

National Black Nurses Association, Inc.

NBNA NEWS



Professional Nursing Education

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NBNA 41st Annual Conference

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8630 Fenton Street, Suite 330
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- Resources where appropriate
- Send all articles, member news, chapter highlights, pictures, and other information to nbnanews@nbna.org.



President's Message



Dr. Deidre Walton, President
National Black Nurses Association

The National Black Nurses Association is continuing its legacy in making a difference in the profession of nursing. While the nursing profession is the largest segment of the nation's health care workforce, less than 6 percent of the professional registered nurses are composed of nurses of color. And, yet people of color make up a disproportionate number of patients with multiple chronic diseases. NBNA is committed to a mission of eliminating health care disparities. NBNA stands firm behind the Institute of Medicine report to help our nation prepare more diverse professional licensed nurses to take on leadership roles at the hospital, the board room and within the political arena.

As we continue to move forward, our goals must continue to include support for the development of a cadre of ethnic nurses reflecting the nation's diversity; advocacy for culturally competent, accessible and affordable health care; promotion of the professional and educational advancement of ethnic nurses; education of consumers, health care professionals and policy makers on health issues of ethnic minority populations; development of ethnic minority nurse leaders in areas of health policy, practice, education and research; and endorsement of best practice models of nursing practice, education, and research for minority populations.

NBNA has focused on the IOM Report on the Future of Nursing. Members are actively participating in leadership roles for their State Action Coalitions. The NBNA Ad Hoc Committee continues its development of a strategic approach to respond to the recommendations to Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020; and (2) Recommendation 7: Prepare and enable nurses to lead change to advance health. NBNA has also established a diversity agenda to prepare its membership to assume leadership positions across all levels.

The officers, board members, and members are continuing to use their synergistic power to come together to plan strategies to achieve our goals. The NBNA committees are doing a phenomenal job in meeting the goals of our strategic plan. Together, we have demonstrated a shared purpose and I applaud the membership for their momentum, enthusiasm and pride in the National Black Nurses Association (NBNA), Inc. Let us continue to be united in making a difference in the health care status of our communities.

Rev. Dr. Deidre Walton Calendar of NBNA and Chapter Activities

November 10, 2012	San Jose South Bay BNA Annual Scholarship Luncheon / San Jose, California
November 16, 2012	33rd Chapter Anniversary and 29th Scholarship Program – Keynote Speaker, Milwaukee Chapter NBNA
December 2, 2012	Central Carolina Black Nurses Council, Inc. 30th Anniversary Celebration – Keynote Speaker, Durham, North Carolina
December 8, 2012	San Diego BNA Annual Prayer Breakfast / San Diego, California
December 8, 2012	Council of Black Nurses, Los Angeles Annual Holiday Social & Inaugural Dinner Dance
December 11, 2012	White House Holiday Reception
January 12, 2013	Acadiana Black Nurses Association Second Annual President's Gala, Lafayette, Louisiana
February 13, 2013	National Black Nurses Day Celebration – Keynote Speaker Columbus Black Nurses Association
March 2, 2013	BNA of Greater Washington DC Area Salute to the Black Nurse of the Year –Keynote Speaker
March 21-22, 2013	Mississippi Gulf Coast Black Nurse Association Annual Leadership Conference, Gulfport, Mississippi
March 23, 2013	KYANNA Annual Scholarship and Award Banquet – Keynote Speaker, Louisville, KY



Lest We Forget: The Bachelor of Science in Nursing Conundrum

Sandra Webb-Booker, PhD, RN



THE GOLDMARK REPORT, recommended the Bachelor of Science in Nursing (BSN), as the entry level for professional registered nurses in 1923. Almost 70 years later, we continue to either read about or witness objective as well as heated opinionated discussions regarding the entry level for “professional nursing practice.” Most discussions cite data about actual and projected figures regarding the supply and demand for nurses. Some additional factors influencing the “professional nursing practice” debate are technology, health-care outcomes and complexities, expansion of clinical nursing knowledge, and the need for increased autonomy in nursing.

Shifts in health care delivery, from traditional hospital-centered inpatient care to more primary and preventive care, have also played a significant role in these discussions. Nurses working in today’s healthcare system must practice across multiple settings—those within the hospital, as well as those within the community. Nurses must also exercise higher levels of independence when problem-solving and providing clinical care, i.e. be it case management, supervision of licensed and unlicensed personnel, and/or the coordination of care and vital healthcare resources.

The educational preparation and scope of practice associated with the BSN prepared Nurse has opened doors that can lead to professional certifications in specialty areas such as critical and emergency care and the assumption of expanded roles such as a clinical care provider, designer, manager, and coordinator. The BSN degree provides the foundation needed for graduate nursing education.

Whereas limitations in the present scope of ADN education has led to the creation of vulnerabilities for its graduates’ future scope of professional nursing practice. The Associate Degree Nurse (ADN) is educationally prepared to function in various clinical capacities, but has a limited scope of practice in nursing leadership and management, wellness, and community health. Changes in the educational preparation of the ADN are needed to lessen these vulnerabilities and enhance ADN’s viability in the healthcare climate today and tomorrow.

The Future of Nursing proposal advocates that, at a minimum, the Registered Professional Nurse be required to obtain a BSN within 10 years after initial licensure. ADNs can not be content with the “status quo”.

To date, three summits have been held, whereby nurses throughout the state of Illinois have come together to meet and discuss their opinions and concerns relative to legislative proposals regarding the future “Professional Nurse” status in Illinois. The “summit” process is credited with facilitating “open dialogue amongst and between nurses of all communities (rural and urban) and all ethnicities, colors and creed.” Lessons learned during the “1985 Entry into practice struggle, more than 25 years ago, has successfully been placed into action, and mutually productive working relationships exists between all parties.

However, for many Chicago Chapter NBNA members, re-defining the educational needs of the “Professional Nurse”, has been reminiscent of the struggle faced by many CCNBNA members in the 1980s. The notion of “mandating new educational requirements”, for those nurses who have successfully earned the “Professional Nurse” licensure status, based on current and past legislation without the incorporation of a “grandfather clause,” is an area of paramount concern for CCNBNA members.

In reading the Robert Wood Johnson Foundation Initiative on the Future of Nursing at the Institute of Medicine we find that Recommendation #15. says: Four-year nursing programs should work with Community Colleges that offer the ADN to develop articulation agreements that facilitate the transition of ADN graduates into BSN programs. This would incent existing ADNs to return to school to complete their baccalaureate degrees, while enhancing their education, preparation and longevity in the nursing profession. The National League of Nursing Accrediting Commission and the American Association of Colleges in Nursing (AACN) are encouraged to collaboratively work together for the development of accreditation standards which facilitate articulation agreements between ADN and BSN nursing programs.

The CCNBNA supports the Institute of Medicine’s recommendation to have professional nurses with Associate Degrees continue their nursing education and complete a BSN through articulation initiatives with four-year universities as stated in recommendation #15.

We strongly encourage community colleges, vocational programs and other educational support systems to provide the basic academic support needed to ensure minority and underserved persons desiring to become professional nurses are prepared to meet the admission criteria that will enable them to be admitted to and successfully matriculate through BSN programs.

We encourage the coordination of educational resources provided by professional organizations, universities and other stakeholders. One central cite is needed to house information pertaining to programs, grants and scholarships that provide financial assistance to ADNs matriculating in BSN programs.

The CCNBNA believes the establishment of the BSN as the entry level for “professional nursing practice” will also impact the salaries of all practicing nurses. Institution of the BSN initiative should promote a reduction in the number of unlicensed personnel performing nursing skills in many patient care settings.

The Changing Healthcare Environment: Application of Technology in Nursing and Patient Education.



Julia Ugorji, DNP(c), MSN, RN

INTRODUCTION

In the world where technology is not only becoming more complex, but resourceful, nursing education has been challenged to endorse the use of nursing informatic concepts in practice and education. Advocating the ability to incorporate technology into nursing education, the American Nurses Association, the Association of Colleges of Nursing, and the Institute of Medicine, strongly encouraged nursing schools to integrate the use of technology in their nursing curriculum (Ezell, 2011). Evidence-based research indicates that such technology enhances critical thinking while reinforcing core knowledge for practice.

Technology has influenced all areas of human endeavor including the way we learn and socialize. In today's healthcare environment, increased acuity of the patients and the use of technology at the bedside, prompted employers to prefer hiring nurses who have the skills necessary to practice in clinical and non-clinical settings. Use of technology in clinical settings provide the student immediate access to medical information. The nurse educator will have to be aware of current technology and how it can be used to advance nursing education. There are advantages to each type of technology. While each item of technology may enhance the learning experience for students, it may also jeopardize the confidentiality of other students and clients. Faculty must be aware of these issues and employ every possible precaution to protect both patients and other students from violation of privacy.

Response to the transformation of health care and quality initiatives have resulted in integration of technology in nursing education curricula. Some technology tools used include simulation, interactive case studies, digital textbooks, online instructional mode, PDAs, electronic medical record and documentation systems. Technology can also help the faculty to deliver the course material effectively, improve student and faculty access to information and resources, reduce cost of learning and educational resources and enhance learning. Attitudes and willingness of the faculty to embrace new ideas in instructional design can help promote student learning outcomes.

Integrating technology into nursing curricula is much easier now than it was in the past. A majority of college students own mobile technology such as an iTouch or smart phones, reducing the initial hardware cost. Software leading providers are available for every platform including tablets such as the iPad. Software references are significantly less expensive than textbooks and if the software is required for coursework, financial aid typically will cover costs. Confidentiality agreements are overcoming barriers in facilities that have been reluctant to allow mobile technology due to potential privacy concerns. The vital role of mobile technology in patient safety can no longer be ignored. Nursing faculty can choose from hundreds

of references and decide what best fits the needs of their specific student population and course. Increasing the use of technology such as PDA in the classroom and clinical settings moves nurse educators closer to preparing nurses to meet the Institute of Medicine's core competencies and The Joint Commission's patient safety goals.

CONCLUSION

Rapid changes in technology and intergenerational differences in learning bring a new focus on the needs of faculty to be able to engage students in the traditional face-to-face classroom. Faculty roles are changing as computer assisted techniques bring more autonomy to the students; students of diverse ages and background are expecting computer literacy from their instructors. The increased role of technology in healthcare and its transformational impact on that field, allowing nurses to understand current and future trends and thus, integrating technology into nursing education in order to effectively prepare students for a new, technologically-driven healthcare environment. In the future, the hope is to see nurses routinely synchronizing their handheld computers with strategically centralized database ports throughout a healthcare agency.

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Julia Ugorji is a Nurse Educator / Mental Health Nurse Specialist at Walter Reed National Military Medical Center Bethesda, MD. She is a member of the Greater Washington, DC Area BNA. Julia started her nursing journey from Nigeria as a registered nurse midwife 1985 and 1987 respectively. She has many years of experience in variety of nursing areas/specialty including medical/surgical nursing; mental health; geriatric; staff development; home health care; clinical instruction; and delegating nursing. Julia is also a reviewer for the peer-reviewed *Journal of Association of Nurses in AIDS Care*. She received her MSN from Grand Canyon University Phoenix, Arizona, 2012, BSN from the University of the District of Columbia, 2008 and currently a DNP candidate at Walden University.

How Technology is Changing the Nursing Classroom: Embrace it!

G. Elaine Patterson, EdD, MA, FNP-C, CNE
Patrick Mattis, DNP, MSCS, RN-BC, CNE, CPHIMS

NURSE EDUCATORS are consistently exploring new ways of improving classroom experiences for their students. No longer is it acceptable to make excuses such as “there is just too much content to be covered.” Neither is it acceptable to only lecture from the podium using the dreaded PowerPoint®. This article describes some innovative ways that nurse faculty are using technology to make learning more interesting and more congruent to the overall experiences of the younger generation of nursing students. It also introduces several, not so frequently used, technology tools that are now on the horizon.

FLIPPING THE CLASSROOM

Berret (2012) describes what is popularly known as the ‘flipped classroom.’ In this concept, students are held accountable for accessing course content outside of the classroom through faculty prepared audio visual lectures. Students have the option to gain the information from a variety of sources conducive to the way they learn best. This learning can take place in dramatic or modest formats e.g., voice overs, YouTube® or online searches. In the classroom, students get the opportunity to spend individual time working with professors on what they have learned so far. During this time variety of teaching/learning strategies such as case studies and narrative pedagogy are employed. This is an ideal way of learning for Generation Y students who are known to respond well to coaching and reassurances as well as peer teaching. This ‘flipped classroom’ gives students the opportunity to express themselves in a less formal way, one in which they interact closely with peers as well as teachers. The literature reports many definitions, myths, and pros and cons of flipped teaching. Professors Tenneson and McGlasson of Evangel and Southwest Baptist universities summarizes the concept as one that “moves lecture material out of the classroom through online delivery... Extend conversation outside of class through threaded discussion, move ‘homework’ into the classroom where the instructor can serve as ‘guide;’ and use opened up time for discussion and practice.” (Baker, 2000)

So how is this done? One way is for educators to use technology tools such as Camtasia®, or Screen Chomps® to pre-record lectures or brief learning objectives for students to view before class (Scott, 2012). These lectures are posted on a course management platform for student to access at their leisure. Homework managers, like CengageNOW® also provide tools to prepare your students before class. It is no doubt that ‘Flipping the classroom’ leaves more class time available for hands on, collaborative, active-learning experiences.

THE SMART CLASSROOM

A second approach is to develop a smart classroom in which the teacher self-assess his or her learning styles and match the teaching with the appropriate and available technology. There are several technology tools that can enhance the classroom presentation while covering vast amounts of content in an interesting way. Most faculty are committed to their PowerPoint® lecture, however this modality is quickly being replaced by Prezi® a unique program which enables the educator to engage the student using a concept map and storytelling approach.

Other smart classroom tools such as PollEverywhere® allow for immediate feedback in the classroom as well as a way to stimulate students into participation. Clickers® are also being widely used to obtain immediate feedback on learning.

The widely popular YouTube® is often used to show short videos of what is being taught. It is important however for faculty to preview the video to the end before introducing it to students.

For faculty who love to move around the classroom while teaching, the program Doceri® can be used to transform the iPad into a mobile presenter. Many publishers resources such as ElsevierEvolve® can be utilized via the iPad. Well known tools such as Google docs, Google sites and Live-Binder® are quite useful when group projects are assigned as they allow for tracking group participation as well as storage of project content.

Finally, tools such as Livescribe® Pen allow for recording of presentations for future discussion and grading. Skype® and Facebook® chats are also recommended for group work, collaboration, tutoring and exam reviews

SUMMARY

These are just a few of the tools you can use in your Smart Classroom. There are many more available. Scott (2012) suggests when looking at technology tools for your courses, avoid using technology just because it is “new” or “cool”. Instead define the tool’s purpose, make sure it complements the activity, and aligns with your teaching style.

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Opportunities Abound for Advanced Nursing Careers for African-American Nurses

Dr. Ruena Norman

THE FUTURE LOOKS bright for career advancement opportunities for nurses. With the passage of the 2010 Affordable Care Act expected to create high demand for nurse practitioners, the value of a progressive nursing education has exponentially increased. The global policy think tank, RAND Corporation, estimates that the number of nurse practitioners will nearly double by 2025. This demand is further triggered by the critical shortage of primary care physicians of as many as 63,000 too few doctors by 2015, according to the Association of American Medical Colleges.

With tens of millions of previously uninsured Americans projected to enter the health care delivery system over the next few years, nurse practitioners are in a critical position to meet changing healthcare demands. As the anticipated shortfall of primary-care providers threatens the system's capabilities, more nurses will be expected to pursue advanced nursing degrees.

Given the high percentage of health disparities that occur in minority communities and chronic health conditions such as hypertension and diabetes, having the cultural competence and education can be more effective in preventative healthcare. As such, there will be greater need for African-American nurse practitioners who have training, expertise, and cultural sensitivity to effectively treat patients.

In response to this rising demand for nurse practitioners, the School of Nursing at Florida A&M University has already seen an increased interest in becoming nurse practitioners by

our undergraduate student population. Our current graduate level curriculum incorporates competencies and standards essential for preparation as a nurse practitioner in one of two tracks - adult/gerontology and women's health.

We are now expanding our nursing program to offer an online Master of Science in Nursing (MSN). This provides an opportunity for nurses, particularly African-American, to prepare to meet primary health needs. Our online MSN program allows flexibility for nurses who want to advance their careers that already work in the field. Although it is online, the program emphasizes and requires the same rigor of clinical practicums, with supervised preceptors in the student's home location.

As African-American and minority nurses, it is important that we are continually aware of contemporary trends in health care and prepare to meet market demands. The future has never been better for career advancement as a nurse practitioner.

Dr. Ruena Norman

Interim Dean, Florida A&M University School of Nursing



Dr. G. Elaine Patterson is a Professor of Nursing at Ramapo College of New Jersey and member of the Concerned Black Nurses of Neward. Dr. Patterson teaches in the graduate and undergraduate programs and is an expert in the area of maternal child health and high-risk perinatal nursing.



Dr. Patrick Mattis is a fulltime Assistant Professor & Director Technology Integration at the University of Medicine and Dentistry of New Jersey (UMDNJ) School of Nursing. He is a Dr. His main academic focus is on integrating technology into the nursing curriculum.

