	Mahreen Jaffri Buffalo	Nicole Saunders Roosevelt	Grace Gay Lagrangeville
Jacqueline Caparas Oceanside	Beth Tambor New York	Jennifer Thate Saratoga Spgs	Melissa Roxas Hauppauge	Kevin Chaplin Uniondale
Jacob Barela New York	Eytan Israelov Valley Stream	Thomea Ashley Montauk	Charles Voelger Mastic Beach	Karen Wharton New York
Nicole Saenz Seaford	Jennifer Gales Rochester	mary leas New York	Bjorn Baby Staten Island	Kristopher Kavanagh Tonawanda
Mark Kite Cleveland	Malka Hoch Far Rockaway	Brian Frank Liverpool	Davis Hagerman Rochester	Melanie Caradonna Hauppauge
Lyndah Ouma Poughkeepsie	Jessica Koch West Islip	Sherly Koshy New Rochelle	Keyla Reyes-Denis Rochester	Jordan Gryl Wantagh
Patricia Taylor Monroe	Ashley Parmentier Utica	Janique Jacobs White Plains	Scheri Shepherd Saint Albans	Theresa Mauri White Plains
Margret Brower Fulton	Anthony Iniguez Coram	Mario Charles Central Islip	John Delisi Spring Valley	Karen Joy De La Cruz Cooperstown
Dayle Bower Apalachin	Donna Delosh Feeney Jeffersonville	Albana Duka Staten Island	Jessica Xie Brooklyn	Caitlin Casey East Atlantic Beach
Zara Misbah New York	Lisa Larkin Brooklyn	Tracy Esopa Merrick	Abagael Fagan Centereach	Briana Maietta Bronx
Debra Skiff North Bellmore	Alexa Schaper Brightwaters	Beatrice Kouemou Bronx	Shante Hand-Fletcher Rochester	Joann Brand Massena
Melanie Carney Rochester	Annabelle Vargas Brooklyn	Warren Jarrett Queens Village	Tanya Cutaia Accord	Julissa Cardona Yonkers
Annemarie Phd, Rn, Gnp-Bc, Achpn Staten Island	Heidi Love Newfield	Adrienne Stempin Beaver Dams	Paige Cook Lansing	Cynthia Pagan Bronx
Mical White-Huffstead Rosedale	Morgan Mulkerin Hartwick	Ruth Sarfo Bronx	Thomas P Cushing Syosset	Kim Yourison Shirley
Nancy Mata Westbury	Patricia Nolan Williston Park	Ruwanthi Alagiyawanna Jamaica	Caitlin Bittel Camillus	Amanda Rivas Massapequa Park
Brittany Robert North Babylon	Aris Theodorakis Staten Island	Jennifer Ortiz Elmont	Dawn Plue Ithaca	Pamela Stadler Batavia
			Jillian Barry Rochester	Maya Elmore Baldwin

