

NATIONAL BLACK NURSES ASSOCIATION

# NBNA

NEWS

**SPECIAL  
EDITION**

*NBNA Celebrates  
National Nurses Week*

*NBNA: Mentoring the Next  
Generation of Nurse Leaders*



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## NBNA NEWS

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

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Dr. Eric J. Williams and the Columbus, Georgia Metro BNA



Janice Sanders, President, Fort Bend County Black Nurses Association and Dr. Eric J. Williams, NBNA President



Dr. Eric J. Williams and the Ft. Bend County Black Nurses Association, Janice Sanders, President and Lola Denise Jefferson, Founding President (seated in the middle)



Top Achievers NBNA Lifetime Members Bessie Trammell, Rose Cooper, Joan Austin, Councilman Chris Preston, Delois Holloman, Charlie Terrell, Lola Denise Jefferson, and NBNA President Dr. Eric J. Williams

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2016 40 and Under Awardees  
at the NBNA Conference in Memphis, TN

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# *Mentoring: The Balance of Mind, Body, and Spirit*

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



For seven days during the month of May, we celebrate the unique contributions that nurses around the world have made and continue to make in forwarding the nursing profession and advancing health care. The efforts and successes of all nurses across every specialty and area of practice are acknowledged. Celebrations highlight the varied accomplishments of nurses around the globe. National Nurses Day, celebrated annually on May 6th, marks the start of the National Nurses Week observance. The Nurses Week activities culminate on May 12th with International Nurses Day which is also the anniversary of the birth of Florence Nightingale.

Florence Nightingale is most notably recognized for her seminal works as an expert clinician and patient advocate. Her accomplishments in the role of mentor, although not as prolifically discussed, earned her the characterization of “mentor of matrons.” Nightingale understood that mental, physical and spiritual wellness were undeniably important to the success of the mentor-mentee relationship. Nightingale’s mentoring philosophy transcended the basic focus of knowledge acquisition and goal attainment. There was also consideration for the personal and pastoral dynamics of health that could influence the quality of the mentor-mentee partnership and the achievement of positive outcomes.

For many nurses, the realization of our greatest professional accomplishments within nursing and health care would not have been possible without the guidance and support from a mentor (and in some instances mentors). Similar to Nightingale’s philosophy of mentoring, mentors of today oftentimes energize and support an environment of knowledge acquisition while also assuring the psychological aspects of well-being are met for their mentees. As we embrace the 2017 theme -- year of the healthy nurse -- let us

remember that holistic mentoring is greater than basic knowledge acquisition and should also include strategies that assist in achieving a complementary work-life balance that facilitates the realization of one’s professional goals.

Members of the National Black Nurses Association (NBNA) understand the importance of well-balanced, healthy nursing mentors and mentees in advancing the mission of the organization. The creation and implementation of the NBNA collaborative mentorship program is an example of a successful mentoring campaign in action. As a part of this mentoring program, nurses and students of nursing are mentored at various levels of their development by NBNA member volunteers. Program mentors support the growth and development of the selected nurse and student mentees from the aspect of caring that facilitates consideration for all aspects of the human totality.

In the spirit of celebration and mentorship, I salute our predecessor nurse mentors who guided and supported Black nurses in establishing the NBNA. I acknowledge the nurse mentors who have served as Past Presidents of the NBNA for coaching the NBNA leaders and membership while moving the organization forward toward the achievement of its meaningful purpose. I applaud every nurse mentor within the NBNA membership for their commitment to the personal and professional betterment of our nurses and student nurses. To nurse mentors around the globe – I commend you on a job well done!!!

**Wishing you all a joyous 2017 Nurses Week celebration....**

Eric J. Williams, DNP, RN, CNE



At its core, Nurses Week is a time for celebration and observance. It is also a time of remembrance for and acknowledgement of nurses past and present who work(ed) to assure the health and well-being of the citizens of our nation and the world. The American Nurses Association has designated 2017 as the “year of the healthy nurse.” Subsequently, the theme for National Nurses Week is -- Nursing: The Balance of Mind, Body and Spirit. The selection of this theme epitomizes the principle that nurses must be holistically healthy to function at a capacity that ensures that our goal of a healthy America is met.

Within this edition is an homage to the National Black Nurses Association mentors and mentees. This section illustrates mentoring at its finest. There is an introduction to the recently appointed registered nurse surgeon general. Included are articles that speak to mentoring and increasing doctorally prepared nurses, demonstrate the importance of federal social programs to the health of the nation, and the impact of precision medicine on quality health outcomes. Also highlighted are our chapters in service and our members who are on the move.

**To nurses everywhere, I wish you a....Happy Nurses Week!!!**

Respectfully,

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

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# In the News

## Introducing the Surgeon General of the United States

*Rear Admiral (RADM) Sylvia Trent-Adams, PhD, RN, FAAN*

**Rear Admiral (RADM) Sylvia Trent-Adams serves as Acting Surgeon General.**

During her time as Deputy Surgeon General, Rear Admiral (RADM) Sylvia Trent-Adams advised regarding operations of the U.S. Public Health Service (USPHS) Commissioned Corps and communicated the best available scientific information to advance the health of the nation. She served as the Chief Nurse Officer of the USPHS from November 2013 through May 2016. In this role, she advised the Office of the Surgeon General and the U.S. Department of Health and Human Services (HHS) on the recruitment, assignment, deployment, retention, and career development of Corps nurse professionals.

RADM Trent-Adams has held various positions in HHS, working to improve access to care for poor and underserved communities. As a clinician and administrator, she has had a direct impact on building systems of care to improve public health for marginalized populations domestically and internationally.

Prior to joining the Office of the Surgeon General, RADM Sylvia Trent-Adams was the Deputy Associate Administrator for the HIV/AIDS Bureau (HAB), Health Resources and Services Administration (HRSA). She assisted in managing the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Ryan White HIV/AIDS Program). The \$2.3 billion program funds medical care, treatment, referrals and support services for uninsured and underserved people living with HIV disease as well as training for health care professionals.

RADM Trent-Adams began her career in the Commissioned Corps of the USPHS in 1992. She has published numerous articles, participated in research studies, and presented to a variety of domestic and international organizations and professional groups. Prior to joining the USPHS, RADM Trent-Adams was a nurse



officer in the U.S. Army. She also served as a research nurse at the University of Maryland. RADM Trent-Adams also completed two internships in the U.S. Senate where she focused on the prospective payment system for skilled nursing facilities and scope of practice for nurses and psychologists. She has served as guest lecturer at the University of Maryland and Hampton University. Her clinical practice was in trauma, oncology, community health, and infectious disease. She has also served as the Chair of the Federal Public Health Nurse Leadership Council, and the Federal Nursing Service Council.

RADM Trent-Adams received her Bachelor of Science in Nursing from Hampton University, a Master of Science in Nursing and Health Policy from the University of Maryland, Baltimore, and a Doctor of Philosophy from the University of Maryland, Baltimore County. She became a Fellow in the American Academy of Nursing in 2014. She received the 2016 NBNA Trailblazer Award.

## The Sandwich Generation is Growing, and So Are Their Responsibilities

### Part 2 of a 2-Part Informational

By Yaba Baker

Across the U.S., millions of middle-aged adults struggle with the dual responsibility of financially supporting a child and caring for an aging parent. In fact, a 2013 Pew Research report found that 33% of baby boomers and 42% of GenXers are now members of what is commonly called “the sandwich generation.”

The meteoric rise of the sandwich generation is a byproduct of two powerful trends: (1) women giving birth later in life, and (2) the increasing longevity of the U.S. population. When you combine these factors with a growing number of young adults moving in with their parents, it’s easy to see why so many middle-aged Americans are concerned about the future. If you are one of them, here are a few steps you can take to protect your loved ones and prepare for the financial responsibilities ahead.

#### Have a plan for eldercare.

Talk to your parents about the kind of care they’d prefer, and discuss it with your siblings. See which, if any, family members have the capacity to help provide care and which home would be the most accessible. If you think external help will be needed, research local resources to see what is available—and at what cost. Most importantly, consult an attorney and make sure you have all the legal documents needed to make sudden medical and financial decisions if the need arises.

#### Evaluate your resources.

Before determining a course of action, make sure you know what resources are available. Can your parents pay for care on their own? Do they have long-term care insurance? Do they own any whole life insurance policies with living benefits they may be able to use to pay for care?

Can other family members contribute financially, or is public assistance a viable option?

#### Protect your children’s lifestyle and future.

While caring for a parent is a huge responsibility, it’s important to make sure your children’s needs are also met.