Nursing Students Educational Journeys

Increasing Diversity: Academic Success in Nursing School

Cassie Gardner, ADN, RN
 Andretta Griffin-Maxwell, BSN, RN
 Martha A. Dawson, DNP, RN, FACHE

TELLING ONE'S PERSONAL story is an excellent way of giving voice to silent issues and problems that could derail a student's career aspirations. If the profession of nursing is committed to improving workforce diversity, then, an evidence-based approach must be implemented that includes early screening, detection and interventions for students who need assistance to succeed. The goal must be to ensure admission, progression and graduation of underrepresented minority (URM) students. Helping students become successful in achieving their first degree can build their confidence to continue their education to the master's and doctorate level. This article summarizes the academic journeys of two recent graduate nursing students, and discusses academic barriers some students face once they matriculate from the pre-nursing phase into a nursing program.

I DID NOT KNOW, WHAT I DID NOT KNOW.

May 19, 2012, I attended a professional nursing conference that was sponsored by the Black Nurses Association of Greater Cincinnati. The conference theme was "Pathways to Higher Education." As a nursing student, I was excited to be in the presence of professional nurses. The three speakers at the conference were outstanding. They talked about the future of nursing, the importance of life-long learning and the need for continuous professional development. Each speaker shared his/her struggles and joys of nursing schools, but more importantly, they discussed how to become a successful and productive professional and ways to give back to the profession and help others. Their stories of success opened my eyes and ignited my spirit; yes, I could and would achieve my dreams.

I am sharing my story in hope that others will read it and know not to give up when it seems impossible to obtain your goals. One of the speakers at the May 19 conference encouraged me to give my experience a voice to help others. My name is Cassie Gardner. I am a nursing student in an associate degree in nursing (ADN) program. This nursing program is operated as a hospital-based school. I, similar to one of the speakers, have always wanted to be a nurse. I had the academic credentials to boost my opportunities to achieve my goals of entering and graduating from nursing school. I graduated from high schools with a record of having earned A's and B's from grade school. With such an exemplary school record, my family and I assumed that my level of performance would continue and that I would excel in college.

In 2008, I started college and to my surprise, I learned that I struggled with test taking. Not only was I shocked that I was not performing well in class, but I was at a loss as to how to move forward and what should be my next steps. No one informed

me of available resources. I did not know if there were tutoring or academic assistance programs available on campus. For the first time in my life, I found myself on a path of academic failure. One particular professor encouraged me to seek help for a "learning disability." How could I go from A's and B's to being told that I may have a learning disability; it was unbelievable. Of course, this feedback only added to my fear, confusion and frustration. Not having an academic support system led to my worse fear of failing nursing school. Although I passed my clinical course, I failed the theory course. The failure of the theory course led to my dismissal from the nursing program.

Being dismissed from nursing school started an entirely new set of emotions and experiences that were moving me farther and farther away from my dream, and the stress and sense of failure were making life less than what I had planned for my future. Then, in the summer of 2009, I was diagnosed with Combined Attention Deficit Hyperactivity Disorder (ADHD). Due to my previous outstanding academic history and no behavioral issues during my primary education years, my family and I were in a state of complete denial. I was considering the possibility of quitting, giving up on my dream and not living up to my full potential. My family and peers had always held high expectation of me. Therefore, I had the added pressure of letting them down. At least, the diagnosis gave me something to work with and a place to start correcting the issue. I tried different medications and treatment regimens. Finally, I found a medication that works for me. I was also fortunate to have nursing professors who did not give up on me.

For two years, my professors worked with me and helped me return to school to pursue my dream of becoming a nurse. Since returning to school, I have accepted some things, and these things have contributed to my progression in the nursing program. I have accepted that I am not your normal student and that I am a different learner. I have learned to adapt my study routines and seek out environments that are conducive to my learning style. My professors have nothing but excellent things to say about me clinically and personally. I owe my success to them caring, being patient and compassionate about their students. I know that I am one of the fortunate students to have had faculty members who cared beyond their classroom responsibilities.

At the Cincinnati Conference, not only did I receive encouragement, but I was also given a network and platform to graduate and become successful in continuing my education to achieve all that I wanted to become as a professional nurse. I am glad to be where I am today. I graduated December 2012 with my associate degree in nursing. In January 2013, I started

the second phase of my career by entering a registered nurse (RN) to Bachelor of Science in nursing (BSN) program. Dr. Martha Dawson spoke about the importance of continuing your education when she gave an overview of the Institute of Medicine (IOM), Robert Wood Johnson's Future of Nursing Report. I plan to continue my education to the doctorate of nursing level with the hope of becoming a certified nurse anesthetist. I was so impressed with the educational conference provided by the Cincinnati chapter that I attended the 2012 National Black Nurses Association Annual Education Conference in Orlando, Florida. It was an awesome experience.

PERSONAL ADJUSTMENTS TO AVOID FAILURE

August 2009 was the beginning of my nursing school journey, and the onset of many challenges that I had to face. My name is Andretta Griffin-Maxwell. I am a recent graduate from a BSN program. During my nursing education, I was accepted into a federal government funded program that was supported by the Health Resources and Services Administration (HRSA) Workforce Diversity (WFD) grant. The program was Enrichment for Academic Nursing Success (EANS). I was selected with nine junior level nursing students to participate in the EANS program. My group was the third cohort of students to be selected for participation in this program. Faculty and staff of this program provided a three-day intensive orientation; they explained the requirements of what it took to be successful in nursing school. A panel of faculty, professional nurses, and previous and current nursing students shared their stories and journey with us. Nevertheless, after the first two to three weeks in the program, the challenges I faced in nursing school were so overpowering that I felt like I needed to change majors and change school.

I cried, which seemed like every day, because the workload was extremely demanding and seemed unbearable. I wanted to give up. I was devastated, depressed, and disappointed with myself for not being able to handle the challenge and the transition from pre-nursing to nursing school. As the weeks passed, things went from bad to worst. I fell behind in reading assignments; I could not comprehend the materials, and I was failing all tests, and my clinical performance had deteriorated. The EANS program faculty was meeting with students weekly to access their performance and provide assistance as needed. However, I continued to struggle with managing my time, course workload, and spiritual health. Although I was receiving support and help, I was suffering, and I needed more help. I wanted my life back; the joy, peace, happiness, motivation, and the determination I had in pre-nursing. I wanted the frown to reverse back into the smile I once had prior to entering the nursing program.

Therefore, I began to turn to my faith and pray. If I was going to be successful, I needed more help and guidance. The EANS project director (principal investigator) and the program faculty facilitator began to provide me with more individualized time. The project director was also my advisor. She and I had a crucial conversation where she explained upfront that some of things she would advise might sound hard and difficult for me to hear and accept. She quickly identified that extra curricula activities and time management were major factors contributing to my academic problems. She advised me, for financial

reasons, to move out of my apartment and move back home. She discussed also the fact that I needed to withdraw from the ROTC, and met with the advisor and me. The ROTC was important to me because I wanted to join some branch of the arms services, and it was a major source of financial support to fund my education. Next, she explained that I needed to reduce the amount of time I was spending on my hair and nails. Although these decisions were tough and the advice sounded harsh, I trusted her advice because she had a caring attitude. She stated her advice was the same she would give her own daughter. I knew in order to be successful, I had to let go of some things and focus on what I wanted most in life. I followed all of her advice. She advised me to meet with the faculty facilitator and follow the action plan that they would put in place for me. She also arranged for me to have an independent study course with the faculty advisor.

The faculty facilitator was very passionate and was willing to help me with my academic struggles. We did weekly one-on-one study sessions. The study sessions helped me realize what I was doing wrong, and why I could not comprehend the material. I discovered that I was not actively reading the information, not paying attention to key words, ignoring medical terms that I did not understand, and using the wrong techniques for studying. Once we identified my problems, things started falling into place. I had begun to realize that the challenges were not to destroy me, but I had to unlearn some study habits, and learn new methods of understanding and apply the course content to clinical situations. One of the best lessons I learned was that I was not studying to pass an exam, but my performance on exams demonstrated that I had mastered the content so I could apply the knowledge to real life situations. As the project director reminded me studying and taking exams was not for earning a grade, but the grade was the by-product of my learning. By my third semester, my smile and self-confidence returned, and I begin to share what I had learned with other students. The support from the EANS program and faculty was the cornerstone of my success in nursing school. Since graduation, nurses in the Birmingham Black Nurses Association (BBNA) have become my professional mentors, support system, and the network for my first nursing job.

LESSON FOR ACADEMIA

Academic problems often surface for the first time when students start taking nursing courses and going to clinicals. Students might have difficulty with reading comprehension, test taking anxiety, knowledge application, time management and critical thinking skills. For many students, memorizing material has been their primary study method to prepare for exams in high school and in many of their pre-nursing college courses. Memorization does not lead to learning and successful test taking in science-based professions because course information is the building block for the application of learned content in clinical and lab settings. In addition, prior semester learning becomes the foundation for introduction of new ideas and concepts in the next semester and future courses. Therefore, information must be retained and used as knowledge by students as they progress in the nursing curriculum from fundamental to advanced courses. Nursing programs and other

professional schools do not allocate resources for remediation in basic college courses or provide tutorial assistance for struggling students. The Division of Nursing, Bureau of Health Professions, Health Resources and Services Administration is awarding grants to schools of nursing to increase the number of nurses from disadvantaged and minority population who successfully matriculate and graduate with a BSN degree. The goal is that by increasing diversity in nursing access to care, quality of care and the delivery of culturally competent care will improve.

Faculty must appreciate cultural and learning style differences that may affect students' performances. As was the case with Cassie and Andretta, great nursing professors and instructors will look for an underlying cause of a student's problem. Student-centered faculty also will provide unpleasant feedback in a way that is supportive and not demeaning. In *A Blueprint for Reform: The Reauthorization of the Elementary and Secondary Education Act (2010)*, it was clearly stated that great teachers, not the color of students skin or their parents income, that determine student success. This report called for reform of the US education system to ensure that every student graduate ready for a college education and a career.

Smith, Williams-Jones, Lewis-Trabeaux, and Mitchell (2012) identified students' perceptions of facilitators and barriers that affect academic success. These authors reported that such factors as faculty encouragement, faculty availability, using different learning methods, obtaining assistance at the problem solving and analysis level, and self-directed learning behaviors were important factors to help students with their academic performance. Helping students from underrepresented backgrounds to identify and capitalize on their learning styles can be critical to success in matriculating and graduating from nursing programs. Some students may have to unlearn certain study habits and identify new learning styles to help them succeed. Peer-to-peer mentoring has also improved nursing students performance. The EANS program was designed so that senior cohorts would mentor incoming junior cohorts, and there were peer mentoring within the cohorts.

To improve their chance of admission to nursing programs and to successfully navigate the nursing curriculum, pre-nursing students should work with their college advisors to determine their areas of weaknesses, strengths, opportunities, and threats. If learning and academic deficiencies are identified early, students can receive help prior to entering nursing programs. Faculty and pre-nursing advisors must remember that schools in America are not all created equally, and many students arrive at college under prepared for the rigors of college level study and the demands of more self-directive learning behaviors from students. Therefore, these students should be guided to campus resources early in their college life. Pre-nursing advisors should help develop plans to address identified deficits and connect students to nursing advisors.

Nursing programs and the literature have documented that pre-nursing grades and performance in science courses are positive predictors of how well students will perform in nursing school and the likelihood the students will graduate (Seago, Keane, Chen, Spetz and Grumbach, 2012). Adding to the students' struggle to succeed academically are other barriers

that have been well documented in nursing and other literature. Loftin, Newman, Dumas, Gilden, and Bond (2012) provided a thorough review of the literature that addressed barriers that URM students face in nursing schools. Their review included articles that studied experiences of African Americans, Native Americans, Hispanics, Asian, and international nursing students. The review identified a list of barriers that URM students face. These barriers included culture isolation and loneliness, family issues, emotional and moral support, financial needs, discrimination and racism. In their study, Smith, Williams-Jones, Lewis-Trabeaux, and Mitchell (2012) listed five factors that could contribute to students' failure to progress in nursing school. Factors identified in these author's study that could become barriers to student success included academic workload, test-taking anxiety, financial worries, family responsibilities, and working.

In conversations with the students highlighted in this article, each student reported experiencing at least four of these five factors or all five. Students from URM groups, including males, also reported stereotyping by their faculty, peers and patients. Many nursing programs are proactively trying to address the needs of URM students. Socialization, acceptance by peers and faculty, and a feeling of inclusiveness and being respected as a part of the team are also important contributors to students' success, (Smith, Williams-Jones, Lewis-Trabeaux, and Mitchell, 2012; Loftin, Newman, Dumas, Gilden, and Bond, 2012). *A Blueprint for Reform: The Reauthorization of the Elementary and Secondary Education Act (2010)*, call for us to prepare students success, the rigor of learning and meeting the needs of students. Professional school must begin to learn why some students from URM excel and others do not. Our focus need to shift from what a student cannot do to helping students get ready to succeed.

SUMMARY

To improve students chance of matriculating and graduating from nursing schools, a lot of work needs to occur prior to students' admission to nursing program. Therefore, nursing program administrators must begin to develop interprofessional curriculum designs that include exposing students to application and team-based style learning in their pre-nursing science and liberal art courses. Pre-nursing students must understand that their pre-nursing science and math courses provide the foundation for their nursing courses. Therefore, they need to understand the concepts presented in these courses to help them with knowledge application and learning in their core nursing classes.

Nursing associations can play a major role in helping URM students by developing tutoring and mentoring programs. Many chapters of NBNA have experience with designing, implementing, and supporting mentorship programs that are aimed at increasing the progression and graduation rates of students. These chapters have created partnerships with community colleges and universities. The NBNA and affiliated chapters have a critical role in increasing nursing diversity and helping the profession to achieve the IOM mandate of 80% BSN prepared nurses by 2020, and a 50% increase in the number of nurses with a terminal doctorate degree.

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LEFT TO RIGHT:

Cassie Gardner, ADN, RN, is a member of the Black Nurses Association of Greater Cincinnati.

Andretta Griffin-Maxwell, BSN, RN, is a member of the Birmingham Black Nurses Association.

Martha A. Dawson, DNP, RN, FACHE, NBNA Board Member and BBNA member, is an Assistant Professor, University of Alabama at Birmingham School of Nursing.

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TENURED/TENURE-TRACK FACULTY POSITIONS AT WASHINGTON STATE UNIVERSITY COLLEGE OF NURSING

Washington State University College of Nursing provides high quality and accessible education to baccalaureate, master's, and doctoral nursing students. The college is seeking applications from:

- Individuals who are **nurse scholars with an active program of clinical research and an interest in teaching and mentoring** both health professional students and practicing clinicians, for a shared position with Washington State University College of Nursing and Providence Health Care at the rank of Assistant Professor, Associate Professor, or Full Professor.
- Individuals with an earned doctoral degree, **particularly with specialization in biostatistical methodologies that support clinical trials research**. Special consideration will be given to candidates who have proficiency in missing data and adaptive design strategies for a tenure-track position at the rank of Assistant Professor.
- Individuals with an earned doctoral degree, **particularly individuals prepared as Advanced Practice Nurses (APNs) with specialization as a Family Nurse Practitioner or Psychiatric Mental Health Nurse Practitioner**. Tenure-track/tenured positions are offered at the rank of Assistant Professor, Associate Professor, or Full Professor.

All three positions are located in Spokane, Washington. Salary, rank, and tenure status are dependent upon experience and qualifications.

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Position will remain open until suitable candidates are identified. Screening begins immediately and will remain open until suitable candidates are identified.

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nursing.wsu.edu

Making a Difference in Nursing: Cultivating the Next Generation of Minority Nurse Leaders

Dorothy L. Powell, EdD, RN, FAAN
 Brigit M. Carter, PhD, MSN, RN, CCRN
 Julie Cusatis, BS

THE DUKE UNIVERSITY Making a Difference in Nursing II (MADIN II) Program is cultivating the next generation of minority nurse leaders. Adapted from the highly successful Meyerhoff Scholars Program (University of Maryland Baltimore County), MADIN II, a federally funded nursing workforce diversity initiative, seeks to increase the enrollment, graduation, and licensure rates of underrepresented minority students in the Accelerated Bachelor of Science in Nursing (ABSN) program at Duke University School of Nursing.

MADIN II scholars are high achieving/high potential recent college graduates from diverse and/or economically disadvantaged backgrounds. Stemming from the foundational program tenet 'to begin with the end in mind' (Stephen Covey), scholars have a commitment to leadership and desire to pursue the highest levels of nursing and healthcare service, research, education and practice.

MADIN II consists of pre-entry a (Summer Socialization to Nursing Program), retention (Succeed to Excellence Program), and financial support component. Committed to developing the whole person, MADIN II's methodology include provision of support services that contribute to the Scholar's academic success.

Seventeen students from MADIN II's 2011 and 2012 cohorts have matriculated into the Duke ABSN program and maintain GPAs ranging from 3.33 - 4.0. Four cohort 2011 scholars will be graduating in December 2012, and seven cohort 2012 scholars are successfully progressing through their first semester.