WELCOME NEW MEMBERS



Frantz Dorestant Jr Oceanside	Jessica Stein Smithtown	Jasinth Jones-Clark Middletown	Jacienth Warner Uniondale	Magdalena Belury Southampton
Jared Sarabia Bellerose	Catherine Lembo North Babylon	Michelle Kausar Flushing	Sarah Pisano Brooklyn	Jenelyn Pitino Long Island City
Jessica Heredia Siguenza Mohegan Lake	Isabella Roberts Corning	Evangelina Santateresa Washingtonville	Lyndsy Brown Branchport	Ruddy Calderon White Plains
Tara Doherty New York	Melissa Duran Oswego	Leanora Henfling Rocky Point	Zachary Cascio Amherst	Carolyn Lo Lake Luzerne
Maria Rosario Garma Hartsdale	Jamie Baldwin Clarence Center	JESSICA Castaneda Brooklyn	Yi Chin Chen Suffern	Sharon George Yonkers
Taylor Damato Blasdell	Rozzana Alzrrad Valley Stream	Mayani Thornhill New York	Caroline Nisbet New York	Susan Mogan Hampton Bays
Kimberly Venohr Buffalo	TATIANA Balan Dix Hills	Judy-Ann Harris Forbes Rosedale	Tafia Gibbs Hempstead	Diane Schulman Saugerties
Arielle Black Croton ON Hudson	Laura Maucher Poughquag	Jean Cetoute Brooklyn	Joanne Kennedy Lansing	Angela Brown Phoenix
Kristina Hackman Clifton Park	Elizabeth Ajasin Hempstead	Kaela Klapan East Syracuse	Amanda Eckerle Stony Point	Wei Hong Xu Brooklyn
Brandon Nugent Webster	Katherine Leiber Larchmont	Angelina Pacella Pine Bush	Wilhelmina Avena Yonkers	Nicole Backlund Delmar
Jeong-Hoon Ham Oakland Gardens	Angelina Deering Wappingers Falls	Dawn Donnelly Dobbs Ferry	Danica Valdez Queens Village	Elizabeth Sanchez East Islip
Karen Winski Mineola	Thatyana Mothersil Freeport	Roemechia John Hempstead	Lisa Donoghue Endicott	Jodi Doolittle Central Square
Erin Freese Staten Island	Anna Theodoridis Astoria	Navya Nibu Staten Island	Deborah Gates Alden	Edward Martinez Staten Island
Alma Pamandanan New York	Hayley Jones Oswego	Michelle Evans Yonkers	Rochelle Grobler New York	Prince Bartholomew Brooklyn
Mallory Campagna Centerport	Morgen Colbeth Scotia	Jessica Reynolds Freedom	Natasha Jefferson Lockport	Nikki Burgin Buffalo
Elke Wagner Mount Sinai	Geisy Mauras Bronx	Francis Ojjezele N Bellmore	Louise Pierre Bronx	Wilda Perugachi Flushing
Mitzie Roselle De Leon-Orellana Woodside	Jennifer Smith Bronx	Ketrina Peterson West Islip	Dominic Garafola Rockaway Park	Daniella Otaiza Morganville
Daniella Mirro Lindenhurst	Ilana Springer Borkenstein New York	Dawn Bertola Cobleskill	Mackenzie Russell Randolph	Sharyn Cass East Aurora
Amanda Neary Manlius	Nicholas Morton Oceanside	Emily Battiloro Harrison	Leah Rexford Jamestown	Sonia Pervaiz Yonkers
Lacey Skelly West Babylon	Mariam Magarious Staten Island	Karin Steele Port Jefferson Station	Rachel Levine Oceanside	Linda Villaron Brooklyn
Michelle Heath Staten Island	Allison Timper Amsterdam	YOU DA Lin Whitestone	Mary O'Keeffe Bronx	Nicholas Capone Mahopac
Jana J Jno Baptiste Brooklyn	Joannah Boh West Nyack	Olivia Banks Poughkeepsie	Sharon Schultz Great Neck	Onyeka Obianyo-Agu Queens Village
Ecaterina Ademaj Glendale	Sashalee Bowers-Hopkins New York	Deborah Paulk Buffalo	Elaine Sepe Stony Brook	Karrah Gantz Pittsford
Xiu Ping He Elmhurst	Mark Khaimov Brooklyn	Diane Salerno Massapequa Park	Genneth Banting Huntington	Sonia Barolette North Baldwin
Jayanna Palmer Hempstead	Kayla Adams Freeport	Wendellyn Pryor Flushing	Antoinette Lepore Staten Island	Anique Eccleston Cambria Heights
Michelle Levy Dix Hills	Maegan Palomino Hartsdale	Kelly Donlon Levittown	Belinda Ellis Jamaica	Sandra Khan Brooklyn
Eliana Maeda-Caiazza Brooklyn	Charmize Thomas Rochester	Sarah Looney Norfolk	Rosemaria Cesare Middle Village	Annmarie Flanagan Penn Yan
Tumpa Matubber Copiague	Myrna Fenelon Brooklyn	Anne Nichole Amolat Rego Park	Ann Rakowicz Woodhaven	Annmarie Scalzo Granite Springs