If you haven’t done so already, set up a college fund and make funding it a priority. Also, consider purchasing a term life insurance policy that can help to cover day-to-day expenses and protect their comfortable lifestyle in case anything tragic happens to you.

Caring for children and aging relatives at the same time is never easy, but with the right planning and resources, it is possible to do both. With so many people joining the ranks of the sandwich generation, now’s the time to start planning for the future.

*This educational third-party article is provided as a courtesy of Yaba Baker, Agent, New York Life Insurance Company. To learn more about the information or topics discussed, please contact Yaba Baker at 202-359-1938 or via email at [ykbaker@nyl.com](mailto:ykbaker@nyl.com)*



<sup>1</sup> “Caring for Kids, Parents, Sandwich Generation Savers Pressed for Time,” CNBC, June 14, 2014 @ <http://www.cnbc.com/2014/06/14/kids-parents-sandwich-generation-savers-pressed-for-time.html>

<sup>2</sup> Loans against your policy accrue interest at the current rate and decrease the cash value and death benefit by the amount of the outstanding loan and interest.



## The *All of Us* Journey

The *All of Us* Journey is a hands-on experience to build awareness and excitement about the *All of Us* Research Program, supported by the National Institutes of Health. Through a 37-week national tour, this traveling exhibit acquaints visitors with this landmark health research effort and encourages community members to join.



### The *All of Us* Research Program

The *All of Us* Research Program is an ambitious effort to gather data from one million or more people nationwide to help researchers learn more about how individual differences in lifestyle, environment, and genetics can influence health and disease. The program will be open to people both healthy and sick, from all communities. Unlike research studies focused on a specific disease or population, *All of Us* will serve as a national research resource to inform thousands of studies, covering a wide variety of health conditions. Knowledge from these studies may help researchers and health care providers develop more tailored treatments and prevention strategies in the future.

NIH is planning an extensive outreach campaign to spread the word across the country, with enrollment expected to begin later in 2017.

### A Program for All

*All of Us* is committed to reflecting the country's rich diversity to produce meaningful health outcomes for all, including communities historically underrepresented in biomedical research. That includes people from many different groups, including racial and ethnic minorities, sexual and gender minorities, those of low socioeconomic status, residents of rural areas, and people with disabilities.

You can ensure that your community is included in this historic research effort by helping us spread the word and hosting the *All of Us* Journey at a local community event.

### Hosting the *All of Us* Journey

By bringing the *All of Us* Journey to your neighborhood, you can:

- Educate visitors about the *All of Us* Research Program and its benefits for families, communities, and future generations
- Provide a convenient opportunity for visitors to ask questions and enroll on-site
- Give community members a chance to actively participate in a program that seeks to improve the health of *all*

### Next Steps

If you are interested in hosting the *All of Us* Journey, available at no cost to you or your community, please complete the Event Request Form and submit it to [dbeltran@montagemarketinggroup.com](mailto:dbeltran@montagemarketinggroup.com) for consideration.

For further information, contact Dianne Beltran at [dbeltran@montagemarketinggroup.com](mailto:dbeltran@montagemarketinggroup.com) or 240-506-3388.

Precision Medicine Initiative, PMI, All of Us, the All of Us logo, and The Future of Health Begins with You are service marks of the U.S. Department of Health and Human Services.



# NBNA 2017 LAS VEGAS, NEVADA!



## GREAT NEWS!

### Mandalay Bay Hotel and Resort Room Rate Reduction

We are thrilled to inform you that the room rate for the peak nights of the conference have been reduced!

**Please read the following information carefully!**

The room rate for King or Double Queen accommodations at the Mandalay Bay Resort, arriving on Sunday, July 30 and departing on Friday, August 4 is now \$100.00 per night plus a \$30 resort fee and taxes!!!

The room rate for King or Double Queen accommodations for nights prior to Sunday, July 30 and after Thursday, August 3 will remain at the group rate of \$174.00 per night.

If you already have a confirmation number for your hotel stay at the Mandalay, you do not need to call the hotel!! The correction will be made automatically by the hotel, the \$74.00 refund will automatically be credited to your account. You should receive an email from Mandalay Bay Reservations reflecting the new rate for your stay and any credit you are due.

### More Good News

On Wednesday, August 2, Gilead Sciences will be sponsoring a luncheon for all registered attendees, exhibitors and registered career fair attendees. The luncheon ticket will be included in your registration packet. Tickets will be collected at the door. The Awards Ceremony will be a part of the luncheon.

### Register Today for These Special Sessions!

(registration form can be found at the end of this newsletter)

# *U.S. Mental Health Policy: Improving Client Access to Timely, Affordable Mental Health Services*

Stephanie A. Patterson, JD, MBA, MPA, MSN, RN, PHN, PMHN-BC



**Stephanie A. Patterson** is a board certified psychiatric-mental health RN at Huntington Memorial Hospital in Pasadena, California. She also works with pediatric clients between the ages of five and 12 who are diagnosed with a mental illness. Stephanie serves on the Policy Committee with the American Association of Colleges of Nursing and she was a 2016 recipient of the NBNA's "First Annual Under 40 Award." She is a member of the Council of Black Nurses – Los Angeles.

**M**ental illness is a growing concern in this country. Findings in the literature suggest the mental health system in America is in peril (Pinals et al., 2015; Madden et al., 2015). Capital budgeting and resource allocation are crucial if the goal to assist individuals and families in need of mental health services are to be met in a timely manner.

Mental illness has been attributed to the recent rash of mass shootings in the U.S. Some have suggested a link between antiquated mental health laws and the accessibility of firearms by the psychiatric disabled as a risk factor for violent behaviors such as the mass shooting at the Inland Regional Center in San Bernadino, CA (Metzl & MacLeish, 2015). Beyond legality, age has been identified as an additional element that bears consideration as a risk factor for violent behavior among the psychiatric disabled. It is well documented that the consequences of mental health disturbances oftentimes begin early in life. The faster youth exhibiting symptoms of mental health disability are treated, the better the anticipated outcomes. However, a significant number of individuals with mental health disability are oftentimes unable to successfully access the care and treatment needed to mitigate the disability-associated insult(s).

The nation must begin to holistically address the many gaps in America's mental health care system. Changes in mental health policy articulated as a bipartisan, comprehensive mental health reform bill may be one way to improve access to mental health

services in our country. By refocusing programs, establishing grant programs, and removing barriers to care, access to early medical interventions may reduce susceptibility to mental health related problems (Canady, 2015).

H.R. 2646, *the Helping Families in Mental Health Crisis Act of 2016*, accommodates different perspectives on complex issues while taking important steps to improve mental health care. The bill seeks to enhance crisis response services, provide grants to track inpatient and residential beds, promote early intervention efforts, and it supports the integration of mental health, substance use and primary care. As first-line health care professionals, we must be prepared to hold our elected officials accountable in advancing mental health reform. We must also do our part as nurses by being civically engaged in our communities and in society at large.

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# How the 340B Drug Discount Program Enables Care Coordination

Renee M. Pennington MSN, RN, ACNS-BC  
Sherrie D. Williams, MD, MHS

Care coordination – getting the right care to the right patient at the right place in the right time – typically yields enhanced, more reliable, and less expensive medical care costs. Better coordinated care can also help reduce racial and ethnic health disparities. African-Americans comprise 50% of the Cleveland, Ohio, population. These Clevelanders suffer disproportionately from poverty-associated chronic diseases that are oftentimes pharmacologically treatable. The 340B Drug Discount Program makes it possible for covered entities to obtain inhalers, insulin, and other essential medications at discounted prices. Substantial savings through the federal 340B Drug Discount Program for outpatient prescription medications enables administrators for organizations such as the MetroHealth system to allocate more resources to care coordination efforts.

Care coordination is a systematic approach to compiling and communicating health-related activities with all individuals involved in the patient's care – including the patient – to address potential care gaps in interrelated medical needs relative to achieving optimal health and wellness. Coordinated care may include but is not limited to assisting patients with transitions of care, linking patients to community resources, and having practitioners from multiple disciplines make home visits. Facilitating stakeholder abilities to be more selective about whom they partner with in the delivery of post-acute care may also be viewed as an element of care coordination.

Coordinating care for patients living in poverty can be an enormous challenge. They often must make the tough choice between paying for medication or purchasing goods needed to meet basic needs. When patients must choose to meet their basic needs, follow-up medical care becomes infrequent and hospital

readmissions are almost inevitable. In addition, filling and refilling medication prescriptions become cost prohibitive. Healthcare professionals might incorrectly characterize the lack of follow-up or non-adherence to medication regime as noncompliance with the established treatment plan. Primary care and other healthcare providers may fail to consider that patients often hide details about their finances out of embarrassment or pride.