Among the impressive accomplishments of these scholars:

- 2 Sigma Theta Tau Inductees
- 2 elected class leaders
- 3 participated in global health experiences:
 - 2 to City of Hope, Tanzania, Africa
 - 1 to Nicaragua
- 1 tutor for Pathophysiology
- 1 attended the WHO Summit in Geneva Switzerland
- 2 presented at NBNA Conference in Orlando, Florida

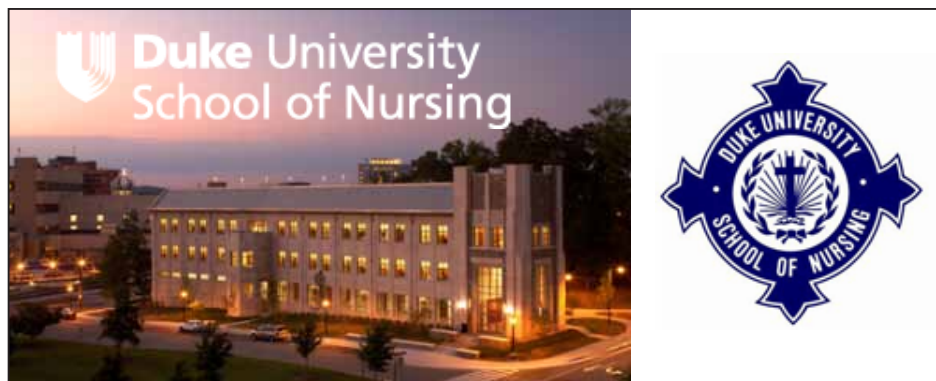
The MADIN II model shows promise of being a successful strategy for addressing the shortage of underrepresented minorities in the nursing workforce and as a mechanism for rapidly steering talented URM s toward advanced education and leadership.

For more information visit: nursing.duke.edu/madin.

Dr. Dorothy L. Powell is a Professor and Associate Dean for Global & Community Health Initiatives and Program Director, Making A Difference in Nursing (MADIN II) at Duke University School of Nursing in Durham, NC.

Dr. Brigit M. Carter is an Assistant Professor and Academic Program Coordinator, Making A Difference in Nursing (MADIN II) at Duke University School of Nursing in Durham, NC.

Julie Cusatis is the Program Coordinator, Making A Difference in Nursing (MADIN II) at Duke University School of Nursing in Durham, NC.





Duke University School of Nursing MADIN II Scholars-cohort 2012 (left to right) Shedeline Charles, Wana Lucate, Jessica Creel, Danna Alvarado, Monique Smith, Elob Teklie, Anna Gonzales, Kevin Gulledge

EXPECTED OUTCOMES

STRATEGIES

Aspire Toward Advanced Degrees	<ul style="list-style-type: none"> • Recruitment targets/strategies • Setting career goals and academic trajectory • Orient to MSN, DPN, and PhD education in Nursing; • Role models, research mentors
Achieve Academic Excellence	<ul style="list-style-type: none"> • Mentoring • Tutoring and writing assistance • Academic advising • Ongoing test taking strategies • Study groups
Experience NCLEX Success	<ul style="list-style-type: none"> • NCLEX prep • Study groups
Develop Leadership Attributes	<ul style="list-style-type: none"> • Building social & networking skills • Expanding comfort zones • Teambuilding • Professional Meetings • Delivery of scholarly papers • Interact with nurse leaders
Value Community Engagement	<ul style="list-style-type: none"> • Community service • Global experiences
Enhance Research Skills	<ul style="list-style-type: none"> • Mentored research project • Scholarly presentations
Assume Personal Responsibility	<ul style="list-style-type: none"> • Attendance/participation policies • Commitment to others
Strengthen Self Confidence Through Social Support	<ul style="list-style-type: none"> • Group, team, culture/social events • "Mama and Papa" Mentors • Spiritual enlightenment • MADIN II Program and ABSN faculty encouragement

Getting to the Soul of the Matter

NBNA/United Health Foundation 2012 Scholar

CPT Angela Iyanobor, BSN

THE UNITED HEALTH Foundation currently has four priorities they're working on to include: Creating Healthier Communities, Expanding Access to Care, Nurturing Our Future Health Workforce, and Improving Medical Outcomes. As I sit in my nurse practitioner course, I am a little disgruntled because so many of the preventable diseases I am learning about have African American descent as a risk factor. "Why is that?" I ask myself, "What can I do personally to help my community live healthier, longer lives?" I decided to do what my grandmother always talked about which was to start at home.

I decided to start with the Creating Healthier Communities priority. The first thing that comes to mind for me is Soul Food. I am from Mississippi and oh how we love our food. I am also part Nigerian and oh how they love their food as well. It's our culture. We socialize and fellowship with food. That's how many mothers and grandmothers show their love for family and friends through cooking delicious (but often not so healthy) meals. Now we just need to find a way to turn those mouthwatering meals into healthier versions. When talking to members of my family, eating healthy was considered eating bland and tasteless foods.

Since I love to cook and plan family gatherings when I'm in town, I thought this would be a perfect opportunity to convince them otherwise. My menu included grilled shrimp cocktail with yellow gazpacho salsa, roasted vegetables, quinoa salad, crab empanadas with mango salsa, and for dessert, fruit pizza. I did not tell them about my menu switch because I knew they would complain and beg for the usual fried chicken, candied yams, macaroni with cheese, and my famous banana pudding. Everyone showed up and whispered amongst themselves that Angela had gone off to Hawaii and lost her mind because there was no way they were going to eat this! As I playfully shoved a spoonful of quinoa salad into my favorite uncle's mouth, we all awaited his verdict. He chewed, deliberated, and chewed some more. And ta da! I got a smile and a nod of approval. Once everyone saw him fixing a plate they all began to fix their plates, some still with skepticism. I had a huge grin on my face as I was witnessing right before my eyes the start of something new!

I proceeded with caution but I began my lecture on how African Americans have the highest rates of hypertension, dyslipidemia, diabetes, and obesity; all of which can be prevented and/or controlled with proper diet and exercise. My sister suggested we incorporate new fruits and vegetables into our diet at least once a month. This turned into a recipe sharing conversation among the women.

There you have it! I was able to turn my Soul Food loving family into one that isn't afraid to try new foods, understands the importance of lifestyle modification, and will hopefully decrease their chances of being diagnosed with a preventable disease. This simple gathering has even caused a ripple effect. My family members are taking the new healthier recipes to work with them which it creating a buzz amongst their coworkers. Who knew people in the south would get so excited about their health!

Everyone can all take small steps to make our community healthier. Just starting with our own family and friends is a great and effective start. There are so many national initiatives already in place that we have endless resources at our fingertips. All it takes is one person getting disgruntled about seeing African American descent as a risk factor for yet another preventable disease. Hopefully I'll have a lot of disgruntled readers at the end of my article. God bless!



Nursing from the Eye of a New Nurse: A Personal Perspective

NBNA/United Health Foundation 2012 Scholar

Harpreet Singh-Gill, RN

NURSING IS an exciting profession that is constantly evolving in order to improve patient outcomes and increase the effectiveness of patient care. However, one aspect of nursing that remains consistent is the compassion and empathy that define the scope of nursing. In order to continue growing as health care professionals and improve patient care; change must begin within ourselves by means of exploring our thoughts and perceptions and how our underlying experiences and beliefs impact patient care. The idea of what we think we become is an interesting concept to consider both professionally and personally in the field of nursing.

As a nurse we come across people of different races, beliefs, religions, socioeconomic status, thoughts and perceptions every single day. While caring for patient's we oftentimes bring in our own beliefs of what is right or wrong and good or bad when it comes to providing care for our patients. It's human nature to have subconscious thoughts that arise about things and people we come across every day.

During my clinical experience as a nursing student, I came across many experiences where I saw medical professionals making judgments about patients and at times I was guilty of this as well. I found myself thinking about how our own perceptions, beliefs, values and judgments may impact patient care. Are the women who live in poverty with no insurance treated differently than those who are successful? Our minds are so

powerful that we can make ourselves believe anything we want and those beliefs in turn impact the way we interact and treat people. If you want to believe that the mother who has not seen her baby in intensive care for three weeks is a horrible mother you can convince yourself to believe that and based upon that belief our interactions may be different than if she came to see her baby every single day. Now the question to consider is why this mother has not been able to see her baby is she depressed? Has she had a previous miscarriage and cannot bear to deal with the possibility of losing another child? Perhaps she does not have transportation or a babysitter at home? We don't know her story.

It's so important to consider the values that nursing is based upon when providing care. Although we are all different and our life experiences shape the people we become. One aspect that remains constant is that we are all human beings have the right to be treated with dignity, respect and compassion; regardless of our life story. Even though it may be human nature to make value judgments, it is important to be aware of how these judgments, our own beliefs and perceptions can impact patient care. Through awareness we can begin to make a change within each of ourselves and work towards achieving a common goal of providing dignified, respectful and compassionate care for all patients.



Shreveport Black Nurses Association Conducts Health Education Classes

NBNA/United Health Foundation 2012 Scholar

Alyea Marnia Minter Pollard



ON ANY GIVEN Tuesday evening from August to October and then February to April, you will find members of the SBNA at the Shreveport/Bossier Rescue Mission conducting Health Education Classes (HEC) for residents. Shreveport/Bossier Rescue Mission (SBRM) was founded in 1955 to provide shelter and a gospel service to men traveling through Shreveport, according to the SBRM website. As the need for more services grew, SBRM expanded and now, for over 25 years, has functioned as an ark of refuge for men, women, and families with children who are in need of food, shelter, and clothing. Pursuing the passion of Jesus Christ to lift up the hungry, homeless, abused, and addicted is the organization's mission and this mission is truly exemplified through every area of service provided at SBRM including the HEC taught and facilitated by devoted members of SBNA.

SBNA has consistently provided this service for four years through the leadership and facilitation of member, Pamela Simmons, PhD, RN. Amidst time constraints due to work, school, family, and other interests and priorities, members of SBNA remain strongly committed to providing the hour-long session once a week without fail. When asked why she continues to spearhead this service project, Dr. Simmons responded, "It truly fulfills a need in the community. Presenting the classes gives us an opportunity to share what we know with individuals who can benefit. And because it is a type of giving, we as members of SBNA, benefit by experiencing a sense of accomplishment and fulfillment – nurses love to help their fellow man or woman. It is a joy and privilege to serve the residents of the SBRM." SBNA President, Renee Lamb, RN commented, "When Dr. Simmons presented the proposal to SBNA the organization recognized how the HEC fit with our mission statement. We are reaching an underserved population in our community. Our reward is by the participants verbalizing their thanks as well as by seeing the positive changes they make in their and their families lives from the information received." A wide array of health topics are presented through slide presentations including: Hand washing & Other Hygiene Tips, Heart Health: Hypertension/CHF/

MI/Stroke, Diabetes, Mental Health: Bipolar, Depression, Stress & Addiction, Sexually Transmitted Infections, Healthy Eating, Nutrition Update, Respiratory Health: Asthma, TB, Flu, COPD, Dental Health and Hygiene Exercise, and Healthy Habits vs High Risk Habits. Male and female residents are taught in separate groups and each class consists of about 25 females and 35 males. HEC agenda includes a scripture, prayer, a pre-test, the lesson, and a post-test. Participants are given handheld devices called clickers to respond to pre- and post-test questions interactively so that responses can be logged and program effectiveness can be measured. The classes culminate with a celebration quiz bowl, which is always an exciting event. Residents are tested on all the materials presented in a fun, non-threatening way with personal items donated by SBNA members given as prizes.

Membership in SBNA helps to remind me of the importance of community service. I have also taught and facilitated Health Education Classes at SBRM. Compassion and empathy for people's lives follows Christ's model of love when He said in Matthew 22:37-39, we are to "love the Lord your God with all your heart and with all your soul and with all your mind. This is the first and greatest commandment, and the second is like it, love your neighbor as yourself." Understanding that concept helps me to realize that life is more than me and my agenda. There are people who are hurting and need help from all walks of life. I am assured of my place in society when I can view how my personal agenda and participation in SBNA initiatives makes the world better.

Alyea Marnia Minter Pollard, a native of Jackson, MS, is a graduate nursing student (concentration: Adult Nursing Education) at Northwestern State University in LA. She received her BS in Healthcare Administration from Jackson State University (2000) and BSN from Mississippi College (2003). She plans to further her studies to the doctoral level. She enjoys spending time with family, reading, and arts and crafts.

Strengthening the Ethnic and Racial Mix of Nursing Through Educational Reform

Kenya Beard, EdD, CNE, GNP-BC, NP-C, ACNP-BC
Assistant Professor



DESPITE NUMEROUS initiatives, federal funding, philanthropic support, and research findings that emphasize best practices to increase diversity in nursing, the nursing profession continues to struggle with graduating a population that mirrors the pluralistic society they serve. Specifically, the nursing profession has sought to increase the presence of underrepresented minorities (URM); African American, Hispanic and Native American. These URM constitute almost 30% of the United States' population (United States Census Bureau, 2011) yet the Bureau of Health Profession's (2010) 2008 survey of registered nurses reveals that they comprise less than 10% of the nursing workforce. High attrition rates, learning needs not being met and a shortage of minority faculty are just a few of the obstacles that continue to challenge efforts to increase minority representation in nursing.

It is widely accepted that increasing ethnic and racial diversity in nursing will help eliminate health care disparities. A diverse workforce is likely to improve the cultural climate of institutions and promote the delivery of culturally competent care. This does not suggest that only minorities can care for minorities. In contrast, it underscores the need for all health care professionals to increase their cultural competence so they are better positioned to meet the health care needs of a diverse population.

That being said, the National League of Nursing (2003) called for an educational reform that emphasizes the need for a change in paradigms. Reform efforts must include practices that consider the cultural competence of educators (National Education Association, 2008; Beard, 2009) and stress the significance of the teaching/pedagogy component of nursing education (National League for Nursing, 2003; Benner, 2009; American Association of Colleges of Nurses, 2011). Nursing institutions should adopt and evaluate reform measures that seek to promote a climate that is inclusive, meet the educational needs of all students and prepare students to deliver culturally competent care.

Multicultural education (ME) is a reform effort that has been used to restructure educational institutions and improve the cultural climate of schools. It has been used in teacher education and research suggests that it improves the academic outcomes of all students (Zirkel, 2008). It assumes that educators accept that diversity enriches our nation and provides us with opportunities to view perspectives from the experiences of others. It increases self-awareness and strengthens the educator's ability to create learning environments that meet the educational needs of diverse learners. More importantly, ME helps increase the graduation of a more diverse population.

With ME, two major paradigms are considered; deficiency and difference orientation. Sleeter and Grant (2009) reported that with deficiency orientation, some educators subscribe to the belief that URM are deficient in the right skills and knowledge. This approach to teaching supports low expectations and directs attention away from the evaluation and adoption of teaching strategies that promote equity in the classroom. Conversely, difference orientation recognizes the importance of having high expectations for all students and modifying instructional practices in a way that builds upon the strength of all students.

Banks (2008) conceptualized ME to help facilitate its adoption. He identified five dimensions of ME which include; Content Integration, Knowledge Construction, Prejudice Reduction, Empowering School Culture and Social Structure and Equity Pedagogy. Together these dimensions cultivate an environment that strengthens the cultural competence of both teacher and learner. The first dimension, Content Integration, examines the extent to which educators use experiences and beliefs of different cultures to illustrate key concepts. Knowledge Construction looks at how knowledge is created and helps faculty and students examine their personal attitudes towards diversity. Concepts are viewed from the perspectives of others and students are reminded that what is read is only one way of viewing things. The third dimension, Prejudice Reduction, focuses on eliminating destructive stereotypes and promoting cultural competence. With Empowering School Culture and Social Structure, institutions are challenged to uncover inequitable practices and hidden messages related to diversity that are silently portrayed to students. The last dimension, Equity Pedagogy, emphasizes and facilitates the modification of teaching methods in a way that facilitates the academic success of all students.

In closing, strengthening the ethnic and racial mix of nursing hinges upon the profession's ability to overcome numerous barriers to graduating URM. The Institute of Medicine's Report (2011), *The Future of Nursing, Leading Change, Advancing Health*, asserts that nursing education needs a transformation. However, it must be acknowledged that faculty play a pivotal role in this transformation and their willingness to implement requisite changes that facilitate the graduation of a diverse population is crucial. While ME is not a panacea, it provides a working plan to help advance the educational system. It empowers nurse educators to teach in a way that is culturally responsive, and enables them to graduate a diverse group of students who are better prepared to deliver culturally competent care. It is this author's hope that nursing will adopt ME and study its effectiveness in increasing diversity in nursing.

Pain in Different Cultures

Ora D. Williams, MGCA, BSN, RN
Atlanta Black Nurses Association, Inc.

CULTURAL DIFFERENCES in response to pain compound the inherent challenges of communication. All people experience pain similarly, however studies show there are differences in the way people express their pain. There are also differences in the expectations of the healthcare professionals' response to their discomfort.

PAIN: An unpleasant sensation occurring in varying degrees of severity as a consequence of injury, disease, or emotional disorder in which a person experiences discomfort, distress or suffering.

CULTURE: Social and behavioral influences on thoughts, communications, actions, beliefs, and customs of specific social groups. Culture is the framework that directs human behavior in a given situation.