Andrea Sasala Franklinville	Ksenia Kiseleva Brooklyn	Dianne Espinosa Forest Hills	Julie Delianides New York	Kenneth Taganajan New York
Sarah Prymak Olean	Sarah Galea Saratoga Springs	Kristie Pfaff Rochester	Nicole Rouhana, Director of Graduate Programs, Assistant Professor Binghamton	Karla Marie Mondejar New York
Melody Yeung Flushing	Marshialyn Spencer-Kelly Saint Albans	Pierre Exuma Brooklyn	Victor McGregor Saugerties	Dr Gwendolyn Hernandez Staten Island
Priya Patel New Hyde Park	Nicole Manley Whitesboro	Tanika Burrell-Thomas Elmont	Randy Gross New York	Rebecca Thompson Schenectady
Farrah Thompson Lindenhurst	Laura Pillay Lake View	Bryan Cordero Huntington Station	Margaret Donaldson Centereach	Amalia Misir Patchogue
Floranova Callejas Greenwood Lake	Alaine Quijano Jackson Heights	Francesca Dirusso Valley Stream	Rosamond Bobb-King Amityville	Nmandu Utuk Staten Island
Layeka Jeune Laurelton	Candace Joseph Jamaica	Melanie Pascual Stony Brook	Paula Crehan Albany	Uvannie Enriquez New York
Danielle Martin Massapequa Park	Regeland Jr Llamas Cooperstown	Edna Pierrelus Valley Stream	Eileen Irish Poughkeepsie	Darlyn Bretous Bronx
Peter Ehiebolo Staten Island	Nardia Miller-Mohsin Queens Village	Yocheved Weinreb Brooklyn	Teresa Spaulding Stony Point	Leslie Garris Bronx
Mark Darren Praxides Island Park	Denise Rulow Brooklyn	Jennifer Bottoms Rosedale	Joan Whelan-Schwartz Yorktown Heights	Margaret Glier Lynbrook
Taylor Plowe Cheektowaga	Carlene Gittens Brooklyn	Samantha Rennert Deer Park	Patricia Guy-Moses Brooklyn	Micaela Austin Brooklyn
Cicely Edwards Staten Island	Samuel Yi Little Neck	Patricia O'Connell Highland	Barbara Mruk Cortlandt Manor	Olatokunbo Morafa Staten Island
Nichole Covert East Syracuse	Garry Bleuma Davie	Elaine Greene Brooklyn	Raciel Lee Highland Mills	Omobola Opawoye Yonkers
Angela Cameron New York	Emily Robinson Mount Sinai	Dennis Contreras Dansville	Carolyn Santora Sound Beach	Lorraine Nelson-Hamilton Mount Vernon
Lennox Thompson New Rochelle	Maria Charlotte Monforte Buchanan	Felicia Henderson Huntington Station	Helen Pesola, DNP, RN, ANP-BC, CCRN New York	Yvonne Clarke Brooklyn
Christina Malave Staten Island	Stacey Macdonald Camillus	Isela Escobar Jamaica	Shoron Major Brooklyn	Mariola Karasiewicz Sunnyside
Sarah Rowser Jordan	Michelle Crann Rosedale	Carolyn Porter Mount Vernon	Jae Kyun Kim New York	Cecilia Falguera East Patchogue
Lovely Llamoso Cortlandt Manor	Zolinda Mora Glen Cove	Stacey Grizzle Plattsburgh	Frances LoCascio Gloversville	Marlon Hylton Yonkers
Anna Mathew Welland	Jennifer Attfield East Amherst	Frankie Flores Brooklyn	Jennifer Ferraro Mastic	Marlon Hylton Yonkers
Christina Chatelain Kew Gardens	Daisha Martinez Bronx	Kiera Fellegara Yonkers	Sandra Gibson Clarence	Priscilla Arroyave Little Neck
Helen Trotta Islip	Tabitha Kim New York	Oyepero Gbadebo North Baldwin	Jennifer Brandon Queensbury	Nyishah Samaniego Bronx
Joanne Singh Queens Village	Ann Cheng Staten Island	Danielle Holmes Brooklyn	Melissa Blackmer Queensbury	Jennifer Panzo New York
Alyssa Priore Shrub Oak	Jeynabu Sillah New City	Owen Nicola Manlius	Elizabeth Cavolo New York	Chidinma Ekeoma Jamaica
Donna Larocque Plattsburgh	Jennifer Rufe Westbury	Kristina Klivan Seaford	Meghan Promnitz Ballston Spa	Jamwanti Persaud Brooklyn
Guelda Mars North Baldwin	Catherine Mariduena Queens Village	Ebony Rodriguez Bronx	Catherine Lombardi Maspeth	Nicole Amendola Rocky Point
Dionysia Georgopoulos Garnerville	Delfino Urbina Maspeth	Danielle Sundermier Astoria	Pauline Clarke Bronx	Lori Kenavan Saint James
Vashti Hall Brooklyn		Marcin Wrobel Kings Park	Uchenna Revels North Baldwin	
Sheri Underwood Boonville		Alicia Williams Lake Grove	Marie Monard Baldwin	