Congress created the 340B Drug Discount Program in 1992. This program requires drug manufacturers to sell outpatient drugs at a significantly reduced price to safety-net providers serving high numbers of low-income Medicare, Medicaid, and Supplemental Security Insurance patients. The 340B program makes it possible for patients to obtain inhalers, insulin, and other essential medications. When patients can afford their medications, they are more apt to comply with treatment regimens, their health status can improve or stabilize, and they are able to become more actively engaged in their plan of care.

The savings amassed as a result of the 340B Program allows organizations such as MetroHealth to more effectively utilize resources; in effect, reaching a greater proportion of eligible patients while providing more comprehensive services. At MetroHealth, these services include our care transition and care coordination programs. Savings also help fund other services vital to care coordination. For example, transportation and language services, and prevention and wellness services such as a no-cost smoking cessation program.

The 340B program is not designed to mitigate all financial burdens and healthcare barriers that many patients face. The program does, however, help create the foundation for patients to attain greater skills towards the self-management of their overall health. Special interest groups such as the drug industry is lobbying Congress to scale back the 340B program. If this happens, far fewer organizations will qualify to participate in the program and fewer prescriptions will be subject to discounted prices. As a result, hospitals and their most disadvantaged patients would suffer. It is our determination that Congress should reject drug industry calls to scale back this vital program.

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**Renee M. Pennington**

is Manager for Care Management at MetroHealth Medical Center in Cleveland, Ohio. She is responsible for discharge planning related to case management, including transitional care and home care coordination. Previously as Transitional Care Coordinator, she was lead developer of a team to coordinate care for patients at high risk of readmission.



**Sherrie D. Williams**

is a board certified pulmonary/critical care specialist. She is immediate Past President of the Medical Staff for the MetroHealth System in Cleveland, Ohio, and a Member of the MetroHealth Foundation Board. Dr. Williams is a Member of the Board of Directors of 340B Health, the association of hospitals and health systems in the 340B Drug Pricing Program.

# Engaging in Research: Why Should Nurses Get Involved?

Kali Crosby, MSN, RN, CIC



**Kali Crosby** is a Nurse Consultant in the Division of Healthcare-Associated Infections (HAI), in the Center for Quality Improvement and Patient Safety, Agency for Healthcare Research and Quality

(AHRQ). This role incorporates providing clinical nursing insight into a full range of patient safety and HAIs activities. She has 17 years of varying nursing experience in infection prevention, public health, and research. Previously she served as the sole Infection Preventionist for two overseas Department of Defense (DoD) sites, a U.S. Naval Hospital in Cuba, and Bavaria Health Command- Europe in Germany.

**W**hat comes to mind when you hear the word “research?” Many who are not actively involved in research may think -- clinical trials. However, findings from all types of research, beyond clinical trials, inform many aspects of nursing practice. From coordinating research studies to participating in quality improvement projects, nurses can be involved in the enterprise of medical research in a variety of ways.

Clinical research nurses have the potential for tremendous impact on patient outcomes. Nurses interested in research as an employment option could be involved in the collection of data that supports evidence-based practice and/or the development of best practice protocols. Ancestrally diverse nurses considering a career in research could help address the need for sufficient participation numbers in medical and biomedical research by members of ancestrally diverse subgroups.

The National Academy of Medicine, formerly known as the Institute of Medicine, recently appealed to nurses to take a greater role in America’s increasingly complex health care system through research. Answering this call affords the opportunity for interested and qualified nurses to be a part of an enterprise that can promote positive cultural change. As a nurse consultant in the Division of Healthcare-Associated Infections (HAI) in the Center for Quality Improvement and Patient Safety at the Agency for Healthcare Research and Quality (AHRQ), I would like to share some examples of opportunities that are available through the AHRQ that support and promote nurses as researchers.

The mission of AHRQ is to provide national leadership and administration of programs to enhance the safety, quality, appropriateness, and effectiveness of health care services and

to advance access to health care services. The work of AHRQ facilitates the establishment of a broad base of scientific research that promotes improvements in all aspects of clinical practice including but not limited to the organization, financing, and delivery of health care services. Nurses employed within the HAI division of AHRQ provide clinical nursing insight into a full range of programmatic activities related to health services research, clinical research evaluation, research methodologies, data development and analysis, large-scale quality improvement projects, and other research endeavors on quality measures and improvement in HAIs and patient safety. In addition, AHRQ nurses are actively involved in activities that stimulate the development of extramural funding opportunities such as grants and contracts.

Funding opportunity announcements solicit research proposals on a variety of subjects pertinent to nursing, including health services research, patient safety, and prevention of HAIs. AHRQ also supports multiple national projects aimed at improving the safety and quality of care for patients in which nurses play a driving role.

For example, the Comprehensive Unit-based Safety Program (CUSP) is a research and quality improvement initiatives developed at Johns Hopkins Medical Center with AHRQ support.

The Comprehensive Unit-Based Safety Program is a flexible model for patient safety improvement. The implementation of this model has been shown effective addressing safety imperative such as HAI by combining clinical best practices and the science of safety.

A major innovation of the CUSP project was the provision of a platform that empowered frontline providers, especially nurses, to drive quality improvement and reinforce the implementation of evidence-based practices. The CUSP model has been applied to a myriad of efforts aimed at reducing and preventing identified patient safety challenges. Successes include (a) reductions in catheter-associated urinary tract infections in long-term and acute care setting, and (b) reductions in central line-associated bloodstream infections.

There are several ways that nurses can become involved in research. Look for challenges you want to address in your area or projects that are already ongoing. Engage support from your coworkers, other staff, and administration. Explore funding mechanisms to support your efforts if needed. Nurses, don't hesitate--You too can get engaged in research and make a difference!

## Resources

AHRQ's Healthcare-Associated Infections Program. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/professionals/quality-patient-safety/hais/index.html>

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# Expanding Access to Colorectal Cancer Screening

Thomas A. Mackey, PhD, APRN-BC, FAAN, FAANP



**Dr. Thomas Mackey** is a Professor of Clinical Nursing at the University of Texas School of Nursing at Houston. He is a practicing family nurse practitioner and one of the nation's leaders in nurse-practitioner-managed clinics. Until recently, Dr. Mackey served as the Associate Dean for Practice at the University of Texas School of Nursing at Houston for 25 years.

**M**ore than 50,000 Americans will die from colorectal cancer (CRC) in 2017 (American Cancer Society [ACS], 2017). This is a staggering number considering CRC is preventable with screening and treatable with high survivability when detected in the first stage. Primary care providers now have more tools at their disposal to help lower the current mortality statistics. Newer screening options—including several noninvasive choices—are now available.

The ACS recommends all Americans at average risk for CRC begin screening at age 50. Screenings should be initiated earlier for individuals identified as being at an increased risk for the development of CRC (ACS, 2017). Screening is critical to the early detection of CRC. The earlier identification and removal of precancerous polyps can effectively prevent cancer development. Moreover, most polyps and early-stage cancers cause no symptoms. Therefore, early detection is dependent on regular screening.

Estimates suggest that approximately twenty-three million Americans in the recommended age group for screening do not get screened. This translates to a screening rate of approximately 50%-60%. This number has remained essentially unchanged for the past decade. Among vulnerable and marginalized subpopulations such as African-Americans, Hispanics, Medicare recipients, and those within the lower socioeconomic strata, the screening rates are even lower.

Colonoscopy remains a broadly available screening option for the detection of colorectal cancer and precancerous polyps. Many patients, however, have reservations about undergoing colonoscopy for a variety of reasons. Some of the reasons include the invasiveness of the procedure, unpleasant pre-procedure cleansing protocols, fear of sedation/anesthesia, and costs associated with outpatient facilities usage.

The U.S. Preventive Services Task Force (USPSTF) released its updated recommendations for colorectal cancer screening in 2016. Part of the recommendation statement from the USPSTF suggests there is “convincing evidence that screening for colorectal cancer provides substantial benefit for adults aged 50-75 years, and a sizable proportion of the eligible US population is not taking

advantage of this effective preventive health strategy.” The major recommendations in brief are (a) screening for colorectal cancer starting at age 50 years and continuing until age 75 years, and (b) screening for colorectal cancer in adults aged 76 to 85 years should be an individual one, taking into account the patient's overall health and prior screening history.

In addition to frequency recommendations for CRC screening, the latest recommendations promote the utilization of newer screening methods. The at-home stool-DNA test (also known as FIT-DNA and Cologuard) and virtual colonoscopy are screening methods noted within the recommendations document. Both screening methods are considered as beneficial as other previously recommended traditional screening methods. Medicare and a growing number of private insurers cover the Cologuard test.