- Physical expression of pain in humans is universal.
 - In all humans it is a stimulation of pain fibers that tell the brain when something is wrong.
 - Expression of pain is different between cultures.
 - Definitions, descriptions, and perceptions of pain are culturally specific.
 - Control of the expression of pain vary from society to society (Stoic vs. Expressive).
 - Pain is a learned behavior. Different cultures believe in different reasons for pain.
 - Psychological factors may mediate some of these ethnic differences.
 - There are cultural differences in medical treatment beliefs.
 - Pain is subjective and difficult to measure. Healthcare professionals may need to rely on nonverbal cues to assess pain in a patient.
- Factors that might influence pain management decisions:
 - Perception of pain by healthcare provider.
 - Communication regarding the presence of pain to the physician.
 - Assessment of pain intensity by the healthcare provider.
 - Physician pain medication strategies.
 - Minorities are less likely to receive pain medications. Reasons noted: Worry of pain medication abuse by some physicians, non-whites are often labeled as “drug seekers” and their pain is ignored.
 - Language barriers/communication: healthcare providers may not understand the level or scale of a patient’s pain.
 - Socioeconomical status.
 - Clinical assessment of pain.
 - Other cultural or religious barriers.

CAUCASIANS (IN AMERICAN CULTURE)

- Stoic (no pain=no gain)
- Caucasians are raised to be tough about pain—they may refuse pharmacologic treatment for this reason:
 - “Take it like a man”
 - “Rub some dirt on it”
 - “Keep a stiff upper lip”
- Practice modern western medicine

AFRICAN AMERICANS

- Typically express pain openly.
- “John Henryism”—a strong behavioral disposition to cope actively with stressors in the environment using hard work and determination with 3 basic factors:
 - Efficacious mental and physical vigor.
 - Strong commitment to hard work.
 - Single-minded determination to succeed.
- May avoid pain medication out of fear of addiction.
- May believe that pain results from societal transgressions .
 - Overstepping societal boundaries or limits.
- Alternate forms of medicine.
- Folk healers, magic or voodoo rituals.

HISPANICS/LATINO

- Expressive.
- Females are more expressive than males.
- May refuse pain medication out of courtesy.
- Have respect for authority and do not want to overwork or inconvenience the medical or nursing staff.
- May believe that the body has a Hot vs. Cold balance.
- Food, illness, and emotions have quality of being hot, cold, or neutral.
- Illnesses are treated with food or medicine that are of opposing qualities.
- Alternate forms of medication.
 - Herbals are a key part of home remedies.
 - Massage and spiritual rituals.
 - Traditional Mexican healers.

ASIANS/ASIAN AMERICANS

- Stoic and usually do not express pain openly.
- May refuse or not ask for pain medication.
 - Some have higher pain thresholds.
 - May fear addiction.
 - Taught self restraint.
 - Inconspicuousness is highly valued and the belief that the need of a group (hospital) is more important than the individual. Do not want to call attention to ones self.
 - Being Courteous. It is impolite to accept something the first time that it is offered.
- Balance between Yin and Yang
 - Yin: female principle that represents cold and darkness.
 - Yang: male principle that represents heat and light.
- Alternate forms of Medicine.
 - Traditional Eastern medicine.
 - Acupuncture, moxibustion and/or herbs.
 - Coin rubbing and cupping.

MIDDLE EASTERN

- Expressive.
- Often refuse pain meds.
 - Religious beliefs
 - Offering the pain to god.
 - Virtue in suffering.

Pain, continued from page 16

- Ayurvedic.
 - Balance between earth, water, fire, air, and ether.
- Alternate forms of medicine.
 - Food, minerals, and herbs.

TO BE CULTURALLY COMPETENT:

- Be aware of your own cultural and family values
- Be aware of the belief systems of other cultures
- Do not stereotype patients, but know and understand how other cultures view medicine
- Be aware and accept cultural differences between yourself and individual patients
- Be capable of understanding the dynamics of the difference *Don't confuse cultural differences with "drug seeking" behavior
- Be able to adapt to diversity
- Ask the patient about which type of therapy they prefer
 - Some believe that a more intrusive procedure is better.
 - Others believe that medicine needs to taste bad for it to be effective
- Many cultures will not ask for or refuse medications,* it may be the responsibility of the Health Care Provider to recognize and treat pain accordingly

- Religious or cultural beliefs
- Courtesy
- Fear of addiction and abuse
- Language barriers
- Need to rely on nonverbal cues (body language/facial expressions, vital signs, etc.)
- Stress the importance of taking pain medications /Educate patients on medication use, side effects and how to avoid addiction
 - Explain that the medication may be necessary for possible full recovery (ex. range of motion)
 - Can be comforting to a terminally ill patient when abuse is not an issue

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Racial Mix, continued from page 15

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Dr. Kenya Beard is an Assistant Professor at Hunter College in New York. She is also the president of K Beard & Associates, an NCLEX-RN review company. She is the 2012-14 Macy Faculty Scholar and is a board member of the Queens Chapter Black Nurses Association.

Breast Cancer Education Collaboration: Chicago Chapter NBNA and the University of Illinois at Chicago

Eva D. Smith, PhD, RN, FAAN, FIOE
Carol Estwing Ferrans, PhD, RN, FAAN
Carol Rimmer, BS, RN
Marilyn Willis, MS, RN

INTRODUCTION

For the past two years, the Chicago Chapter National Black Nurses Association (Community Partner) and the University of Illinois at Chicago (University Partner) have collaborated in the development and dissemination of a community based breast cancer education intervention for African American women (AAW) living in four medically underserved communities with high poverty indexes and high breast cancer mortality rates. Collaboration between University and Community Partners is recognized as an effective way to design and implement innovative and sustainable health programs that promote the health of the community.^{1,2} The breast cancer disparity between AAW and white women in Chicago is greater than other places in the USA. AAW's mortality rates are 116% higher than white women's rates^{3, 4, 5} and their mammography screening rates are lowest of all USA women.⁶ Regular mammography screening can reduce disparities in breast cancer mortality.⁷

THE BEATING BREAST CANCER PROGRAM

The Beating Breast Cancer Program (BBCP) [PI-Carol Ferrans, PHD, RN; (NIH-NIA P30 AG022849; NIH-NCI P50 CA106743; IMHHD P60 MD003424] was initiated in 2010 as a 4-year academic-community collaborative venture. The purpose is to develop and disseminate a community-wide intervention for AAW, designed to increase early detection of breast cancer, with two key components: a short film to address misconceptions about breast cancer and fears; and community navigation to find and obtain a no-cost or low-cost mammogram. The BBCP is supported by diverse local community organizations including the American Cancer Society-Illinois (ACS) and the National Black Leadership initiative on Cancer.

A core component of the BBCP intervention is a DVD, developed for this study, that addresses cultural beliefs and fears that have been identified as significant barriers to early detection practices. The DVD includes five AAW cancer survivors from different socioeconomic groups who address beliefs, fears, coping strategies and the significance of breast cancer early detection. The DVD received a National Telly award in 2011 and is endorsed by the American Cancer Society.

The intervention is implemented by registered nurses who are members of CCNBNA, Chi Eta Phi Nursing Sorority and Lambda Pi Alpha Nursing Sorority (Community Partner) who have received research ethics and BBCP training. These groups have long standing histories of health promotion and support of patients and community residents and, thus, are very suitable to implement the BBCP intervention. Each intervention session includes viewing the DVD followed by a discussion and completion of surveys to assess changes in attitudes and beliefs following the education session. Participants are

given tote bags with (1) information on breast cancer early detection, low-cost and no-cost mammograms and mammography and breast health and (2) a copy of the DVD to share with family, friends and others. The intervention is implemented in individual, small and large group settings where AAW gather. Women who desire navigation services are followed by a University staff.

On a day to day basis, the University Partner is responsible for the overall conduct and administration of the BBCP including: training of nurse educators and quality monitoring; identifying and selecting event venues; establishing effective communications with the nurse educators and the Community Partner coordinators; overseeing the implementation of scheduled events and initiating and maintaining relationships with key organizational representatives. All activities and functions are designed to support BBCP's goal to ensure an effective breast cancer program that increases mammography screening and enhances the well being of African- American women.

The Community Partner serves as the community advocate and is responsible for implementing the BBCP intervention, assessing the process and outcomes of educational sessions, communicating findings to Community Coordinators and the University Partner. Community coordinators serve as liaisons between nurse educators and the University partner by: (1) keeping open lines of communication with the University; (2) ensuring protocol adherence; (2) matching nurse educators with selected sites; and (3) ensuring nurse educators implement the intervention and assess outcomes of intervention sessions.

SUMMARY

The University-Community partnership is an appropriate approach for promoting mammography screening among AAW. Over the past 1.5 years, 245 BBCP sessions have been conducted with 4,750 women in attendance. Ninety nine percent of the AAW indicated the DVD was valuable; 89% stated they learned something new in the sessions; 85% reported the DVD helped them decide to get a mammogram; and 760 have requested assistance in finding affordable mammograms. Preliminary findings indicate education alone is not enough to promote mammography screening; 16% of the women requested navigation assistance in locating mammography and financial assistance.

The DVD is a core component of this intervention and is available for viewing at www.youtube.com/watch?v=tRTWd6dPQc8. Requests for copies for group viewing may be made to: Linda Graham, lgraham@uic.edu or 312-413-3695.

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RESOURCES

Beating Breast Cancer Program website: www.uic.edu/orgs/bbc

Beating Breast Cancer DVD (14 minutes) on YouTube: www.youtube.com/watch?v=tRTWd6dPQc8

Dr. Eva Smith is a semi-retired professor who continues to participate in research and breast cancer activities. She is co-investigator of the grant with the role of Coordinator of CCNBNA's sub-contract Beating Breast Cancer, coordinator of education for Sisters Network, Chicago and a support group facilitator for Gilda's Club, Chicago.

Dr. Carol Estwing Ferrans is a Professor and Associate Dean for Research, Co-Director, UIC Center of Excellence in Eliminating Health Disparities, Director, Community Engagement and Research Core, UIC Center for Clinical and Translational Science at the University of Illinois at Chicago

Carol Rimmer is the President of the Chicago Chapter National Black Nurses Association, PI- Beating Breast Cancer Project Subcontract to CCNBNA in Chicago, IL.

Marilyn Willis is the Project Administrator, Beating Breast Cancer Program, University of Illinois at Chicago.

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Debbie Chatman Bryant, DNP, RN, Works to Stop Cancer Before It Starts

ROBERT WOOD Johnson Foundation Honors Debbie Chatman Bryant, DNP, RN, with a 2012 Community Health Leaders Award. As a nurse who witnessed how cancer and chronic disease ravaged patients, Debbie Chatman Bryant was determined to do something to help people in South Carolina's Low Country coastal region fight the disease. She found that change did not come easily.

"One of the biggest challenges we faced in treating low-income or uninsured patients was that even if we did manage to diagnose them in time, they would not come back for treatment," said Bryant, Director of the Hollings Cancer Center Outreach Services Program at the Medical University of South Carolina in Charleston. The program addresses cancer disparities among medically underserved populations in South Carolina's Low Country region.

"They were afraid of the cost and they didn't trust the system," she said. "So we needed to create a system patients would trust so they could get both diagnosed and treated." Bryant expanded outreach efforts and changed the communication approach.

She also wanted patients to be aware of clinical trials and other treatment options. She used a mobile screening van to link the region's community health centers to Hollings and to provide care in areas where there were very few or no providers.

For her determination to prevent and treat cancer among the medically underserved, Bryant has been named one of 10 recipients of the Robert Wood Johnson Foundation Community Health Leaders Award for 2012. The award honors exceptional men and women who have overcome significant obstacles to tackle some of the most challenging health and health care problems facing their communities. Bryant will receive the award during a ceremony in San Antonio on October 17.

"When we find something abnormal, we immediately connect the patient with a 'lay navigator,'" said Bryant. Navigators make sure the patient makes diagnostic follow-up and treatment appointments. "And if not," said Bryant, "we literally drive to their house and knock on the door."

Bryant's efforts have paid off. The number of mobile-unit screenings increased from 1,300 in 2006 to over 2,000 in both 2010 and 2011. More than half of the patients screened were uninsured or underinsured, and nearly two-thirds of those served say they would not have been screened if not for the mobile van. The program has decreased the number of patients lost to follow-up from 11 percent in 2009 to less than 5 percent in 2010.

Janice Ford Griffin, national program director for Community Health Leaders, said the selection committee honored Bryant for her perseverance in innovating and executing strategies that respect and engage the diverse communities in the Low Country, and to treat these patients as active participants in realistic and practical steps to improve their health. "Dr. Bryant provides a crucial link in assuring residents' access

to information about clinical trials and other sophisticated medical concepts, while at the same time actively mentoring nursing and medical students with advice and support as they pursue their careers."

As a child growing up in South Carolina during the end of segregation, Bryant was the only African American in the classroom and was often ignored by teachers. It was her family who helped her to believe in herself. Nursing is Bryant's second career, and she says she never would have completed graduate school and her doctorate without her family's encouragement. She also believes that family is the key to promoting healthy behaviors. "I've seen families provide incredible support to one another in sickness. Now we need to support each other in health," Bryant said. "And that means making healthy foods part of our family traditions, or taking a walk together after a family meal. We can do this. We have to."

Thaddeus John Bell, MD, President and Chief Executive Officer of Closing the Gap in Health Care, Inc., wrote a letter supporting Bryant's nomination. "Debbie's commitment to improving processes, engaging stakeholders, and energizing individuals and organizations alike is more than commendable. I have witnessed firsthand her work in bringing attention to and overcoming barriers to cancer screening, early diagnosis, and treatment among our poor and underserved communities through her outreach and education work at the Hollings Cancer Center. On many occasions, because of Debbie's commitment to serving the underserved, I was able to refer patients to her program ensuring access to cancer treatment."

The Robert Wood Johnson Foundation has honored more than 200 Community Health Leaders since 1993. The work of the nine other 2012 recipients includes culturally appropriate care for Native Alaskan elders; a community initiative to reduce opioid abuse and drug overdoses in Wilkes County, N.C.; an initiative to connect refugees to mental health services in Seattle; a free health care clinic for the working poor in Little Rock, Ark.; a breast cancer awareness and treatment program for African immigrants in the Washington, D.C., area; support services for Latino survivors of sexual violence in Philadelphia; a project to promote healthy lifestyles and safe working conditions for immigrant workers in Los Angeles; an initiative to prevent childhood obesity in Garfield, N.J.; and an outreach program to assist older adults living at home in California's Sierra Nevada Mountains.



Debbie Chatman Bryant, DNP, RN, Assistant Director for Cancer Prevention, Control, and Outreach, Hollings Cancer Center at the Medical University of South Carolina, Charleston, S.C.

The Ethical Challenge of “Doing What Is Right” in the Nursing Setting

Ellen Glover Durant MSHSA, BS, RN



THE ETHICAL CHALLENGE of “doing what is right” in the nursing setting is one that is encountered many times throughout the work day by today’s nurses.

Obviously, conventional theories of ethics are very relevant in the nursing setting. For example, categorizing behavior, and in the instance of nurses, professional nursing behavior, as being ethically right if it involves acting “for the greatest good,” to “effect rightness” or for “what is just” and ethically wrong if it does not, is not only necessary, but, in my opinion, essential to good nursing.

What happens otherwise in the nursing setting when direct ethical issues of right or wrong become paramount? Indeed, this may be both the greatest ethical and professional challenge faced by nurses.

From my perspective, as a semi-retired, yet still practicing registered nurse of many years, perhaps the three most important ethical issues for nurses today, are:

1. Ethical issues arising from improper patient requests such as being given non-physician prescribed pharmaceuticals;
2. Ethical issues arising from co-worker created whistleblower opportunities such as a co-worker committing an act of patient abuse in the presence of other nurses and requesting them not to report it; and
3. Ethical issues arising from improper directions by supervisors or administrators such as a supervisor or administrator directing the endorsement or the provision of a non-prescribed treatment on a patient.

Accordingly, the ethical challenge of “doing what’s right” becomes all encompassing and allows for both ethical circumspection while additionally providing an ongoing opportunity for ethical enhancement. In terms of ethical nursing behavior, it provides guidelines for challenges centered on the principle ethical ideas of patient respect, professional responsibility and ethical results and outcomes. As applicable to the work of nurses in the healthcare setting, these three ideas are very useful as guidelines.

The idea of “patient respect” is reciprocal and helps to establish and maintain an atmosphere of consideration and appreciation for the basic humanity of every person. It reflects the “Golden Rule” and serves as the basis for my personal creed and professional approach to interacting and dealing with others, namely: “Treat everyone the way I expect to be treated.” This transcends the social class or circumstances. In my delivery of nursing care, a homeless person diagnosed with HIV/Aids would be cared for in no less a respectful fashion than a celebrity with a minor disorder. My respect for the basic humanity and dignity of all people extends to each of my patients.

The idea of “professional responsibility” is obligatory and entails an accepted obligation on my part to provide nursing care to patients in a dutiful way as required by my profession. It further says to me, ethically, that I am my brother’s keeper for whom I am responsible. It makes me feel ethically right to bear and fulfill this responsibility. This behavior is a strategy learned which enables nurses to provide patient satisfaction, timeliness and professional excellence. I always endeavor to carefully evaluate orders prescribed for patients in my care—that they will be effective and meaningful and not out of range. It is both my ethical and professional responsibility to be aware of the specific health needs of my individual patients.