Nurses House, Inc to Host Annual Fundraiser Walk at ANA-NY Conference



Nurses House Inc, the only national fund for registered nurses in need, will be holding its annual fundraiser walk at the ANA-NY conference on the morning of Saturday, November 11th. ANA-NY members who are registered for the conference, as well as anyone not attending who would like to support our colleagues in need, are invited to join us for a brisk 30-minute walk around the beautiful property and grounds of the Turning Stone Resort and Casino. The walk will begin at 7:15am with registration in the lobby of the Hotel at Turning Stone at 7am. Those who donate or raise \$25 or more will receive a Nurses House t-shirt to proudly display their support. There will also be prizes for the top three fundraisers. This is a great opportunity to raise funds for an important cause. Individuals can register online and set up their fundraising page by visiting www.nurseshouse.org or by contacting Stephanie Dague for a pledge form at sdague@nurseshouse.org or 518-456-7858 x127. This annual event is a great opportunity to meet and network with your nursing colleagues and we hope to see you there!



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#WhyNPI

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ANA continues to support all nurses, both RNs and APRNs, in obtaining their NPIs. NPIs are required for APRNs who wish to bill Medicare and most private insurance plans. While APRNs can bill through their employer, obtaining an NPI allows APRNs to form their own practices or bill separately from any physicians. For RNs, ANA supports obtaining NPIs to track the work that nurses are doing. Hospitals currently see nurses as a cost and as a result, there is usually not enough staff in hospitals.

Payers generally do not reimburse RN care as they do APRNs. However, ANA is advocating for more equitable reimbursement to account for RN care. Obtaining an NPI is one step RNs can take now to engage in this advocacy.

ANA knows how hard nurses work and the value nurses bring to the health care team, but we need to show other policymakers the true value of nursing.

Read more about #WHYNPI [here](#) or watch our [RNAction Quick Take](#).

ANA-NY/ANA Membership Activation Form



Essential Information

First Name/MI/Last Name	Date of Birth	Gender: Male/Female
Mailing Address Line 1	Credentials	
Mailing Address Line 2	Phone Number	Check preference: <input type="checkbox"/> Home <input type="checkbox"/> Work
City/State/Zip	Email address	
County	Current Employment Status: (eg: full-time nurse)	

Professional Information

Employer	Current Position Title: (eg: staff nurse)
Type of Work Setting: (eg: hospital)	Required: What is your primary role in nursing (position description)?
Practice Area: (eg: pediatrics)	<input type="checkbox"/> Clinical Nurse/Staff Nurse <input type="checkbox"/> Nurse Manager/Nurse Executive (including Director/CNO) <input type="checkbox"/> Nurse Educator or Professor <input type="checkbox"/> Not currently working in nursing <input type="checkbox"/> Advanced Practice Registered Nurse (NP, CNS, CRNA) <input type="checkbox"/> Other nursing position

Ways to Pay

Monthly Payment \$15.00

Checking Account *Attach check for first month's payment.*

Checking: I authorize monthly recurring electronic payments to the American Nurses Association ("ANA") from my checking account, which will be drafted on or after the 15th day of each month according to the terms and conditions below. Please enclose a check for the first month's payment. The account designated by the enclosed check will be used for the recurring payments.

Credit Card

Credit Card: I authorize monthly recurring electronic payments to the American Nurses Association ("ANA") be charged to my credit or debit card on or after the first of each month according to the terms and conditions below.

Membership Dues (Price reduced to \$15 monthly/ \$174 annually)

Dues:\$

ANA-PAC Contribution (optional)\$

American Nurses Foundation Contribution (optional)\$

Total Dues and Contributions.....\$

Credit Card Information Visa Mastercard AMEX Discover

Monthly Electronic Deduction | Payment Authorization Signature

I understand that I may cancel this authorization by providing ANA written notice seven (7) days prior to deduction. I understand that ANA will provide thirty (30) days written notice of any dues rate changes. I understand that my dues deductions will continue and my membership will auto-renew annually unless I cancel.

Authorization Signature

Printed Name

Credit Card Number

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City, State

Zip

Please note: \$49 of your membership dues is for a subscription to American Nurse Today. American Nurses Association (ANA) membership dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, the percentage of dues used for lobbying by the ANA is not deductible as a business expense and changes each year. Please check with your State Nurses Association for the correct amount.

For assistance with your membership activation form, contact ANA's Membership Billing Department at (800) 284-2378 or e-mail us at memberinfo@ana.org

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