Educating patients about CRC screening and alternative non-invasive screening methods begins with the primary healthcare provider. Nurses working in the primary care setting are in a unique position to facilitate patient engagement and adherence to the USPSTF recommendations for CRC screening. There are several ways in which primary providers can promote patient acceptance to and adherence with the current CRC screening recommendations. These techniques may include (a) identifying and assigning an office champion to help your office meet the CRC screening guidelines; (b) periodically check the electronic medical record (EMR) for patients who are 50 years of age and older, (c) reach out to those patients within the recommended age parameters for screening via post cards, phone calls or texts and emails to request they schedule an appointment, and (d) discuss all screening options (invasive and noninvasive) which could improve compliance rates. Incorporating these best practice approaches may help the screening rates for CRC.



# Nurse Educator in the 21st Century

Andrea Doctor, MSN, RN, CCRN, CCRC  
Stella O. Akpuaka, DNP, RN, MSc.HCA, CFNP, FNP-BC

In the 21st century, there have been numerous changes in the nursing profession generally, and in nursing education, specifically. These changes are many. Notable changes include the innovation of advanced forms of technology in the classroom. These include variations in the social environment that consist of changes in motivation and engagement. Achievement beliefs and behaviors also influence educator practices. From a transformative perspective, evolution of the nurse-client relationship, a foundational element of nursing care practice, may impact the application of practice-based theory within nursing curricula.

Many challenges face the nursing education system (Institute of Medicine, 2010). As such, transformation of the health care system requires a broad scope of thinking relative to nursing education. Academic administrators and nursing academicians are charged with identifying solutions that will ultimately strengthen and advance the nursing education enterprise. As part of the solution to move nursing education forward, the education attainment of the educators themselves should be considered. It has been suggested that improving the nurse education system will require the highest levels of academic achievement by nurse educators (Bastable, 2014).

The 21st century nurse educator must be prepared, academically and philosophically, to advance the preparation of nurses toward this goal. For example, nurse educators should have a proper understanding of modern education theories, and the principles and foundations that relate to adult learning. A nurse educator should also be capable of analyzing the various domains of learning and the contextual application of these domains as they relate to clinical practice. Also of importance is the ability to demonstrate knowledge of curricula development. Due to the changes in the provision of health care services, nurse educators need to be able to design curricula that reflect the current needs and trends of the healthcare environment. The ability to develop course materials that reflect innovative strategies of learning that encourage active participation and achievement of student learning outcomes is necessary for nurse educators to effectively navigate the current

academic terrain (Callara & Callara, 2008). The 21st century nurse educator should form partnerships with their students and serve as facilitators in the student's learning process.

Nurse educators need to understand the uniqueness of theoretical and clinical reasoning. Implementation of this knowledge assists nursing students with interpreting and applying evidence as an innate part of their learning experiences. Academic challenges in the 21st-century academia require that nurse educators be able to create and maintain an environment that is favorable for theoretical studies, clinical simulation, and practice. Also, nurse educators should embrace technological advancements, an aspect of teaching-learning, that if used properly, facilitates the development of nursing knowledge, skills, and professional behavior.

Regarding nursing practice, nurse educators need to maintain a knowledge base and skill set reflective of current, evidence based standards. The teaching and learning activities employed by nurse educators in the practice setting should include aspects of creativity and innovation. Within the practice setting, nurse educators should also have the capacity to communicate effectively, provide and mentor care that is culturally sensitive, and promote interdisciplinary collegiality (Bastable, 2008).

Health challenges in the 21st century are different from the public health challenges of previous years. The population is not only aging, but, there is greater cultural, socioeconomic and ethnic diversity. These changing demographics have resulted in a health care needs paradigm shift. Therefore, creation and/or modification of the current health care system to meet the health care challenges of the 21st century is also warranted. The actualities of 21st century health care must underpin educational development in both curricula and clinical practice are essential to providing accessible, affordable, quality-centered nursing care.

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**Andrea Doctor, MSN, RN, CCRN, CCRC** Associate Professor at the University of District of Columbia Community College. Andrea Doctor, was born and raised in Florida, She received her Master Degree and Bachelor Degree from Chamberlain College

in Jacksonville, FL and her Associate Degree from the University of the District of Columbia. She is currently finishing up her doctor in philosophy (Ph.D.) degree at the Catholic University of America. She has over 20 years of nursing experience. Her areas of expertise are Critical Care Nursing, Cath Lab, and Nursing Research. In her spare time she teaching infant CPR in teenager mother's in the Washington, DC area to help fight Sudden Infant Death Syndrome (SIDS).



**Dr. Stella Akpuaka, DNP, RN, MSc.HCA, FNP-BC** Dr. Stella O. Akpuaka is a board certified family nurse practitioner who believes in lifelong learning

and is a powerful advocate for men in nursing and women empowerment through education. Dr. S.O. Akpuaka is currently a full time Tenured Associate Professor in the Division of Allied Health, Life and Physical Sciences at the University of the District of Columbia Community College. Her research interest includes focus on Male nursing students, Prostate cancer and HIV prevention, & early screening.

# Improving Health Care Access for Minority and High-Risk Populations

Keith C. Ferdinand, MD



**Dr. Keith Ferdinand** is Professor of Clinical Medicine Tulane Heart and Vascular Institute Tulane University School of Medicine. Dr. Ferdinand is board certified in internal medicine and

cardiovascular disease, a Diplomat certified in the subspecialty of nuclear cardiology, and an American Society of Hypertension—certified specialist in clinical hypertension. He is a Fellow of the American College of Cardiology, the AHA, the American Society of Hypertension, and the National Lipid Association. Dr. Ferdinand currently Chairs the Association of Black Cardiologists' *Access to Health Care Initiative* (ABC).

**D**espite advances in medical therapies and new treatment modalities for patients with or at risk for cardiovascular diseases (CVD), health equity and access to care remain significant areas of concern. African Americans are disproportionately burdened with the highest rate of heart disease and stroke of any racial/ethnic group in the U.S. Moreover, there remains indisputable evidence that the presence of health disparities continues to be a major concern in CVD healthcare and the black-white gap in life-expectancy has persisted over the last several decades. Therefore, access to quality healthcare remains a challenge, particularly for underserved minority patient populations with limited availability of evidence-based therapies leading to premature deaths, diminished quality of life, and loss of optimal productivity. The cause of these disparities are complex, existing both within and outside of the health care system. What is promising is that there are remediable interventions with potential improved outcomes for all.

Key stakeholders and patients must be willing to take a comprehensive look at these issues with the intention of developing real solutions. It's critical that we move beyond simply acknowledging issues related to patient access to identifying significant solutions that remove access barriers to optimum healthcare. The challenge is to appropriately explore how we can overcome the divide and develop evidence-based high-impact strategies for both healthcare providers and patients.

As Chair of the Association of Black Cardiologists' (ABC) "Access to Health Care Initiative", along with our partners, our mission is to address these critical issues in a changing health care landscape by revealing disparities faced by minorities and high-risk patients and promulgating solutions to diminished access, especially to newer medications and therapies.

A critical concern is that improved cardiovascular mortality has recently shown a deceleration in the rate of decline in CVD, heart disease (HD), and stroke mortality. This is an alarming trend that warrants innovative approaches and we must be responsive to the unacceptable mortality rates among blacks from CVD compared to whites. We will not be a healthy society until we begin dissecting these problems and finding solutions that lead to the elimination of disparities and equal care for all.

The ABC Access Initiative takes an in-depth look at the key access barriers to quality care, such as unveiling how frequently these prescriptions for new evidence-based therapies are delayed or denied. The most challenging obstacles are: cost of drugs to patients, suboptimal access to primary care, low referral specialists, socioeconomic determinants of health, lack of culturally competent providers, limited access to affordable generics, and refusal of some healthcare providers to accept Medicaid or certain health insurances amongst others.

Five consensus-driven solutions have been identified by the ABC Initiative and its multi-disciplinary team of stakeholders. These recommendations have been developed to improve patient access to care and innovative therapies by crafting definitive, collaborative solutions that expand existing services, streamline processes or address problematic policies. The solutions identified are the advancement of telehealth and telemedicine for minority populations, advocacy for policy reform; standardization of health plan authorization processes; promulgation of pharmacy-based

programs and of mobilized community health workers for greater patient engagement.

As healthcare professionals, we need to be able to offer our patients evidence-based therapies, regardless of race, ethnicity, or socioeconomic status. There must be an emphasis on understanding the importance of health literacy, the social determinants of health, including adverse environments and the stresses of having a disadvantaged socioeconomic status.