Lastly, the idea of “ethical results” takes into account not only the “rightness” of end results of actions (i.e., the right or desired end), but also the course and nature of actions taken along the way... with the “means to achieving ends (being) just as important as the ends themselves.” As applied to nursing, this is a very workable maxim as well as an effective way of making ethical decisions based upon envisioned or anticipated results. An example of this would be the implementation of an ethnic diversity program designed to foster greater levels of respect for the common humanity of both patients and caregivers. In this scenario, the means to achieving ends are just as important as the ends themselves.

In conclusion, it is apparent that the ethical challenge of “doing what is right” is both endemic to the nursing profession and the nursing healthcare setting and, additionally, one that is encountered, and successfully addressed, many times throughout the work day by today’s nurses.

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Ellen Durant is a registered nurse at the Renaissance Long-Term Care Center and a member of the Chicago Chapter - National Black Nurses Association. Ellen was born, educated and clinically trained in Jamaica, West Indies. She migrated to the United States and followed educational preparation with ongoing academic and professional training in nursing and many years in the delivery of nursing care.

Nursing in Haiti, a Humbling Experience

Tonjua Sibley, BSN, RN

Black Nurses Association-Greater Phoenix Area

SEVERAL YEARS ago I was a recipient of a Black Nurses Association Scholarship as a student nurse. The members of my local chapter were phenomenal, inspiring women and one of the reasons I am the nurse I am today. This group of great women exhibited power, stability, and what I believed at the time was just what I needed in my life to help me become the nurse I desired to be. After becoming a nurse, I had a desire to use my medical skills to help those who needed it most, along with a passion to integrate my Christian faith with my medical skills to be able to join a mission trip abroad. The opportunity to do just that presented itself when talked with a co-worker and friend who had a passion for medical ministries in Haiti. She had been traveling there for several years as a nurse before and after the tragic earthquake, providing medical care at a clinic in northern Haiti. She was helping to put together a team to travel to Haitian Christian Ministries in Pillatre to work in a clinic for a week in January of 2011. I signed up, started to raise my needed support and learned about Haitian culture—having no idea what I was in for.

Haiti is one of the poorest countries in the Western Hemisphere. The average Haitian lives on about a dollar a day. The necessities we take for granted like clean water, electricity and access to healthcare are luxuries to most Haitians. I was able to treat patients in a clinic setting, providing care that would not otherwise be available to the people in the surrounding community. Our team worked with a Haitian doctor and nurse providing care to critically ill patients that had no other option for care. I, like my co-worker, was hooked and Haiti grabbed my heart!

My friend had the vision to take a team of nurses and doctors to a hospital in northern Haiti to try and form a relationship with the hospital in order to better serve the clinic in the community of Pillatre. There is no Emergency Medical Treatment and Active Labor Act, (EMTALA) in Haiti, no “we have to treat regardless of the ability to pay,” as in the U.S. In Haiti, it’s money up front or no care. Our goal was to make a relationship with the hospital, find out the costs of most care, operations, admissions and hospitalizations and then send those patients we see in the clinic to the hospital when the need presented itself. Once again, I signed up and became part of a team of 12 going to CRUDUM Hospital in Milot, Haiti, in October of 2011. Unlike working at the clinic, we had no idea what to expect. We were going to a hospital that no one on the team had ever been to. We had no idea who was going to pick us up at the airport, no idea where we would be working when we got there, all we knew was that we were there to form a relationship.

My friend and I were assigned to work in the intensive care unit (ICU). On our tour of the hospital, on our first day, we looked into the ICU to see 5 or 6 patients all appearing quite ill. One young lady who was 15 years old grabbed my heart. She



was covered from head to toe with blisters in various stages, some open and weeping, some scabbed over, her lips swollen grotesquely, and her eyes almost swollen shut. We were not scheduled to begin working until Monday morning (this was late on Saturday) and I felt sure that this young patient would not live long enough for me to care for her. However, Monday morning came and she was still there. I learned that the Haitian staff was unaware of what the young girl was suffering from and was treating her condition with intravenous antibiotics and little other care. We thought this to be Stephen Johnson Syndrome. My friend and I went to work bathing and attempting to debride the young girl’s wounds, I had never seen a patient so covered in sores, and there was not one spot on her body that had been spared.



Through an interpreter available to us, we told her that we were going to scrub her wounds in attempt to help her get better. I attempted to get her some pain medication prior to us starting this process. I asked and was told no by the nurse in charge of the ICU. There was a very limited supply of medication and it was saved for those who really needed it, and family who could afford to pay for it. I persisted, pushing for pain control for my patient. I finally got a doctor to allow me to give her tramadol IV—there was only one vile in the hospital.

The first day the process took about 45 minutes. The whole time this young lady grimaced in pain but never cried out, never complained, and even thanked us when we finished. Each day we came to work in the ICU we were greeted by a smile from the young lady. Each day we proceeded to scrub her wounds, treating them much like you would severe burns, debriding the dead tissue in hopes that healing would take place, all the time interacting with the Haitian nurses helping to teach them what we were doing and why. The Haitian girl continued to amaze us with her recovery and her amazing attitude. We asked if we could pray with her, she loved that and started to sing “Amazing Grace” in Creole. I sang right along with her, tears running down my face, as I continued to work on her wounds. Five days after we had first started to care for the young girl, she was almost fully recovered! She was to be discharged on Saturday, the day we were leaving. She hugged and thanked us for saving her life. What a privilege to care for such and inspiring young lady!

Our last night at the hospital in Milot, we had a Haitian party at the medical residence compound where we had slept each night—all the medical staff for the hospital lives on the compound. We had a great time with the Haitian medical staff, and were able to sit down and talk with the director of nursing from the hospital. She told us that we were one of the best teams they had had at the hospital. She loved the way we worked with the Haitian staff, never taking over, but working alongside of their nursing staff, respecting the culture and teaching them



as we cared for patients. She encouraged us to please return soon to continue teaching her staff. What a huge complement to our team! I was able to join another team this past June of 2012 that returned to CRUDUM Hospital to continue the meaningful relationship of care and compassion.

I am so humbled and honored to help the Haitian people through the use of my medical skills. I am also grateful for those placed in my path that have helped me to fulfill this life-long dream and passion. As a member of my local chapter I continue to advance my education, now pursuing my Masters to become a Family Nurse Practitioner. My desire is to run a clinic in a rural and under-privileged community here in the United States at the local level teaching disease preventive healthcare focusing on diabetes and childhood obesity and promoting healthy lifestyle living, and to return to Haiti as a nurse practitioner, teaching with cultural sensitivity and diversity, tailoring care to their specific needs.



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Growing Our Organization: Are there more efficient ways?

Azella C. Collins, MSN, RN, PRP

AS NBNA kicks off the 2013 Membership Campaign: **Join NBNA Today as We Lead Tomorrow Together**, here are some take-home points that may help with the recruitment and retention of members. I have noticed three trends within the organizations to which I belong. Those with dwindling membership are operating as if technology has not evolved. Those with thriving membership use technology to recruit, reclaim and retain. Those with a balance of both worlds have a loyal membership base. The following points indicate local and national activity. As I study the mailings of the organization with over 30,000 members I see:

- Systematic use of colors and philosophy on each document;
 - Systematic use of colors and philosophy on membership forms, letters, and welcome kits;
 - Membership marketing e-mail blasts on a recurring and ad hoc basis (I received one that said..."You have not attended a meeting since you retired, I need you to _____by August 31, 2012" and a smiley face next to her signature, I completed the task);
 - Website design and layout to increase visibility of member benefits and sign up;
 - The journal, on-line training, and other benefits of membership services are visible no matter what website page you are on;
 - Real-time updates and reports of membership information especially bereavements, sickness and accomplishments;
 - Membership support staff that provide timely customer service to members—providing the right answers the first time to each member inquiry;
- Cyclical renewal mailings, notifications, and messaging to retain current members;
 - Integration of membership processes directly onto the website:
 - Online renewals and registration;
 - Members-only sections;
 - Secure online directories for networking with member contact information;
 - One-stop portal to cross-sell other products and services bundled with membership;
 - Integrated marketing communications across multiple channels (print, online, meetings, social media, etc.);
 - What I have received via email, USPS, and various blogs;
 - Monthly educational activities;
 - Continuous emails thanking me for service and continued membership;
 - Personal appeals to renew membership three months prior to current dues ending; and
 - Letters with boutique-type tea bags—NO solicitation for funds—HAVE a TEA on ME.

These organizations have my full support, I will complete a project or two each year and pay my dues on time. The personal touch works. There are many benefits of NBNA membership. Let's get busy and highlight them. The NBNA membership committee is here to serve you, bounce those ideas to the committee.

Under 40 Spotlight: Lindsey M. Harris, MSN, RN

Lindsey M. Harris serves as the Charge Nurse for the benign gynecology/gynecology oncology Unit at UAB Hospital. Ms. Harris has been the recipient of many awards that honor nursing excellence including, UAB Clinical Nursing Excellence Award, Baldwin Brown Making a Difference Award On Gynecology/Oncology, Ida V. Moffett Courage to Care Award, the National Black Staff Nurse Award, and the B-Metro Excellence in Nursing Award. Ms. Harris has served as Chair of the UAB Hospital Nursing Practice Congress that works to improve patient outcomes. Additionally, Ms. Harris completed the Evidence Based Nursing Practice Mentorship program completing several projects using evidence-based modules to increase nursing knowledge. The results were presented at the Quality and Safety Education for Nursing 2011 Conference. Lindsey is also a Geriatric Scholar at UAB Hospital. She is considered a unit expert within her geriatric population. A recent project included finding the symptom burdens of the geriatric patients

on the unit, which in turn improved post discharge outcomes of the geriatric patient.

Ms. Harris has been awarded many academic awards, including the Fred C. and Mary R. Koch Foundation Scholarship, Diversity Nursing Scholarship, and the Birmingham Black Nurses Association Scholarship. In December, 2011, Ms. Harris completed requirements for the Master of Science in Nursing/Family Nurse Practitioner degree from UAB.

Ms. Harris is very active in her church and community. The list includes Big Brothers/Big Sisters, MPower Ministries Medical Clinic, Urban Purpose, Lakeshore Foundation, Health and Wellness Ministry of New Life Interfaith Church, and is an active participant and speaker with the Birmingham Black Nurses Association. Ms. Harris's plans are to obtain the Doctor of Nursing Practice degree, and to continue to have an impact as a Family Nurse Practitioner.

The Birmingham Black Nurses Association (BBNA)

Seeing the need to increase breast cancer awareness, encourage women to get early breast cancer screening and to decrease the incidence of the number of African American women dying from breast cancer deaths, the BBNA Breast Cancer Initiative committee was formed. The members of the committee are **Carthenia Jefferson, RN, Esq.**, Program Director; **Martha Dawson, DNP, RN, FACHE** and **Tammy Davis, RN**.

The Birmingham BNA Breast Cancer Initiative (BBNA BCI) committee applied for and received a \$1,000 small capacity grant from the Susan G. Komen North Central Alabama Affiliate chapter.

The small capacity grant funds will be used to increase breast cancer awareness education and increase breast cancer early detection and screening among underrepresented African American females in the South Western Corner (SWC)/Black Belt Counties and Jefferson Counties. The aim of the initiative is to: 1) provide cultural appropriate breast cancer education on early detection, screening, risk factors and prevention; 2) develop grassroot initiatives with faith-based and community agencies to do Each One, Teach One: train-the-trainer breast health and cancer awareness local conferences and local community service health fairs and events.

The program activities include: 1) Each One, Teach One: train the trainer breast health and cancer awareness conference/seminars that include healthy lifestyle education; 2) breast health and cancer awareness education sessions at health fairs and community events, and 3) breast cancer and family survivorship education. In the Each One, Teach One: Train the Trainer Program, healthcare providers and women are trained on methods of early breast cancer detection, screening, risks factors and prevention. The persons who have been trained are challenged to teach other healthcare providers/women in the community. Competencies of the healthcare providers/women who have been trained are evaluated through pre and post-tests. Healthy lifestyle education that is taught during the train the trainer and health fair sessions include: Diabetes prevention and care, Stroke prevention, Drug management, Healthy eating, Health/Legal literacy promotion, Living Wills, and Career options. Breast cancer survivors are identified. The breast cancer survivors and their family members are offered educational information about treatment options and aftercare/survivorship.

The BBNA BCI committee: 1) provided two (2) Each One, Teach One: train-the-trainer breast health and breast cancer awareness 3.5 hour conference sessions on breast cancer awareness education and breast cancer survivor and family education to nurses in March and October of this year. 2) attended over ten (10) health fairs and/or community service events teaching women and men about breast cancer awareness and the importance of early screening, healthy lifestyle, health/legal literacy and breast cancer survivor support care education to survivors and their families, 3) has volunteered over one hundred (100) hours in community service time, 4) traveled over one thousand miles this year participating in medical mission trips promoting breast cancer awareness,

early detection and screening, and with the assistance of the BBNA members provided clothing, school supplies and fans, 5) participated in and met it's donation goal for the Susan G. Komen Race for the Cure and 6) partners with several collaborators to combat and decrease the mortality of African women and men who are diagnosed with breast cancer and provide support and hope to survivors and their families. The BBNA BCI committee will continue to mirror the NBNA mission "to investigate, define, and determine what the health care needs of AAs are and to implement change to make available to AAs and other minorities health care commensurate with that of the larger society."

COLLABORATORS:

Susan G. Komen for the Cure North Central Alabama Affiliate

Spirit of Luke: A Promise to Help: A Promise to Help (APTH) is a volunteer based organization lead by Dr. Sandra Ford and her husband Henry Ford whose goals are to assist in eliminating healthcare disparities in the underprivileged, underserved and underinsured populations of the Black Belt region. Once a month, on the first Saturday, APTH, aided by the mobile medical van, sets up a mobile hospital on each mission and the members of the community can come and get a free medical exam, eye exam, dental exam, blood work, free medicine, free clothing, free food, a spiritual nugget and prayer.

Brenda's Brown Bosom Buddies: African American Breast Cancer Survivor Support Group

Deep South Network for Cancer Control: UAB network established in 2000 by the National Cancer Institute to build a community infrastructure designed to eliminate cancer health disparities. The network provides breast cancer awareness through the use of community health advisors and valuable cancer research.

THE LIKELY IMPACT OF THE PROGRAM:

To improve breast health, and breast cancer awareness and screening efforts among African American women throughout the South Western Counties/Black belt affiliate area and Jefferson County.

Our hope is that with this program: 1) the incidence of breast cancer deaths will decrease among African American women in the SWC counties and Jefferson county through early breast cancer awareness education and screening, 2) our collaborative partners will assist: a) by providing breast cancer educational and material and b) by providing breast cancer screening services with clinical breast exams, 3) breast cancer survivors and their families will receive family and survivor support, and 4) that the communities we serve will be better able to be their own patient advocate with increase in breast cancer awareness and early detection and screening.

KEY PERSONNEL:

Carthenia Jefferson, RN, Esq.

Program Director, Immediate Past President, BBNA

Martha Dawson, RN, DNP, FACHE; Nurse Educator

Tammy Davis, RN, BS; Research Nurse Coordinator

Birmingham BNA continued

Ann Colvin, MSN, RN-BC, Secretary BBNA, was elected to the position of Treasurer on the Board of Directors of the Association for Nursing Professional Development (formerly known as National Nursing Staff Development Organization).

The BBNA BCI Program Director, **Carthenia Jefferson, RN, Esq.**, was a guest speaker on Heaven's Cafe "Women Celebrating Survivorship" on October 5th and on October 26th. You can listen to the interviews on www.blogtalkradio.com/heavens-cafe.

The 10th Annual Last Chance Girlfriends Lunch Date was held Thursday, December 27, 2012 at the Birmingham Marriott Hotel on Grandview Parkway. Encouraging women to be proactive in controlling and preventing diabetes through education was the goal of the luncheon. Speakers included BBNA members **Marlena Barginere, MSN, RN**, Advanced Nursing Coordinator, Medical Division, General Medicine/Hospitalists and **Gladys Amerson, MSHI, RN, RRT**, Clinical Informaticist, Children's Hospital of Alabama.

Theresa Flint Rodgers, DNP, CRNP, developed a poster entitled, "Mesosystems Approach to Cystic Fibrosis Related Diabetes (CFRD) Management." Dr. Rodgers was accepted to present for the 26th Annual North American Cystic Fibrosis Conference (NACFC) held October 11-13, 2012 in Orlando, FL. She also presented in the Nurses Caregivers Session at the NACFC. The title of her presentation was, "Prevention of Acute Kidney Injury (AKI)." Dr. Rodgers also presented, "Asthma Management Plans" for the Asthma Educator Institute Course at Huntsville Hospital's Corporate University for nurses and respiratory therapists on October 26, 2012. Dr. Rodgers is a Pulmonary Nurse Practitioner and Nurse Faculty at the Pediatric Pulmonary Center.



Carthenia Jefferson, RN, Esq., is pictured with Tammy Davis, RN, at the Spirit of Luke (SOL): A Promise to Help mission where medical, nursing, food, clothing and spiritual ministries serve underserved, underrepresented, underinsured and uninsured persons in the Alabama Blackbelt area one Saturday a month.



Tammy Davis, RN; Burnell Pullum, UAB Kirklin Clinic Nurse Manager, Instructor; Julie Whatley, UAB Women's Health CRNP, Instructor; Carthenia Jefferson, RN, Esq.; and Martha Dawson, DNP, RN, FACHE

Birmingham BNA continued



Deborah Andrews, MSHSA, RN, BBNA Past President, was inducted into the Upsilon Delta Chapter of the Honor Society of Nursing, Sigma Theta Tau International at the University of St. Francis, Joliet, IL in November 2012.

Deborah Andrews received the D. O. McClusky Nurse Award from the Alabama State Nurses Association in September, 2012. Deborah

was awarded the, Ambassadors Alumni Leadership Award from the Lawson State Community College in September, 2012.

Deborah Andrews has worked with her local American Heart Association, annual "Heart Walk" for the past two years. She was asked to Chair the American Heart Association "Community Teams" committee for the 2013 Heart Walk. This is truly a testament of her commitment to fight Cardiovascular Disease.

Deborah Andrews serves on the Alabama Nurse Leaders in Education and Practice Executive Committee (ANLEP). This focus of this committee is to implement the IOM Future of Nursing report recommendations for our state. This is a diverse committee which is comprised of nurse leaders and educators with varied professional experiences and areas of specialty.



Martha A. Dawson, DNP, RN, FACHE, was appointed to the American Organization of Nurse Executives (AONE) 2013 International Committee. The committee is to provide input into international initiatives for AONE and to finalize the international consortium of nursing leadership associations that will be explored at the ICN meeting in Australia in 2013.

Dr. Dawson was a co-author (2012) of Nurturing Charge Nurses for Future Leadership Roles. *Journal of Nursing Administration*, 42(10), 461-466.

Dr. Dawson was a co-author (2012) of Incorporating Quality and Safety Education into a Nursing Administration Curriculum. *Journal of Nursing Administration*, 42(10), 478-481.

Dr. Dawson received a 2012 Innovation in Teaching Award from the University of Alabama at Birmingham School of Nursing, September 2012.

Dr. Dawson was one of the keynote speakers at The Iota Phi Chapter of Alpha Kappa Alpha at the University of Alabama at Birmingham. Dr. Dawson was one of the founding members of the chapter. Her topic was the Role of Professional and Greek Organizations in Cultivating the Next Generation of African Americans and Women of Color Global Leaders.

Dr. Dawson visited with Nicholls State University Dean of Nursing and Allied Health, Sue Westbrook, DNS, MA, RN. Nicholls State is located in Thibodaux, LA. The visit was made with



Trilby Barnes-Green, President of the New Orleans Black Nurses Association. The focus of meeting was to establish Thibodaux chapter of the National Black Nurses Association.

Birmingham BNA held their Annual Scholarship Brunch on December 1, 2012 at the Harbert Center in Birmingham. The theme was, "NURSING: Past, Present, Future." BBNA awarded 3 scholarships to participating student members from schools across the Birmingham region. Presentations were provided by three dynamic speakers providing participants with an insight into the profession of nursing as a black nurse. Presentations were made by **Surpora Sparks-Thomas, MBA, BSN, RN, FAAN**, Chief Nurse Executive Emerita of Children's of Alabama, **Dr. Doris S. Holeman**, Associate Dean, School of Nursing and Allied Health at Tuskegee University, and **Dr. Martha Dawson**, Assistant Professor at University of Alabama Birmingham School of Nursing. **Dr. Ronnie Ursin**, NBNA Parliamentarian, provided greeting on behalf of the NBNA President and Board of Directors.

Many members of the Atlanta Black Nurses Association showed their support by traveling into Birmingham for the event. Scholarship recipients were **Robert E. Hoskins**, South University in Montgomery, AL, **Denita L. Blanding**, Jacksonville State University in Jacksonville, AL, and **Whitni M. Collins**, Jefferson State Community College in Birmingham, AL. Whitney received the Brenda J. Phillips Hong Scholarship.



Birmingham BNA
continued



Little Rock Black Nurses Association of Arkansas (LRBNA)

LRBNA member **Jason Williams, BSN, RN**, presented a poster at the Annual Arkansas Nurses Association Conference on October 11, 2012 titled, "Arkansas Burns – A Demographic Study."

LRBNA members participated in the Moody Chapel AME Church annual women's conference with the theme, "Healthy Heart: A Pathway to Spiritual Wellness" on Saturday, September 29, 2012. LRBNA member **Daric Washington, BSN, RN**, presented on self-care and **Joyce Lyons, RN**, Chair of Fundraising, lead participatns in a session of Zumba. Members of the chapter conducted blood pressure and glucose screenings.

The Annual LRBNA Jacqueline Jones-Gibson Scholarship Tea was held on Saturday, September 22, 2012. There were two scholarship recipients: **Channing L. Hall, SN**, University of Arkansas for Medical Sciences and **Marcella R. Gardner, SN**, University of Arkansas-Little Rock. In addition, **Sandra Williams, SN**, Pulaski Technical College received a book stipend.



Marcella Gardner, SN, Scholarship Recipient; Cheryl Martin, RN, President, Little Rock Black Nurses Association of Arkansas; Channing Hall, SN, Scholarship Recipient; and Yvonne Sims, RN, Chair of the Scholarship Committee.

Central Carolina Black Nurses Association (CCBNA)

Central Carolina Black Nurses Association celebrated their 30th Year Anniversary with their 22nd Annual Education-Lecture Luncheon on December 1, 2012. The event was held in Chapel Hill, NC. **Rev. Dr. Deidre Walton**, NBNA President, was the keynote speaker.

Dr. Debbie Bryant Chapman, President, Central Carolina Black Nurses Association, is pictured receiving the Robert Wood Johnson Foundation Community Health Leaders Award.



Rev. Dr. Deidre Walton, NBNA President, is pictured with members of the Central Carolina Black Nurses Association at their 30th Annual Luncheon and Celebration. Dr. Walton spoke on "The Role and Responsibility of Nursing in Implementing the Strategies for the Future of Nursing." The Future of Nursing: Leading Change, Advancing Health," is a landmark report on the nursing profession that was released in the fall of 2010 by the Institute of Medicine of the National Academies. Dr. Walton addressed the key messages in the report which are: Nurses

should practice to the full extent of their education and training; Nurses should achieve higher levels of education and training through an improved educational system that promotes seamless academic progression; Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States; and Effective workforce planning and policy making require better data collection and an improved information infrastructure.

Central Carolina BNC continued

Helen Horton, RN, participated in the NephCure Walk and was available to do blood pressure screening for the walk participants in October 2012. The NephCure Foundation is the only organization solely committed to seeking a cause, cure, and effective treatments for the kidney disease FSGS and Nephrotic Syndrome.

Barbareta McGill, RN, posted early voting locations for Orange and Alamance Counties in the church vestibule. Voting Guides and Sample Ballots are also being posted. She also worked with the transportation ministry to assist with transportation to early voting as well as for Election Day.

Erma Smith-King, RN, signed up with the Ministerial Alliance in Orange and Chatham counties to drive voters to the poll on November 6th, particularly senior citizens.

Willie Gilchrist, RN, Connie Kelley-Sidberry, RN, and Helen Horton, RN, attended an informational meeting in Fayetteville to meet with a group of nurses interested in starting a new Black Nurses chapter in the Fayetteville area. **LaShonda Wallace**, NBNA member, spearheaded the meeting.

Connie Kelley-Sidberry, RN, **Connie Levister, RN, and Helen Horton, RN**, volunteered with Organizing For America in Garner, NC. All participate in Voter Registration, Neighborhood Canvassing, and Telephone Banking and data entry.

North Connecticut Black Nurses Association (NCBNA)

Lisa Davis, MBA, BSN, President NCBNA, received the Public Health Infrastructure Award by the Connecticut Breastfeeding Coalition (CBC). Lisa was recognized for her "foresight and leadership in the formation of the CBC and her unfailing support of breastfeeding promotion in the state." The award was presented at the statewide breastfeeding conference on October 9, 2012 at the Crowne Plaza Hotel, Cromwell CT. Ms. Davis is a founding member and convener of the CT Breastfeeding Coalition in 2001.

Bereshith Adams, MSN, APRN-BC, was accepted into the HRSA Health Service Corp Program which provides 60% tuition reimbursement for clinicians who practice in federally designated Health Professional Shortage Areas (HPSAs). Mr. Adams works at St. Francis Hospital in Hartford, CT currently specializing in both general surgery and trauma.



Lisa Davis, MBA, BSN, President NCBNA and Michele Griswold, MPH, RN, IBCLC, Chair CBC



Members of the Northern Connecticut BNA gather at the chapters Annual Scholarship Luncheon. Keynote was Mr. Daniel Dawes of Washington, DC.

Black Nurses Association of Greater Phoenix Area (BNAGPA)

Gloria Jean Hayman, BA, RN, CMCN, received her Master of Science in Nursing and Master of Business Administration in Health Care Management. Gloria is a Care Management Nurse Manager at Mercy Plan. Gloria has more than thirty years of nursing experience, with the last twenty years in managed care. She has a diverse background in frontline hospital clinical experience, utilization management, case management and leadership roles.



TRAVELING TO THE PEARL OF AFRICA TO MAKE A DIFFERENCE

In 2010, Angela Allen, RN, member of the Greater Phoenix Black Nurses Association traveled with a group of church members on a religious mission to Uganda. I adopted a local hospital with the intent of monitoring its progress delivering health care to the community it served. As I came to learn more about the hospital and community, I vowed to return. Two years later, in May 2012, I did return, accompanied by the same religious group. However, the most recent trip included a different focus as the purpose had changed from a religious to health care mission.

During the May 2012 trip to Uganda, our team delivered critical medical supplies and provided guidance and training to local health care providers.

Mid-State Black Nurses Association (MSBNA)

Yolanda Scipio-Jackson, BSN, RN, Vice President, Mid-State BNA, had an abstract listed in the, Federal Practitioner, eNewsletter October 24, 2012. The abstract is titled, "Melanoma/Skin Cancer Screening: VANJHCS Experience." The abstract, along with a poster, was presented in Omaha, NE at the Association of VA Hematology/Oncology Organization's (AVAHO) 2012 Annual Meeting. Yolanda was the lead coordinator from the Dermatology clinic and collaborated with Advanced Practice Nurses from Hematology/Oncology. Yolanda is a staff nurse in the outpatient clinics at the Veteran's Administration New Jersey Healthcare System (NJVAHCS) in East Orange, NJ.

Chicago Chapter National Black Nurses Associate (CCNBNA)

Brenda Jones, MSN, RN, appointed interim director of nursing programs Malcolm X College City Colleges of Chicago.

Regina Powell, RN, recognized for years of service as CCNBNA Finance Chairperson.

Juanita Patrick, MSHSA, RN, has been appointed Director of Nursing of Behavior Health Park House Nursing and Rehab Center.

Ethel L. Walton, BSN, RN, CCM, appointed Care Manager at Mercy Hospital.

Denise Johnson, MSNM, RN, CCM, received certification for case management also received Masters in Science and Non Profit Management.

Juanita Mumford, MSN, RN, was intricate part of Operation Push phone bank for President Obama.

Pam Johnson, MSN, RN, worked as volunteer at Democratic National Convention in Charlotte, NC.

Donna Calvin, PhD, RN, featured as Researcher of the month for the University Of Illinois at Chicago.

Daisy Harmon-Smith, PhD, RN, Past President CCNBNA, was the recipient of the Mother Teresa Award from the community faith based organization. In October she received The Pathfinder Award from the Etiquette Foundation of Illinois.

Evelyn Collier-Dixon, MDiv, BSN, RN, gave her Inaugural Sermon to a packed sanctuary on August 19, 2012 at Maryland Avenue Baptist Church, Chicago, IL.

Sandra Webb Booker, PhD, RN, retired from nursing education after 38.5 years of experience. She also was the keynote speaker on "Resiliency" for the State of Illinois Department of Veterans' Affairs Women Veterans Fair, Oct 28, 2012.

Reverend Dr. Jiles Taylor George was appointed Director of Nursing for Gareda LLC.

Dorothy Stiggers, MSN, RN, received the Nurse Administrator award and the CNA Evaluator Award for the State of Illinois and Malcolm X College.

Rosalyn Walls, BSN, RN, Certified Nephrology Nurse, is traveled to New Jersey to assist in the dialysis of thousands of New Jersey citizens impacted by Hurricane Sandy.

South Eastern Pennsylvania Area BNA (SEPABNA)

Leonie Robinson, RN, Lifetime Member, recently earned the Master of Business Administration (MBA) degree from Eastern University in Philadelphia, PA.

Cynthia Byrd Wright, RN, Certified Diabetic Educator and **Dr. Lucy Yates** provided diabetic, stroke risk, and hypertension screening and health teaching during Philadelphia District Attorney Seth Williams' "Community Peace Festival." They also presented during Shop Rite Stores' Family Fitness Day. Both events were held in Philadelphia, PA.

Dr. Lucy Yates provided an in depth glucose screening and teaching with the National Medical Association during Tom Joyner's Take Your Loved One to the Doctor Day at Temple University in Philadelphia, PA.

Mary Derrickson, RN, newly Certified Parish Nurse has successfully established a Faith Community Ministry for her church; Shiloh Missionary Baptist in Anchorage, AK.

Atlanta Black Nurses Association (ABNA)

The Atlanta Black Nurses Association kicked off the calendar year in August by participating in Congressman David Scott's Annual Health Fair and promoted breast health and self-examination assistance to over 350 women and 1,000 attendees. During the month of September, ABNA participated in the following health initiatives: 1) The National Baptist Convention Mission Board's annual health fair at the First Corinth Missionary Baptist Church; 2) Devine Deliverance Life Center's health fair; 3) Greenforest Community Baptist Church health fair; and 4) the St. Paul AME Worship Center. ABNA continued to be visible in the community during the month of October. Community health initiatives participation included: 1) Pleasant Hill Baptist Church; 2) Delta Sigma Theta's Sorority, Inc., local chapter's Healthy Moves, 5K and Run/walk; 3) The Covenant Christian Ministries Academy; 4) The National Association of Negro Business and Professional Women's Club and 5) Historic Ebenezer Baptist Church's health fair. ABNA kicked off November by pulling double duty, November 3, at the Ryan Cameron Foundation's annual health fair serving over 1500 participants and the American Kidney Foundation's KEEP initiative aimed at promoting kidney health. ABNA congratulates and thanks all their members who volunteered their time in the community! You are appreciated more than you know!

ABNA supported the following Georgia Health Initiatives and serves as a key stakeholder: 1) Georgia Nursing Leadership Coalition – Campaign for Action; 2) Medicare Access Network-supporting consumer education regarding Medicare Part D enrollment; 3) Specialty Tiers Coalition of Georgia supporting affordable specialty medications (infused, injected or oral); and the Fulton DeKalb Hospital Authority's Nursing Impact Initiative. There were activities, programs, roundtables and meetings associated with each of the aforementioned organizations and ABNA members are very active on various committees and offers valuable input. Additionally, **Ora D. Williams**, attended the 1st Annual Pink Awards of the Ladybug for Girls Foundation; a 501(c)(3) nonprofit organization dedicated to promoting healthy nutrition, fitness and gardening initiatives as well as legislative policies for young girls. ABNA congratulates **Kamaria Crawford** for her participation in the HIV prevention initiative, Ask, Screen, Intervene—an effective behavior intervention designed to reduce HIV disparities aimed specifically at health providers. **Laurie Reid** and **Betsy Harris** attended the Columbus, Georgia BNA's Annual Red Dress Ball; a great scholarship event and Laurie Reid served as a presenter for the Georgia NAACP annual state meeting. The outstanding HIV roundtable, hosted by NBNA Treasure **Beulah Nash Teachey**, Georgia's NAACP health committee chair, also included FDA and Department of Health and Human Services representatives. ABNA is excited about its community impact on vital health issues!

Southern Connecticut Black Nurses Association (SCBNA)

Congratulations to **Nezible Thomas, DNP, RN**, on completing the Doctor of Nursing Practice degree program.

Minnesota Black Nurses Association (MNBNA)

Congratulations to MNBNA on being selected to receive the 2012 My Brother's Keeper Award from the Outreach Department at Southside Community Health Services. The award is granted for dedicated service to the community and having a positive impact on the health of the community. The chapter was recognized on December 10, 2012. **Shirlynn LaChapelle, RN, SNP**, is the President of MNBNA.

Concerned Black Nurses of Newark (CBNN)

Jeneva Stoudemire, MSN, RN, ANP-BC, completed the graduate program at the University of Medicine and Dentistry of New Jersey as an Adult Nurse Practitioner

Joyce Hyatt, DNP, MSN, CNM, Assistant Professor of Nursing at the University of Medicine and Dentistry was honored by the New Jersey League for Nursing for contribution to Education

Andrea Crooks, DNP, RN, Instructor of Nursing at Mountainside Hospital School of Nursing, graduated from the Doctor of Nursing Practiced program at The University of Medicine and Dentistry of New Jersey.

Annette Hubbard, MA, RN, Founder and President Emeritus of Concerned Black Nurses of Newark, was honored with a Visionary Leader Award by the University of Medicine and Dentistry of New Jersey.

Lois Greene, MA, RN, was honored as a DIVA of Nursing by the New Jersey Institute of Nursing.