As cardiovascular and public health stakeholders, we encourage groups and organizations around the U.S. to join us in advancing and identifying solutions to aid minority or high-risk populations. The ABC consensus report, entitled Improving Health Care Access for Minority and High-Risk Populations supports its mission to promote

the prevention and treatment of CVD by eliminating inequalities and improving access to health care, including evidence-based treatments and newer developed modalities. We can all be partners in this effort by contributing to the identified solutions. For more information on the summary of recommendations and the ABC, visit [abc cardio.org](http://abc cardio.org)

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*Founded in 1974, the ABC is a nonprofit organization with an international membership of over 1,700 health professionals, lay members including Community Health Advocates, corporate members, and institutional members. The ABC is dedicated to eliminating the disparities related to cardiovascular disease in all people of color and achieving the highest level of health for all individuals and communities.*



# Nursing Students Interfacing with CRNAs: Diversity CRNA HBCU Tour



**Dr. Wallena Gould** is the founder of the non-profit organization, Diversity in Nurse Anesthesia Mentorship Program, former Chief Nurse Anesthetist and adjunct faculty member at Rutgers University School of Nursing.

Wallena Gould, EDD, CRNA, FAAN

I have been a Certified Registered Nurse Anesthetist (CRNA) for over 13 years. Before becoming a CRNA, my nursing career consisted of being an operating room and trauma nurse for nine years. I cannot recall a time during my undergraduate schooling where the advanced clinical specialty field of nurse anesthesia was presented as a viable career option. More recently, my daughter's experience as a graduate nursing student mimics my earlier experience. Although she is often encouraged by nursing faculty to pursue a career as a nurse practitioner, she nor members of her student cohort have been provided information useful in considering a career as a nurse anesthetist. An opportunity for contact with CRNA faculty members and/or professionals has also been limited. As a result, I felt that a serious dialogue relative to the inclusion of nurse anesthesia as a viable profession and exposing nursing students to CRNAs on campus was needed.

I am the founder of the Diversity in Nurse Anesthesia Mentorship Program [[www.DiversityCRNA.org](http://www.DiversityCRNA.org)]. Our non-profit all volunteer CRNA organization has mentored over 450 underrepresented minority nurses to successfully matriculate into 57 of the 114 graduate nurse anesthesia programs in the U.S. In 13 years, we have hosted 28 Diversity CRNA Information Sessions & Airway Simulation Lab Workshops. This weekend long event is intended for registered nurses and nursing students from underrepresented ethnic groups across the country, many whom are first generation college graduates, to learn the intricacies of the admission and progression processes relative to the specialty of nurse anesthesia.

Specifically, attendees are provided comprehensive information about topics such as the admissions process, essay construction, interviewing techniques, program rigor, clinical expectations, and balancing family and finances. These sessions also provide networking opportunities with CRNA Program Directors, practicing CRNAs and other nurse anesthesia students of color. Hands-on

airway simulation lab workshop is also a significant component of this forum. The primary goals are to facilitate the creation of a competitive application and to bolster applicant confidence for interview day. Mentoring also includes an introduction to a minority nurse anesthesia student or graduate CRNA from the accepting program.

Last year, the Diversity in Nurse Anesthesia Mentorship Program extended its educational pipeline to include nursing students enrolled in Historically Black Colleges and Universities (HBCU) and Hispanic Serving Institution Schools of Nursing. Nurse Anesthetists from diverse ancestral backgrounds provide face-to-face interaction with nursing students. Similar to the information sessions and airway simulation forum, students are provided a plethora of information on all aspects of CRNA education. Students are provided a unique perspective of the CRNA education and practice experiences from those actively involved in the field. To date, we have visited Howard University, Delaware State University, North Carolina A & T State University, and Lehman College.

The Diversity in Nurse Anesthesia Mentorship Program was designed and implemented to increase minority representation in the nurse anesthesia profession and graduate nurse anesthesia programs. According to a recent American Association of Nurse Anesthetists Profile (2015) survey, there are 50,000 CRNAs in the country. Only nine percent of these CRNAs are from diverse backgrounds. It is my hope that the Diversity in Nurse Anesthesia Mentorship Program will continue to pique an interest in pursuing nurse anesthesia doctoral education. Increasing the number of doctorally prepared underrepresented minority nurses is a National Academy of Medicine recommendation. Let's be an active part of the movement to include CRNAs of color at the forefront of encouraging nursing students to pursue nurse anesthesia in our nations urban hospitals.

## The Diversity in Nurse Anesthesia Mentorship Program in Action



Howard University



Howard University



North Carolina A&T University



North Carolina A&T University





Delaware State University



Delaware State University

# What's the Helix: The Influence of Artificial Intelligence on Precision Medicine

Yolanda Powell-Young, PhD, PCNS-BC, CPN  
Vanessa Johnson, PhD, RN  
Gesulla Cavanaugh, MPH, MS, Ph.D

*“Mr. Watson, come here.  
I want to see you.”*

Little did we realize that the successful transmission of these sentences by Alexander Graham Bell to his assistant in 1877 could impact the world of healthcare. Beyond fundamental communication, the interface between humans and computers in this age of digital evolution has implications for health care generally and the nursing profession, specifically. Current healthcare trends indicate that artificial intelligence, also known as augmented intelligence (AI), will be increasingly incorporated into all aspects of healthcare. Therefore, it is imperative that nurses, at all levels and spheres of practice, become familiar with the concept of AI and its usefulness within the realm of healthcare.

Within the field of cognitive systems, artificial intelligence (AI), at its core, may be considered non-natural or mechanical cognition. According to Kok and colleagues (2002), AI are systems that – think like humans, act like humans, think rationally, and act rationally. Two specific components of AI are machine learning and machine reasoning. Machine learning is a method of data analysis that automates analytical model building. Using algorithms, machine learning allows computers to find hidden insights and optimize their predictive capacity for a particular area of interest (Bishop, 2007). According to Bottou (2011) machine reasoning could be plausibly defined as a computer that can algebraically manipulate

previously acquired knowledge in order to answer a new question. Together, these subcategories of AI are the essence of IBM's DeepQA Cognitive System termed “Watson Health.”

Watson Health is an AI super-computer solutions platform utilized to optimize performance, engage consumers, and deliver effective care to selected patient populations. Relative to precision medicine Watson Health uses evidence from a vast corpus of medical literature and other useful medical knowledge bases (e.g., OncoKB and Illumina genomics) to identify more precise and potentially effective therapies based on algorithms designed to capture the complexity of healthcare data. State-of-the art cognitive capabilities enable Watson to synthesize broad and diverse sources of structured and unstructured, public, licensed and private content to improve health provider decision-making relative to diagnosis and treatment. Although fairly new, there has been significant success in utilizing Watson to determine gene-specific treatment protocols among cancer patients.

Within the realm of oncology, examining diseased cells is a long process which often takes years. Moreover, manual review and extrapolation of the relevant literature to facilitate identification of evidence-based treatment protocols is both cumbersome and imprecise. In such cases, the significant time requirements, potential for misdiagnosis, and lack of knowledge for precise interpretation of massive literature repositories in determining interventional therapies can lead to death in some patients (Nayak, Khan, Shukla, & Chaturvedi, 2017). With Watson Health, primary providers are able to capture the essence of each patient's condition through classification and grouping techniques based on the biological foundation of their illnesses as well as the patient's own biological make-up. Watson extrapolated data can be utilized to facilitate the development of a precise treatment protocol customized and personalized for each patient with the ultimate goal of maximizing treatment effectiveness.

A Watson-specific case study published by Peerzada Abrar (2016) speaks about a 34-year-old with a very rare and aggressive form of breast cancer. Sixty seconds after feeding the patient's medical records and genomics data into IBM's Watson Supercomputer several treatment options along with gathered evidence specific to her health needs were created for review by the oncologist. The Watson data included an assessment of the tumor with suggestions regarding which drug regimen should be used for maximum effectiveness. Abrar suggests that, “the most beautiful thing about it (i.e., Watson) is that it not only comes up with the best treatment but also gives supporting evidence.” Watson gets these hidden insights from 15 million pages of medical content, including more than 200 medical textbooks and 300 medical journals that it has “ingested.”





**Dr. Yolanda Powell-Young** is a Professor of nursing. She is the architect for the “What’s the Helix” features, joint founder of the NBNA ProGENE Institute, and Editor-in-Chief of the NBNANews.



**Dr. Vanessa Johnson** is the Director of Research at Nova Southeastern College of Nursing in Davie, Florida. She earned a PhD in Human Development and Family Science in 2004, completed a Clinical Genetics Research Post-Doctoral Fellowship, has taught in Colleges of Nursing for 27 years, served as the PI on several funded studies and as grant reviewer for various organizations.



**Dr. Gesulla Cavanaugh** teaches biostatistics to nursing students in the U.S. and health care professionals in Saudi Arabia. She serves as a dissertation content expert for quantitative methodology development at Grand Canyon University. She is also an academic consultant, with expertise in big data analytics and forecasting analysis.

Other areas of medicine that Watson Health is proving to be positively impactful are pharmacology, patient engagement and care management. The Watson platform can be used to identify novel drug targets; ascertain new indications for existing drugs; and the rapid uncovering of new therapeutic connections which may lead to new intervention insights and scientific breakthroughs. The patient engagement component has been used to identify patients with care gaps, and automate personalized interventions while facilitating self-management between provider visits. The care management component can be used to personalize care plans and automate workflow capacity in creating informed actions plans.

Artificial Intelligence in healthcare is already in action and plays a role in different levels of the healthcare industry. For an in-depth view of Watson Health capability and capacity, the following links have been provided. A session related to *How Watson Works* can be found at [https://www.youtube.com/watch?v=\\_Xcmh1LQB9I](https://www.youtube.com/watch?v=_Xcmh1LQB9I). An additional session on the *Uses of Watson in Healthcare* can be found at [https://www.youtube.com/watch?v=ZPXCf5e1\\_HI](https://www.youtube.com/watch?v=ZPXCf5e1_HI).

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# Mentorship



**Mentor:**  
**Laurie C. Reid, MSN,  
RN,**  
Atlanta Black Nurses  
Association



**Mentee:**  
**Erica Davis, NP**

## How have you benefited from being a mentor?

Serving as a mentor has been extremely meaningful. Sharing real life experiences and knowledge is very rewarding! The relationship, both formal and informal, has resulted in a lasting friendship providing the space to share ideas, talk candidly about personal and professional choices and work through ups and downs. I have benefited most from listening to her needs, offering advice and acceptance of information. The relationship is not about telling her what to do, but offering information to make good decisions.

## What advice would you give a mentee when seeking a mentor?

Approach it as a partnership and an evolving relationship. What you put into the relationship is what you will receive. Seek someone who you feel comfortable talking with; has an idea or possibly traveled the road you are traveling; and, be honest with your expectations from the Mentor. This is a two-way relationship and works well with like-minded people. Don't expect an overnight relationship. Things should be allowed to evolve over time and the relationship will begin to define itself.

## What was the best advice that your mentor gave to you?

The best advice my mentor gave me was "give it your all and at the end of the day if you can look yourself in the mirror and say I did my best, and with God's help, tomorrow will give me another opportunity then I've done my best". I live by the saying every day. To me it meant be the best that you can be in everything you do.

## What exciting or positive thing has happened to you as a result of the relationship with your mentor?

I met my mentor at the end of my nursing program, so I was not even a Registered Nurse. With that being said, there have been so many positive things that came from having a mentor. The first thing was participating with The National Black Nurses Association. Pat Lane introduced me to my first conference where I met so many professional African-American men and women, who have excelled in their career as nurses. At that moment I knew that I just didn't want to be a Registered Nurse who only worked her shifted and nothing else. I wanted to make a difference and further my career to become a Nurse Practitioner. If I did not have my mentor, I would not have had that opportunity to see so many successful, passionate, hard-working individuals in one place. My first conference truly set higher expectations for myself. Pat Lane has also played a major role in my nursing career from the beginning. Now that I'm done with school, we are working together on starting my NP role in neurology. She made sure I stayed active participating in community service and other outreach events. Also, she helped me face my fear of public speaking. Having Pat as a role model is great because I'm able to see her drive, hard work, and commitment to her job. Which in turns make me look in the mirror and say I want a reflection just like hers. I truly feel that everyone should have a mentor. They are there to help you through and guide you down the right path, giving you pointers and advice they did not have which in return



Patricia Lane and Erica Davis

will help you go further in your career. The last positive thing about having a mentor is the friendship and love that you build with this individual. They're not only there for your career but also to help you get through hard times that may occur as years pass by, because everyone will have an obstacle to get over. Knowing you have someone there to help build that bridge so you can get over that obstacle with ease is the best thing for anyone.



**Mentor:**  
**Patricia Lane, MBA, SCRN, BSN, BS,**  
Administrative Director  
of Bon Secours Richmond  
Neuroscience Service Line  
Central Virginia BNA

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#### How have you benefited from being a mentor?

The best benefit of being a mentor has been seeing my mentee grow professionally and personally. As a mentor, you hope that you can listen to the mentees aspirations and that you can coach and guide your mentor in the right direction towards their dreams and aspirations. The other extraordinary benefit has been seeing her passion for helping others particularly in the field of Neuroscience.

#### What advice would you give a mentee when seeking a mentor?

Look for someone who has unconditional time and patience. A mentor doesn't have all the answers or skill sets; but, they should have a great ear and a positive spirit. They need to know when to push you, pull you and let go. They need to assist you by opening doors of wisdom and opportunities and help you navigate and build confidence in the path you tread.

#### Stephanie Patterson and Dr. Wallena Gould



**Mentee:**  
**Stephanie A. Patterson, JD, MBA, MPA, MSN, RN-BC, PHN**  
Registered Nurse, West  
Los Angeles VA Medical  
Center  
Council of Black Nurses,  
Los Angeles

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#### What was the best advice that your mentor gave to you?

One of the best pieces of advice that my mentor gave me was to consider completing an evidence-based poster project. I completed an evidenced-based poster project on my own, submitted it, and I was invited by the Nurses Week Committee at the West Los Angeles VA Medical Center to present the poster during Nurses Week in May 2017.

#### What exciting or positive thing has happened to you as a result of the relationship with your mentor?

I was invited by Dr. Wallena Gould (my mentor) to attend the Diversity Nurse Practitioner & CRNA Doctorate Symposium at Howard University on March 25, 2017.



**Mentor:**  
**Wallena Gould, EdD, CRNA, FAAN,**  
Founder of the non-profit  
organization, Diversity  
in Nurse Anesthesia  
Mentorship Program

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#### How have you benefited from being a mentor?

As one of the 2% African-American Certified Registered Nurse Anesthetist in the country, I strongly believe I have a professional responsibility to pay it forward by mentoring other nurses and nursing students about career exploration in the nurse anesthesia profession. So, my satisfaction comes when I witness African-American nurses gain admission into a graduate nurse anesthesia program and those who graduated from one as well.



## What advice would you give a mentee when seeking a mentor?

Ask the CRNA if they have time to mentor you through the whole process. This would include the application and review of essay as well as conducting mock interviews. Also, ask if they give advice for clinical rotations in the nurse anesthesia program too.



Precilia Dianzenza and Florence Johnson



***Mentor: Florence Johnson, RN, MSN, MHA Consulting Manager, Certified INTERACT® Educator, Nursing Home State Lead***

## How have you benefited from being a mentor?

I benefited by being able to support a young person maneuver through the process of becoming a professional nurse. My mentee is very independent and is almost finished with her program so I have left the door open to have her reach out as her hectic schedule allows. Being a mentor allows me to give back to and help guide a young up and coming nurse.

## What advice would you give a mentee when seeking a mentor?

Don't think that you need a formal program to have a mentor. Find someone who is succeeding in the area that you are interested, seek out that person and make the ask. Be proactive.



## ***Mentee: Precilia Dianzenza***

***A graduating nursing student Northern Connecticut Black Nurses Association***

## **Dr. Ta'Neka C. Lindsay and Dr. Erma Smith-King**



***Mentee: Ta'Neka C. Lindsay, DNP, APRN, WHANP-BC, Assistant Professor of Nursing and Advanced Practice Registered Nurse, Bellarmine University, KYANNA Black Nurses Association (Louisville, KY)***

## What was the best advice that your mentor gave to you?

The best advice given to me by my mentor so far, was to participate in a mock interview to give me a feel of how to respond, dress and get my resume and cover letter ready for when I will be applying for job as an RN. Also, my mentor encouraged me to start applying for RN positions earlier this year which was great because most hospitals started their recruitment process early on this year. My mentor shared with me her story, the struggle that she faced being an African American women in nursing which makes me look up to her even more.

I don't know how the matching process happened, but I am happy to have Florence Johnson as my mentor.

## What was the best advice that your mentor gave to you?

Dr. Erma Smith-King and I had the pleasure of recently establishing our mentor-mentee relationship. During the initial conversation my involvement in multiple organizations was discussed. The best advice provided was that it is okay to decline involvement in organizations. Being overly involved doesn't always mean you are being effective.