Southern Nevada Black Nurses Association (SNBNA)

Debra A. Toney, PhD, RN, FAAN, Immediate Past President NBNA and member of the Southern Nevada Black Nurses Association, is a member of the Campaign for Action National Summit Program Design Team.

Dr. Toney was the closing speaker for the National Federation of LPNs she spoke on the Future of Nursing.

Dr. Toney presented on the Future of Nursing at the Nevada Organization of Nurse Leaders Conference. She was also a speaker for Sigma Theta Tau at the University of Nevada, Las Vegas.

Dr. Toney was a speaker at the 10th Annual Nursing Excellence Conference in Reno, NV. She spoke on the Future on Nursing and the role of Nevada nurses.

Dr. Toney was the key note speaker at the Central Florida BNA Scholarship Luncheon

Direct Members

Valerie Flattes, APRN, ANP-BC, 2011 recipient of the Dr. Martha A. Dawson Genesis Scholarship recently received the 2012 Utah Nurse Practitioners State Award for Excellence in Research.

NBNA Malnutrition Resolution

WHEREAS LEADING health and nutrition experts agree that nutrition status is a direct measure of patient health. Under-nutrition and over-nutrition frequently contribute to poor health outcomes, increased health disparities, rising health care costs and ultimately undermine the promotion of health and wellness.

Whereas in the U.S., inadequate or unbalanced nutrition—also known as malnutrition—is often not viewed as a routine medical concern and is often not recognized or treated in a clinical setting. Under-nutrition is particularly prevalent in certain U.S. populations, including minority populations, hospitalized patients, and older adults. As many as half of hospitalized patients and 35-85% of older long-term care residents are considered under-nourished.

Whereas poor nutrition can result in loss of lean body mass, leading to complications that impact patient health outcomes including reduced recovery from surgery, illness, or chronic disease, increased susceptibility to illness and infection, impaired wound healing, increased risk for falls and fractures and increased mortality. These consequences result in increased use of healthcare resources.

Whereas illness and injury can significantly speed up the loss of lean body mass. In addition, the elderly lose lean body mass more quickly and to a greater extent than younger adults. Traditional weight assessments may overlook lean body mass, as body weight and body mass index are not accurate indicators of lean body mass.

Whereas access to therapeutic nutrition—defined as the use of specific nutrients, disease-specific nutrition products, and complete and balanced oral nutrition supplements to help manage a health problem—is critical to helping restore lean body mass, resolve malnutrition and thus improve clinical outcomes, reduce health care costs, and keep people and communities healthy.

Whereas despite the recognized link between good nutrition and good health, routine medical treatment and health care coverage in the U.S. have not addressed adequate therapeutic nutrition in the hospital, faith-based, or community settings. This must change if the goal of healthcare reform is to keep people healthy and out of institutionalized care.

Therefore be it resolved that members of National Black Nurses' Association support the need for direct, culturally competent nursing involvement in routine nutrition screening and delivery of adequate therapeutic nutrition across the spectrum of healthcare.

- The NBNA recognizes that routine nutrition screening and therapeutic nutrition must be incorporated as part of the standard for evidence-based care across the health care continuum, so that patients who are malnourished as well as those at risk for malnutrition can be quickly identified and provided appropriate therapeutic nutrition in the hospital, thus helping reduce complications and the need for invasive and expensive medical treatments.
- The NBNA recognizes the need for expanded Medicare coverage to include therapeutic nutrition that may be recommended by healthcare professionals to help Medicare beneficiaries improve their disease management and health outcomes.
- The NBNA is encouraged that certain states provide Medicaid coverage for therapeutic nutrition oral supplements to help Medicaid enrollees increase blood glucose control, withstand dialysis treatment, and meet other defined nutritional goals for improved chronic disease management including diabetes, renal disease, cancer, and obesity and the NBNA believes all state Medicaid programs should provide such coverage.
- The NBNA is encouraged that there is an opportunity for nutrition screening and counseling for obesity and chronic disease as part of the healthcare reform essential benefit for preventive and wellness services and chronic disease. However, there is an element missing from these preventive services—prescribed nutrition therapy. Therapeutic nutrition must be included as part of the essential health benefit in outpatient and community care settings, if nutrition screening and counseling are to be effective in impacting public health.
- The NBNA also supports increased emphasis on nutrition for healthy aging through new provisions in the Older Americans Act, including promoting routine nutrition screening for OAA meal program participants and addressing their unique nutritional needs with nutrition interventions that are culturally and age-sensitive and that allow states more flexibility in providing therapeutic nutrition oral supplements in addition to, not just as a replacement for, regular meals.

Approved: July 26, 2012

*National Black Nurses Association 2012 Conference,
Orlando, FL*

2013 NBNA Elections

THE NOMINATING Committee seeks candidates for the 2013 NBNA Election. The goal of this committee is to present to the NBNA membership a strong and complete slate. Applications can be obtained from the NBNA Office. Qualified and interested members should complete and return their completed application to the NBNA Office by April 15, 2013.

We're looking high and we're looking low for candidates who have demonstrated evidence of having implemented the philosophy, goals, and objectives of the National Black Nurses Association, Inc on a local or national level. Except for the Student Representative, all candidates must have attended three (3) NBNA Conventions in the last five (5) years.

In the odd numbered years the president, secretary, three (3) members-at-large to the Board of Directors, a student representative, and two (2) members of the Nominating Committee are to be elected. Each term of office is two years, except the student representative who is elected for one year.

Great care should be taken in choosing members for leadership within the organization. The selected individuals should be well qualified, hard working, representative of the organization, and familiar with both membership and the organization's needs.

We invite our direct members to consider protecting and promoting NBNA and consider serving on the board. We invite our chapters to search within your ranks for proven to task individuals; those individual who have demonstrated, integrity, organizational leadership, have administrative experience, evidence of participation in community activities, and flexibility in work enabling him/her to attend board meetings.

Azella C. Collins, Chair
Arlanda Fields
Rhonda Robinson
Bessie Trammell
Dr. Lucy Yates

REFERENCES:

Robert, Henry M., *Robert's Rules of Order Newly Revised* 2011
Winn, Larry James, *The Chairman's Rule Book*, 1981

Twenty Membership Recruitment and Retention Tips

**Marcia Lowe, MSN, RN-BC, Chair,
NBNA Membership Committee**



1. Plan a Guest Night for potential members.
2. Do a member survey of your least active members. Let those who reply know that you are listening and that you will respond to their suggestions.
3. Get members involved in focus groups by email or blogs (new members may prefer this type of engagement).
4. Have a New Member Designated Contact Group.
5. Develop a new member's newsletter and send it out quarterly to all members who have joined within the last year.
6. Create a new member section on your website.
7. Develop a list of your "Most Wanted" members (those who did not renew).
8. Send a "How Are We Doing" survey to new members six months after they join. If they don't renew, give them a call.
9. Announce a membership goal each member recruiting one new member.
10. Hold an annual membership drive in January or February.
11. Find out what ideas are working for other organizations and discuss them at board meetings.
12. Appoint a dynamic Membership Chair and treat them well.
13. Make a file of those members who have dropped their membership and send them a "We Want You Back Letter".
14. Designate a member to closely monitor those who are shut in or who are hospitalized.
15. Interview new members and ask them why they joined. Use this information as an insight for future recruitment efforts.
16. Ask the secretary to send out a "Thanks for Renewing Your Membership" letter or card to each renewing member when they pay their dues.
17. Order new members pins with their names on it.
18. Recognition helps retain members. Create some type of award to be given a monthly meeting.
19. Call absent members, letting them know they're missed without making them feel guilty.
20. Invite new members to participate on committees and embrace new ideas.



CORRECTION: NBNA News Summer 2012 Edition:
Virginia Bradford, RN, 3rd from right, was identified as Virginia Johnson. Virginia is the President of the KYANNA Black Nurses Association (Louisville, KY). Pictured are Rev. Dr. Deidre Walton, NBNA President, Evangelist Dr. Carrie Brow, 2nd NBNA President, Virginia Bradford, RN, and Dr. Irene Daniels-Lewis, NBNA Historian.

ALABAMA

Birmingham BNA www.birminghambna.org

ARIZONA

Greater Phoenix BNA www.bnaphoenix.org

CALIFORNIA

Bay Area BNA www.babna.org

Council of BN, Los Angeles www.cbnlosangeles.org

Inland Empire BNA www.iebna.org

San Diego BNA www.sdblacknurses.org

South Bay Area of San Jose BNA www.sbbna.org

COLORADO

Eastern Colorado Council of BN (Denver) www.coloradoblacknurse.org

CONNECTICUT

Northern Connecticut BNA www.ncbna.org

Southern Connecticut BNA www.scbna.org

DELAWARE

BNA of the First State www.bnaoffirststate.org

DISTRICT OF COLUMBIA

BNA of Greater Washington DC Area www.bnaofgdca.org

FLORIDA

BNA, Miami www.bna-miami.org

BNA, Tampa Bay www.tampabaynursesassoc.org

Central Florida BNA www.cfbna.org

First Coast BNA (Jacksonville) www.fcbna.org

St. Petersburg BNA www.orgsites.com/fl/spnbna

GEORGIA

Atlanta BNA www.atlantablacknurses.com

Concerned NBN of Central Savannah River Area www.cnofcsra.org

Savannah BNA www.sb_na.org

HAWAII

Honolulu BNA www.honolulublacknurses.com

ILLINOIS

Chicago Chapter NBNA www.chicagochapternbna.org

INDIANA

BNA of Indianapolis www.bna-indy.org

KENTUCKY

KYANNA BNA (Louisville) www.kyannabna.org

Lexington Chapter of the NBNA www.lcnbna.org

LOUISIANA

Baton Rouge BNA www.mybrbna.org

Shreveport BNA www.sbna411.org

MARYLAND

BNA of Baltimore www.bnabaltimore.org

MASSACHUSETTS

New England Regional BNA www.nerbna.org

MICHIGAN

Greater Flint BNA www.gfbna.org

Saginaw BNA www.bnasaginaw.org

MINNESOTA

Minnesota BNA www.mnbna.org

MISSISSIPPI

Mississippi Gulf Coast BNA www.mgcbna.org

MISSOURI

Greater Kansas City BNA www.gkcbblacknurses.org

NEVADA

Southern Nevada BNA www.snbna.net

NEW JERSEY

Concerned BN of Central New Jersey www.cbncnj.org

Concerned BN of Newark www.cbnn.org

Northern New Jersey BNA www.nnjbna.com

NEW YORK

New York BNA www.nybna.org

Queens County BNA www.qcbna.com

Westchester BNA www.westchesterbna.org

NORTH CAROLINA

Central Carolina BN Council www.ccbnc.org

OHIO

Cleveland Council of BN www.ccbninc.org

Columbus BNA www.columbusblacknurses.org

Youngstown-Warren (Ohio) BNA www.youngstown-warrenobna.org

OKLAHOMA

Eastern Oklahoma BNA www.eobna.org

PENNSYLVANIA

Pittsburgh BN in Action www.pittsburghblacknursesinaction.org

Southeastern Pennsylvania Area BNA www.sepabna.org

SOUTH CAROLINA

Tri-County BNA of Charleston www.tricountyblacknurses.org

TENNESSEE

Nashville BNA www.nbnanashville.org

TEXAS

BNA of Greater Houston www.bnagh.org

Metroplex BNA (Dallas) www.mbnadallas.org

WISCONSIN

Milwaukee Chapter NBNA www.mcnbna.org

ALABAMA

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Dr. Jennifer Coleman
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New Haven, CT

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Woodbridge, VA

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MILWAUKEE BNA (21)
JoAnn Lomax
Milwaukee, WI
RACINE-KENOSHA BNA (50)
Gwen Perry-Brye
Racine, WI

DIRECT MEMBER (55)

*IF THERE IS NO CHAPTER IN YOUR AREA



What's *her* Secret?

She's feeling good and looking fine!

A Health and Wellness Regional Summit

This CEU program will focus on health and wellness featuring a celebrity chef and celebrity physical trainer and sessions on heart health, diabetes, cancer, nutrition and physical activity.

SPONSORED BY

The National Black Nurses Association

APRIL 19-20, 2013

The Philadelphia Marriott Downtown
Philadelphia, Pennsylvania

IN PARTNERSHIP WITH:



Southeastern Pennsylvania Area
Black Nurses Association

Heart and Soul Magazine

American Heart Association/
American Stroke Association

For more information
contact info@nbna.org.



New Orleans 2013

**NATIONAL BLACK NURSES
ASSOCIATION 41ST ANNUAL
INSTITUTE & CONFERENCE
HYATT REGENCY HOTEL | JULY 31-AUGUST 4**

C O N F E R E N C E R E G I S T R A T I O N



Welcome to the 41st Annual Institute and Conference of the National Black Nurses Association, Inc.!

Advancing the Profession of Nursing Through Education, Practice, Research and Leadership

Dear NBNA Members and Attendees,

We are delighted that you will be joining us at the 41st Annual Institute and Conference in New Orleans, July 31 through August 4, 2013, at the Hyatt Regency New Orleans. Please review the registration materials carefully as there are several changes and additions to the conference schedule and we don't want you to miss a single activity. Our goal is to continue to offer you the very best in continuing education, career development and networking opportunities during the conference.

Plans are well underway to ensure that you will have a productive and memorable experience at this year's conference. If you attended the 2012 Conference in Orlando Florida, we thank you for joining us.

Deidre Walton

*Reverend Dr. Deidre Walton, President
and the NBNA Board of Directors*

**REQUEST TO ATTEND THE 2013 NBNA ANNUAL
INSTITUTE AND CONFERENCE**

Go to **www.nbna.org/conference** to download a template letter for request approval to attend the conference. This letter should be addressed to your institution and supervisor and signed by you.

2013 Conference Highlights

TUESDAY, JULY 30

12:00 pm - 4:00 pm

Local Chapter Health Fair

(TBD)

WEDNESDAY, JULY 31

8:00 am - 12:00 pm

NBNA Professional Writing Workshop

Pre-Registration is preferred.

This workshop is designed to help novice and advanced writers who wish to learn and refine the skills of writing and increase the likelihood of publication in the Journal of the National Black Nurses Association, the acceptance of abstracts for presentation and enhance the opportunities for grantsmanship. Participants may bring a document they are currently working on or one that they would like to have reviewed.

8:00 am - 6:00 pm

VITAS ELNEC — Geriatric Curriculum

2-days, workshop continues on Thursday, August 1, 8:00 am - 5:00 pm. *Pre-registration is required and you must attend both sessions.*

The ELNEC-Geriatric curriculum was developed to address the needs of geriatric patients facing life-threatening illnesses as well as meet the special needs of patients and families facing the end of life across various geriatric settings. The curriculum contains nine modules addressing critical aspects including: Principles of Palliative Care; Non-pain Symptoms at the End of Life; and, Goals of Care and Ethical Issues at the End of Life.

The ELNEC-Geriatric curriculum also includes several common threads integrated throughout, including:

- The family as the unit of care.
- Critical financial issues that influence end-of-life care.
- The importance of culture as an influence at the end of life.
- The critical need for attention to special populations such as children, the elderly and the uninsured.

8:00 am - 6:00 pm

Mental Health First Aid USA

The Mental Health First Aid program will provide nurses with knowledge to equip community residents to help persons with mental illness connect to care. This two day seminar will introduce nurse participants to risk factors and warning signs of mental health problems, provide an understanding of the impact of mental health problems on the community and provide an overview of common treatments.

Mental Health First Aid USA (continued)

OBJECTIVES: The nurse participants will be able to:

- identify the potential risk factors and warning signs for a range of mental health problems
- gain an understanding of the prevalence of mental health disorders in the US and the need for reduced stigma relating to mental health disorders
- provide a 5-step plan to intervene and connect the individual in crisis with appropriate professional care
- identify community based resources to help the individual with a mental health problem.

Certification will be provided at the end of the 12 hour program. Pre-Registration is preferred.

Program continues on Thursday, August 1, at 8:00 am

THURSDAY, AUGUST 1

8:00 am - 5:00 pm

VITAS ELNEC — Geriatric Curriculum (part 2)

8:00 am - 5:00 pm

Mental Health First Aid USA (part 2)

1:30 pm - 4:30 pm

Exhibit Hall Opening Ceremony

6:00 pm - 8:00 pm

Opening Ceremony

FRIDAY, AUGUST 2

8:00 am - 12:00 pm

NBNA Student Forum

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

8:00 am - 4:00 pm

NBNA Summer Youth Enrichment Institute “Developing the Next Generation of Nurses”

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

- Describe the role of the nurse in the health care system
- Identify two healthy life style behaviors
- Identify 2 test taking strategies that will increase the participants success in science and math
- Participate in a community service activity

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

HOTEL INFORMATION

Hyatt Regency New Orleans • 601 Loyola Avenue • New Orleans, LA 70113

The Hyatt Regency Hotel has been totally revitalized. After 6 years of planning and construction it is the city's premier destination for conventions, meetings and leisure visitors alike. The "New Hyatt" offers sophisticated guest rooms and luxurious amenities.

Take a virtual tour at www.neworleanshyatt.com

MAIN PHONE: 504-561-1234

HOTEL DIRECT RESERVATIONS NUMBER: 1-800-233-1234

This number will connect you with the Hyatt Central Reservation System. When calling in the guest should just ask for the *National Black Nurses Association Conference*.