## What exciting or positive thing has happened to you as a result of the relationship with your mentor?

The most exciting part of our recent conversation were the commonalities that were identified between my mentor and I. We are both faculty, members of National Black Nurses Association, members of Delta Sigma Theta Sorority Incorporated, and involved in our church health ministries. It will be easy to encourage each other along our professional and personal paths since we have so many commonalities.



**Mentor:**  
**Erma Jean Smith-King, PhD, MBA, MPH, RN, CNE,**  
Assistant Professor  
North Carolina Central  
University, Durham, NC,  
Central Carolina Black  
Nurses Council, Inc.

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## How have you benefited from being a mentor?

I have benefited by having a “safe space” to discuss some of my challenges with someone who shares the same work title and concerns about work life balance.

## What advice would you give a mentee when seeking a mentor?

Choose someone who possesses: good interpersonal skills and caring behavior transparency time, commitment, and energy to the relationship (fidelity) proven track record in area of expertise

## Tiffany E. Gibson and Dr. Jonnie Hamilton



**Mentee:**  
**Tiffany E. Gibson,**  
**BSN, RN, CPN**  
Clinical Nurse Educator,  
Southeastern Pennsylvania  
Area Black Nurses  
Association

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## What was the best advice that your mentor gave to you?

The best advice my mentor gave me was to focus on work-life balance in my new role as a clinical educator. Also, Jonnie has also helped me navigate the pros and cons of becoming a Nurse Practitioner and/or obtaining my DNP and staying in nursing education. As a result of my relationship with Jonnie, I am now mentoring an RN to BSN student, as well as a high school student. As a mentee, I now understand the value of mentorship and want to be for others what Jonnie has been to me – an accessible person to run ideas with and navigate through decision making regarding career and education.



**Mentor:**  
**Jonnie Hamilton,**  
**DNP, PNP-BC, NE-BC**  
St. John Providence  
Community Health,  
Manager, School-Based  
Health Centers, Detroit  
Black Nurses Association

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## How have you benefited from being a mentor?

As a mentor I have benefited from the interaction with a young professional and learned as well as taught our discussions around professional and personal issues and how to balance the two were helpful and my work experiences will allow Tiffany to consider options and give her insight on choosing and making priority decisions by learning from the steps that I took. We were able to discuss treatment issues and meld old practices with new so that we both have gained knowledge and insight.

## What advice would you give a mentee when seeking a mentor?

My advice for mentees who seek a mentor is to choose one who is in a position that they would like to aspire to and a person that they admire.

### Kia Goddard and Lucille Woodward



*Mentee:*  
Kia Goddard

## What was the best advice that your mentor gave to you?

The best advice Lucille has given to me is that it is going to get harder before it gets better. That she too has been where I am. She has shared how much she has overcome and it is this that I have taken with me throughout my last year of nursing school. It has been the most challenging yet, but I surely could not have done it without her. Words cannot begin to describe how much I appreciate her. She has been nothing but genuine and with our instant connection from our first phone conversation our relationship has grown ever since. It saddens me that she is so far away from me but distance is the least of our worries. I admire her work ethic and as cliché as this sounds, if I could be half the nurse and woman Lucille Woodward is, I made it. Special thanks to the experts for selecting the perfect pair!



*Mentor:*  
Lucille Woodward,  
*MA, BSN, RN-C*  
Our Lady of Lourdes  
Hospital, Lifetime  
Member, Acadiana Black  
Nurses Association

## How have you benefited from being a mentor?

Although, there are many benefits to mentoring, the one thing that inspired me to take time for this honorable task was being able to bring experience and support to the next generation of nurses. As a servant of Christ Jesus no greater gifts can a nurse give than to give of oneself. I was honored to serve my mentee Kia as she, prepared for her calling into the ministry of health and healing. Our exchange went beyond nursing knowledge; unity, mutual respect, trust, and support knitted us together for life. This program was not one-sided; I obtained a better understanding on nursing technology from the perspective of Kia, as she builds her confidence from my phone calls of reassurance and support.

### Tamara Broadnax and Rhonda Moore



*Mentee:*  
Tamara Broadnax,  
*MSN, RN, NEA-BC*  
Telemedicine Nursing  
Director, VCU Medical  
Center, MCV Campus,  
President, Central Virginia  
Black Nurses Association



*Mentor:*  
Rhonda Moore MSN,  
*MBA, RN, FACHE,*  
*CENP*  
Nurse Executive





Dr. Ruffin posing with two of his mentors who supported him through his Doctoral Education. To his right is Dr. Brenda Douglass, Clinical Coordinator at Drexel University and Dr. Cecilia Boyd, Clinical Adjunct Faculty at Rutgers University.



Dr. Ruffin posing with one of his mentees, Kara Bonsera, RN, MSN. A Nurse Practitioner student from Jefferson University.



Dr. Rebecca Harris-Smith with her student mentees from South Louisiana Community College





**Dr. Angela Allen, NBNA Board Member and Chair, NBNA Mentorship Program, and minority students mentees attending a BNA (Black Nurses Association) and BMSA (Black Medical Student's Association) retreat.**



**Dr. Angela Allen attending mentee's graduation ceremony.**



**Mentee Brittnee Leonard, Student Nurse @ Charles R. Drew/Mervyn M. Dymally School of Nursing. Member of Council of Black Nurse, Los Angeles, CA.  
Rebecca Harris-Smith, EdD, MSN, RN, Acadian Black Nurses Association, Dean of Nursing & Allied Health South Louisiana Community College, Lafayette, Louisiana.**





**Dr. Linda McIntyre, CNO, American Red Cross, Dr. Rebecca Harris-Smith and Dr. Millicent Gorham, NBNA Executive Director**



**Ottamissiah Moore, past president of National Association of Licensed Practical Nurses and Kim Cartwright, NBNA Board Member and President, Black Nurses Association of Southern Maryland**

# Chapters in Service

## Central Carolina Black Nurses Council (CCBNC)

Members of the Central Carolina Black Nurses Council (CCBNC) met at the K&S Cafeteria, in Raleigh, NC for our annual planning meeting on January 21st. The group focused on improving team socialization / interaction, strengthening team camaraderie and planning for 2017. Our strategic plan for 2017-18 was developed. We also discussed strategies to increase membership with a primary focus on students; identified liaisons for area schools of nursing to improve communication and strengthen or develop partnerships. The meeting ended with everyone enjoying a wonderful lunch at the expense of CCBNC.

**Angeline Baker, Dr. Erma Smith-King, Helen Horton and Olusegun Taiwo** participated in a Health Fair at Saint Joseph CME Church



on February 25, 2017. The group took blood pressures, distributed health information and shared visuals of salt, sugar and fat intake. The most popular visual was the 10-pound fat model.

CCBNC sponsored a vendor table as a student recruitment strategy and to promote CCBNC at the annual North Carolina Association of Nursing Students Conference in Wilmington, NC on March 4th. Lots of students stopped by the table to learn about CCBNC and to partake of the goodies.

## Southeastern Pennsylvania Area Black Nurses Association

SEPABNA Board Members held its annual retreat. Throughout the day, the board members were able to complete a S.W.O.T. (Strengths, Weaknesses, Opportunities and Threats) Assessment. They learned about how to create 'Gracious Space' (a spirit and setting where strangers are invited in and we learn in public) and did self-assessments. Past and present goals were discussed, including program development and community partnerships. Finally, a guest speaker, George Liles, from Radio One-Philadelphia came to speak with the members. Overall, the retreat was successful and the members had a wonderful time!

# Members on the Move Chapter News

## Central Carolina Black Nurses, Inc.

**Connie Kelley-Sidberry** worked with Get Covered America on the last day to sign folks up for the Affordable Care Act/Obamacare (January 31, 2017) in Wake County. The event was held at Martin Street Baptist Church. North Carolina was third among states enrolling individuals in ACA.

**Gracie Gaskin** graduated from Wake Technical Community College, passed the NCLEX and started a new job in the Operating Room at UNC Rex Hospital in Raleigh, NC. Congratulations Gracie!!



**Betty Borden** was recognized for her untiring work and outstanding contribution to the nursing profession and the community at the Annual Pi Chapter of Chi Eta Phi Nursing Legends Scholarship Luncheon in Durham, NC on March 5, 2017. We are so proud of you!

**Helen Horton and Willie Gilchrist-Stanfield** attended the annual North Carolina Association of Nursing

Students Conference in Wilmington, NC on March 4th.

**Connie Kelley-Sidberry, Dr. Erma Smith-King and Helen Horton** attended the Third Annual Awards and Scholarship Luncheon sponsored by the Sandhills North Carolina Black Nurses Association. The Keynote speaker was Dr. Ernest Grant. His Topic "Putting Fire Back In Your Organization", was very enlightening and thought provoking. It gave each of us something to think about in turns of what we do to support and promote our organizations.