ONLINE RESERVATION:

Visit the dedicated booking website that has been created for NBNA <https://resweb.passkey.com/go/nbna2013>. You can also find the reservation booking site at: www.NBNA.org

ROOM REGISTRATION

The deadline date for making reservations at the Hyatt Regency is 5:00 pm. Eastern Time, **Friday, July 5, 2013**. After that date, reservations will be accepted on a space and rate availability basis. If the Group rate is not available, the Hotel's rack rate will apply.

ROOM RATES

ROOM RATES: Room rates are \$139 USD for a single or double room. The room rate for triple occupancy is \$164. The rate for quadruple occupancy is \$189. The Hyatt Regency New Orleans will honor these dates three days pre- and post- the conference dates. There is no additional charge for children under age 18 sharing with a parent using existing bedding. Sales and occupancy taxes of 13% and a \$3.00 service fee will be applied to all sleeping rooms on a daily basis.

SUITES: The conference rate for suites per night: Deluxe Suite: \$264; and Superior Suite: \$389. The prices quoted are for one bedroom suites. Please call the reservation number to confirm the availability of suites or the charges for a second connecting bedroom.

If you have any special needs or health conditions, please notify the hotel when making your reservations. The Hyatt does offer ADA compliant King bedrooms with a tub and Double/Double rooms with an ADA compliant shower. See NBNA.org for scooter information.

CHECK IN: 3:00 pm **CHECK OUT:** 12:00 pm

LATE CHECK OUT: 1:00 pm (Complimentary, based on availability and should be requested 24 hours in advance.)

ROOM GUARANTEE

The Hyatt Regency **DOES NOT** require the first night's room and tax be paid in advance to guarantee your reservation. **You will be asked to provide a valid credit card to hold your reservation.** The credit card guarantee shall serve to confirm the reservation for the dates requested. We strongly suggest that you do **NOT** use a debit card to guarantee your room or incidentals at check-in.

CANCELLATIONS: Must be made 72 hours in advance of your scheduled arrival date. If you canceled your reservation after the 72-hour deadline, your credit card will be charged for one night's stay. To cancel your reservation with no penalty, you must cancel at least 72 hours prior to arrival, request a cancellation number and retain for your records.

HOTEL AMENITIES

- 8 Block Kitchen & Bar: full service restaurant with private dining rooms and 70 seat bar
- Vitascope Hall: 210 seat media bar with 42 flat screen TVs
- Borgne Restaurant by James Beard
- Live jazz and delectable dessert buffet Friday and Saturday nights in the 8 Block Kitchen & Bar
- Whole Hog Café' (right next door)
- 24 hour fresh market
- Starbucks
- Regency Club®
- Double rooms have two queen beds
- In-room refrigerator
- Coffee maker by request
- Complimentary 24 hour StayFit™ fitness Center
- Heated outdoor pool with fabulous lounge deck
- Crib and rollaway beds are available
- High speed internet access
- Free wireless in public areas
- Wireless internet in guest rooms: \$9.95 per day
- In and out Valet Parking: \$40 per day
- Parking in the Entergy Building: \$25 per day
- FedEx Office

AIRLINE TRAVEL: All major airlines have flights into The Louis Armstrong International Airport. Book early for the best rates!

AIRPORT TRANSPORTATION

- Shuttle service to and from downtown hotels every day, vans depart every 30 minutes. No service between 2:00am and 3:30am. To make a reservation before you arrive in New Orleans call: 866-595-2699 after booking your flight. All major credit cards are accepted. If you plan to purchase your tickets after you arrive in New Orleans, claim your baggage first. Proceed to the Airport Shuttle Ticket Desk which is located across from baggage claim areas 3, 6 and 12.
- Shuttle from airport to the hotel: \$38 round trip or \$20 one way. (Allow 30 to 90 minutes)
- The first 3 averaged sized bags per passenger are free. Oversized or additional luggage is subject to an additional fee.
- You must bring your own child car seat or booster seat.
- Handicap accessible vehicles are available. Reservations must be made 1- week prior to arrival.
- Tickets are non-refundable.

New Orleans Airport Shuttle: www.airportshuttleneworleans.com



IMPORTANT INFORMATION

CONFERENCE REGISTRATION THE ELITE HALL FOYER – LEVEL ONE

Registration for all attendees will begin on Tuesday, July 30 from 3:00 pm – 7:00 pm.

Attendees who registered in advance may check in at the registration desk and pick up all meeting materials, including badges, special session tickets and conference program. On-site registration and individual ticket purchases will end at 2:00 pm on Thursday, August 1, 2013.

FIRST TIME ATTENDEES

Welcome! If you are a new member or this is your first time attending the conference this is the session for you. Learn more about NBNA and how to make the most of your attendance at the conference. It is all about networking, continuing education, and meeting new friends. You will also learn how to make the most of the exhibit hall experience, see what is new in nursing, meet the top health care providers in the country, and learn how you can earn your next degree at one of the finest nursing programs in the country. **Bring your business card and resume!**

WHAT TO WEAR

The attire for business sessions and educational sessions is business casual. Always bring a sweater or wrap, meeting rooms can be chilly and New Orleans will be hot!

Friday, August 2: Show solidarity with women and heart health by wearing a **RED** item of clothing or a red accessory.

NBNA REGISTRATION PAYMENT AND CANCELLATION POLICY

Payments by CHECK must be received by Friday, June 28, 2013. **NO CHECKS WILL BE ACCEPTED AFTER JUNE 28, 2013.** Payments may be made by money order or credit card (MasterCard or VISA) ONLY. You may register on-line at NBNA.org. *Should it become necessary for you to cancel your registration, WRITTEN notification must be received (not postmarked) by June 21, 2013.* Refunds will be made 90 days following the conclusion of the NBNA Conference. A \$50 administrative fee will be deducted from the total amount refunded. *No request for refunds will be granted after June 21, 2013.*

NOTE: For Conference Registration: "GUESTS" are defined as "Non-Nurses". A RN/LPN/LVN cannot register for the conference as a GUEST. Guest Registration includes: Sessions open to the public, conference institutes and workshops, refreshment breaks, exhibits, special activities, scheduled receptions, President's Gala, and Sunday Brunch. Guests are considered FULL conference attendees. Ticket purchases are available to all interested parties and are restricted to the event indicated.

PRE-CONFERENCE REGISTRATION TICKETING

- ALL members, guests, VIPs, honorees, awardees, exhibitors, speakers, sponsors, spouses and children **MUST** have a ticket with a table assignment to attend the Gala.
- Chapter tables will be designated based on the number of registered members and registered guests that have purchased tickets to the Gala by **June 15, 2013.**
- Gala tickets with your table number will be included in the REGISTRATION PACKET of all Conference Attendees and Registered Guests. Individually purchased tickets will also be included in the packet of the Registered Attendee.
- Individual ticket purchases to the President's Gala **MUST** be purchased by **June 15, 2013** AND the NBNA Member/Guest relationship must be clearly identified at time of purchase in order to guarantee appropriate seating.
- Tickets will be collected at the door. NBNA Members and their guests will be guaranteed seating with their chapter if their registration form and payment are received in the National Office by **June 15, 2013.**

ON-SITE REGISTRATION TICKETING

(REGISTRATIONS OR TICKETS PURCHASED AFTER JUNE 15)

- Every attempt will be made to seat you with your chapter and accommodate your guests at the chapter table. After the June 15 deadline, seating will be assigned on a space availability basis.
- Ticket sales at the conference (ON-SITE) will end at 2 pm, Thursday, August 1, 2013.
- For your convenience, a floor plan of the banquet seating will be on view prior to the day of the Gala. On the night of the Banquet, hostesses will have a list of each attendee's table assignment. Tickets will be collected at the door.

PRESIDENT'S GALA & BRUNCH SEATING PROCEDURES

- Ticket sales at the conference (ON-SITE) will end at 2:00 pm on Thursday, August 1, 2013.
- All members, guests, VIPs, honorees, awardees, exhibitors, speakers, sponsors, spouses and children **MUST** have a Gala or Brunch Ticket. There will **NOT** be assigned seating for the Sunday Brunch.
- Tickets will be collected at the door.
- All tickets will be placed in your Registration Packet and will be available on-site at the REGISTRATION DESK.

REGISTRATION FORM PAGE 1

PAGE 1.

NAME: _____ **PHONE:** _____

1. REGISTRATION INFORMATION (EXHIBITORS AND SPONSORS DO NOT USE THIS FORM)

PLEASE PRINT CLEARLY OR TYPE. ONE REGISTRATION PER FORM. COPY FORM FOR MULTIPLE REGISTRATIONS.

NAME _____ CREDENTIALS _____
FIRST MIDDLE LAST MUST PROVIDE

ADDRESS _____

CITY _____ STATE _____ ZIP _____

WORK PHONE (_____) _____ HOME PHONE (_____) _____

FAX _____ E-MAIL _____

NBNA ID # _____ RN/LPN/LVN LIC. NO. _____ SOCIAL SECURITY # _____

NAME OF CHAPTER (REQUIRED INFO): _____

EMERGENCY CONTACT: _____ PHONE _____

I AM A DIRECT MEMBER (do not belong to a chapter) NUMBER OF VEGETARIAN MEAL REQUIRED: _____

ARE YOU UNDER AGE 40? YES NO ARE YOU A NURSE PRACTITIONER? YES NO

2. REGISTRATION FEES (PLEASE CIRCLE THE APPROPRIATE FEES)

MEMBER	EARLY BIRD THRU 3/31/13	PRE-CON 4/1- 6/15/13	ON SITE AFTER 6/15/13	NON-MEMBER	EARLY BIRD THRU 3/31/13	PRE-CON 4/1- 6/15/13	ON SITE AFTER 6/15/13
RN/LPN/LVN	\$375	\$450	\$575	RN/LPN/LVN	\$550	\$625	\$775
Student (NON-Licensed)	\$230	\$280	\$405	Student (NON-Licensed)	\$305	\$355	\$505
Retired	\$300	\$375	\$500	Retired	\$375	\$470	\$550
INCLUDES (1) Gala ticket (1) brunch & closing session ticket (1) general raffle ticket (1) CEU program, business meeting (MEMBERS ONLY)				INCLUDES (1) Gala ticket (1) brunch & closing session ticket (1) general raffle ticket (1) CEU program			

I am a New Member SUB-TOTAL \$ _____

This is my first NBNA Conference SUB-TOTAL \$ _____

3. INSTITUTE REGISTRATION (ONLINE REGISTRATION NOT ACCEPTED AFTER JULY 15, 2013)

To receive the full compliment of Continuing Education Units, you MUST attend the institute and/or workshop of your choice IN ITS ENTIRETY. Institutes will be held on **FRIDAY, AUGUST 2**. NOTE: topics subject to change. Please choose ONE of the following:

Cancer Cardiovascular Disease Research Diabetes Women's Health Obesity Diversity

VITAS: ELNEC - Geriatric Curriculum 2-Day Session
(Pre-registration required)

PART I: Wednesday, July 31 / 8:00 am - 6:00 pm

PART II: Thursday, August 1 / 8:00 am - 5:00 pm

Mental Health First Aid USA 2-Day Session
(Pre-registration required)

PART I: Wednesday, July 31 / 8:00 am - 6:00 pm

PART II: Thursday, August 1 / 8:00 am - 5:00 pm

Presidents' Leadership Workshop (Chapter presidents, vice presidents or designated delegate ONLY)
Wednesday, July 31 / 8:00 am - 3:00 pm

NBNA Summer Youth Enrichment Institute (1-day / consent forms will be sent with registration confirmation letter.) register my:

RELATIONSHIP TO ATTENDEE CHILD'S NAME AGE OF CHILD GENDER

I will attend the **NBNA Professional Writing Workshop**

I will attend the **APRN Workshop**

I will attend the **Chapter Development Workshop**

I will attend the **Student Forum**

I am a LPN/LVN and will attend the **LPN/LVN Workshop**

I want to **volunteer:** Registration Workshop Monitor

I will attend the **Under Forty Forum**

Moderator Exhibit Hall (Friday)

REGISTRATION FORM PAGE 2

PAGE 2.

NAME: _____ **PHONE:** _____

4. GUEST REGISTRATION*

NON-NURSE ADULTS: _____

Address: _____

(IF DIFFERENT FROM REGISTRANT'S)

CHILDREN:

_____ (age) _____

_____ (age) _____

_____ (age) _____

_____ (age) _____

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

* NON-NURSE GUEST(S) REGISTRATION (ADULTS OR CHILDREN) \$275 EACH. REGISTRATION INCLUDES: EDUCATIONAL SESSIONS OPEN TO THE PUBLIC, EXHIBIT AREA, PRESIDENT'S BANQUET, AND SUNDAY BRUNCH.

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

Banquet & Brunch tickets are NOT refundable after JULY 25, 2013.

NBNA INSTITUTE OF EXCELLENCE LUNCHEON 8/2/13 \$75 ea X No. of tickets _____ **SUB-TOTAL \$** _____

PRESIDENT'S GALA & BANQUET 8/3/13 \$85 ea X No. of tickets _____ **SUB-TOTAL \$** _____

BRUNCH & CLOSING SESSION 8/4/13 \$50 ea X No. of tickets _____ **SUB-TOTAL \$** _____

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

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

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

Credit Card # _____ Exp. Date: _____ Sec. Code: _____

Cardholder Name (please type or print): _____

Signature _____

(ALLOW 2 WEEKS PROCESSING TIME IF PAYING BY CHECK)

NO REQUEST FOR REFUNDS WILL BE GRANTED AFTER JUNE 21, 2013.

THERE ARE **THREE** WAYS TO REGISTER:

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

2. ON-LINE @ www.NBNA.org

3. MAIL your completed form with payment to:
(Please allow 2 weeks for check processing)

NBNA
8630 Fenton Street, Suite 330
Silver Spring, MD 20910

JOIN NOW AT
www.NBNA.org



2013 CONFERENCE SCHEDULE AT-A-GLANCE

SUNDAY, JULY 28

2:00 pm - 5:00 pm Bag Stuffing

TUESDAY, JULY 30

3:00 pm - 7:00 pm Registration
12:00 am - 4:00 pm Local Chapter Health Fair
2:00 pm - 4:00 pm Board of Directors Meeting

WEDNESDAY, JULY 31

7:00 am - 5:00 pm Registration
8:00 am - 12:00 pm Professional Writing Workshop
8:00 am - 3:00 pm Presidents' Leadership Institute
8:00 am - 6:00 pm **NEW for 2013!**
Geriatric Curriculum (part 1)
More course information will be coming soon.

8:00 am - 6:00 pm **NEW for 2013!**
Mental Health First Aid USA (part 1)

1:00 pm - 5:00 pm Workshop TBD
3:30 pm - 4:30 pm Credentialing
3:30 pm - 4:30 pm New Members/First Time Attendees Workshop
3:30 pm - 4:30 pm Moderators / Monitors Workshop
3:30 pm - 5:00 pm Chapter Development Workshop

THURSDAY, AUGUST 1

6:00 am - 7:00 am Exercise Class
7:00 am - 5:00 pm Registration
8:00 am - 10:00 am Business Meeting (Chartering of New Chapters)
8:00 am - 5:00 pm Geriatric Curriculum (part 2)
8:00 am - 5:00 pm Mental Health First Aid USA (part 2)
10:30 am - 12:30 pm Plenary Session
12:30 pm - 1:30 pm Lunch on Own
1:30 pm - 4:30 pm Exhibit Hall Grand Opening
5:30 pm - 6:00 pm Chapter Line-Up
6:00 pm - 8:00 pm Opening Ceremony

FRIDAY, AUGUST 2

6:00 am - 7:00 am Exercise Class
6:30 am - 7:45 am NON-CEU Breakfast (2)
7:00 am - 5:00 pm Registration
8:00 am - 12:00 pm Institutes (6)
8:00 am - 12:00 pm Student Forum
8:00 am - 12:00 pm Diversity Institute
8:00 am - 4:00 pm NBNA Youth Enrichment Institute
8:00 am - 4:00 pm NBNA Founders Leadership Institute
12:00 pm - 3:00 pm Exhibit Hall
12:30 pm - 3:00 pm NBNA Nursing Innovations Theater
12:30 pm - 2:30 pm Institute of Excellence Awards and Luncheon
1:00 pm - 3:00 pm LPN Forum
3:30 pm - 4:30 pm Plenary Session
4:30 pm - 6:00 pm Under Forty Forum

SATURDAY, AUGUST 3

6:00 am - 7:00 am Exercise Class
6:30 am - 7:45 am Non CEU Breakfast Sessions (2)
8:00 am - 10:00 am Business Meeting (chapter awards)
10:00 am - 11:00 am Candidates Forum
11:00 am - 1:00 pm Exhibit Hall
11:00 am - 12:00 pm NBNA Nursing Innovations Theater
12:00 noon Grand Raffle
1:00 pm - 3:00 pm Workshops (6)
3:00 pm - 4:00 pm Member Speaks
6:00 pm - 7:00 pm Board and Lifetime Member Photo
7:00 pm - 11:00 pm President's Gala

SUNDAY, AUGUST 4

8:00 am - 9:30 am Ecumenical Service
10:00 am - 12:00 pm Brunch and Closing Session
Keynote Speaker

THERE ARE THREE WAYS TO REGISTER:

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



*(Please allow two weeks
for check processing)*