**Dr. Erma Smith-King's** poster presentation was accepted at the 2017 Interlink Alliance Conference to be held at Morgan State University, April 21-22, 2017. The title was: "Teaching with Technology: Engaging Students through 21st Century Teaching."

**Dr. Erma Smith-King and Helen Horton** attended the 6th Annual RIBN conference in Thomasville, NC on March 29th. RIBN (Regionally Increasing Baccalaureate Nurses) is a partnership between community or private colleges and universities that utilizes a dual enrollment and four-year shared curriculum pathway for students to achieve a Bachelor of Science Degree in Nursing (BSN) at the beginning of their nursing careers.

*It is coordinated statewide by the Foundation for Nursing Excellence with financial support from the Duke Endowment, the Jonas Center for Nursing Excellence, the Robert Wood Johnson Foundation and the NC Area Health Education Centers Program.*



**Dr. Martha Dawson** was honored at the American Organization of Nurse Executives (AONE) Annual Meeting in Baltimore for her career-long focus on diversity and inclusivity.

## Southeastern Pennsylvania Area Black Nurses Association

**Monica Harmon**, MSN, MPH, BSN was accepted into Villanova University's PhD Program. Ms. Harmon will participate in the Robert Wood Johnson Foundation and American Association for Retired Persons (AARP) sponsored meeting on the Culture of Health on behalf of the PA Action Coalition, "Building on the Campaign for Action to Create a Healthier America"

**Eula Davis**, MPH, RN celebrated working at the Philadelphia VA Medical Center for 9 years! Congratulations, Eula!

**Cynthia Wright**, RN, CDE, CTTS retired from Mercy Philadelphia Hospital after 48 years of service. Wonderful job, Cynthia!

**Carlette Mays**, RN volunteered at the National Kidney Foundation Health Fair held at Enon Tabernacle Baptist Church.

# Chapter Websites

## Alabama

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

## Arizona

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

## Arkansas

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

## California

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

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

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

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

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

## Colorado

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

## Connecticut

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

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

## Delaware

BNA Of The First State ..... [www.bnaoffirststate.org](http://www.bnaoffirststate.org)

## District Of Columbia

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

## Florida

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

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

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

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

St. Petersburg BNA ..... [www.orgsites.com/FI/Spnbna](http://www.orgsites.com/FI/Spnbna)

## Georgia

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

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

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

## Hawaii

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

## Illinois

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

BNA Of Indianapolis ..... [www.bna-Indy.org](http://www.bna-Indy.org)

## Kentucky

Kyanna Bna (Louisville) ..... [www.kyannabna.org](http://www.kyannabna.org)

Lexington Chapter Of The NBNA ..... [www.lcnbna.org](http://www.lcnbna.org)

## Louisiana

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

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

## Maryland

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

## Massachusetts

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



# Chapter Websites

## Michigan

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

## Minnesota

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

## Mississippi

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

## Missouri

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

## Nevada

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

## New Jersey

Concerned BN Of Central New Jersey ..... [www.cbncnj.org](http://www.cbncnj.org)  
Concerned BN Of Newark ..... [www.cbnn.org](http://www.cbnn.org)  
Northern New Jersey BNA ..... [www.nnjbna.com](http://www.nnjbna.com)

## New York

New York BNA ..... [www.nybna.org](http://www.nybna.org)  
Queens County BNA ..... [www.qcbna.com](http://www.qcbna.com)  
Westchester BNA ..... [www.westchesterbna.org](http://www.westchesterbna.org)  
North Carolina  
Central Carolina BN Council ..... [www.ccbnc.org](http://www.ccbnc.org)

## Ohio

Cleveland Council Of BN ..... [www.ccbninc.org](http://www.ccbninc.org)  
Columbus BNA ..... [www.columbusblacknurses.org](http://www.columbusblacknurses.org)  
Youngstown-Warren (Ohio) BNA ..... [www.youngstown-warrenobna.org](http://www.youngstown-warrenobna.org)

## Oklahoma

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

## Pennsylvania

Pittsburgh BN In Action ..... [www.pittsburghblacknursesinaction.org](http://www.pittsburghblacknursesinaction.org)  
Southeastern Pennsylvania Area BNA ..... [www.sepabna.org](http://www.sepabna.org)

## South Carolina

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

## Tennessee

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

## Texas

BNA Of Greater Houston ..... [www.bnagh.org](http://www.bnagh.org)  
Fort Bend County BNA ..... [www.fbcbna.org](http://www.fbcbna.org)  
Metroplex BNA (Dallas) ..... [www.mbnadallas.org](http://www.mbnadallas.org)

## Wisconsin

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

# Chapter Presidents

## ALABAMA

Birmingham BNA (11) ..... Dr. Lindsey Harris ..... Birmingham, AL  
Montgomery BNA (125) ..... Katherine Means ..... Montgomery, AL

## ARIZONA

BNA Greater Phoenix Area (77) ..... LaTanya Mathis ..... Phoenix, AZ

## ARKANSAS

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

## CALIFORNIA

Bay Area BNA (02) ..... Gregory Woods ..... Oakland, CA  
Central Valley BNA (150) ..... Dr. Jeanette Moore ..... Fresno, CA  
Council of Black Nurses, Los Angeles (01) ..... Pastor Chadwick Ricks ..... Los Angeles, CA  
Inland Empire BNA (58) ..... Kim Anthony ..... Riverside, CA  
San Diego BNA (03) ..... Ethel Weekly-Avant ..... San Diego, CA  
South Bay Area BNA (San Jose) (72) ..... Sandra McKinney ..... San Jose, CA

## COLORADO

Eastern Colorado Council  
of Black Nurses (Denver) (127) ..... Elerie Archer ..... Denver, CO

## CONNECTICUT

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

## DELAWARE

BNA of Northern Delaware (142) ..... Tracy Harpe ..... Wilmington, DE  
BNA of the First State (133) ..... Kenneth Brayboy ..... Dover, DE

## DISTRICT OF COLUMBIA

BNA of Greater Washington, DC Area (04) ..... Dr. Pier Broadnax ..... Washington, DC

## FLORIDA

Big Bend BNA (Tallahassee) (86) ..... Katrina Rivers ..... Blountstown, FL  
BNA, Miami (07) ..... Dr. Linda Washington-Brown ..... Miami Gardens, FL  
BNA, Tampa Bay (106) ..... Rosa Cambridge ..... Tampa, FL  
Central Florida BNA (35) ..... Lois Wilson ..... Orlando, FL  
Clearwater/ Largo BNA (39) ..... Audrey Lyttle ..... Largo, FL  
First Coast BNA (Jacksonville) (103) ..... Sheena Alexander-Hicks ..... Jacksonville, FL  
Greater Fort Lauderdale  
Broward Chapter of the NBNA (145) ..... Deborah Mizell ..... Fort Lauderdale, FL  
Greater Gainesville BNA (85) ..... Voncea Brusha ..... Gainesville, FL  
Palm Beach County BNA (114) ..... Avis Stephens ..... West Palm Beach, FL  
St. Petersburg BNA (28) ..... Janie Johnson ..... St. Petersburg, FL

## GEORGIA

Atlanta BNA (08) ..... Evelyn Miller ..... College Park, GA  
Columbus Metro BNA (51) ..... Gwendolyn McIntosh ..... Columbus, GA

# Chapter Presidents

## Concerned National Black Nurses

of Central Savannah River Area (123) . . . . .	Theresa Brisker . . . . .	Martinez, GA
Okefenokee BNA (148) . . . . .	Tanya Renee Burse . . . . .	Waycross, GA
Savannah BNA (64) . . . . .	Cheryl Capers . . . . .	Savannah, GA

## HAWAII

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

BNA of Central Illinois (143) . . . . .	Rita Myles . . . . .	Bloomington, IL
Chicago Chapter NBNA (09) . . . . .	Ellen Durant . . . . .	Chicago, IL
Greater Illinois BNA (147) . . . . .	Dr. Debra Boyd-Seale . . . . .	Bolingbrook IL

## INDIANA

BNA of Indianapolis (46) . . . . .	Dr. Denise Ferrell . . . . .	Indianapolis, IN
Northwest Indiana BNA (110) . . . . .	Michelle Moore . . . . .	Gary, IN

## KANSAS

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

KYANNA BNA, Louisville (33) . . . . .	Alona Pack . . . . .	Louisville, KY
Lexington Chapter of the NBNA (134) . . . . .	Jennifer Hatcher . . . . .	Lexington, KY

## LOUISIANA

Acadiana BNA (131) . . . . .	Dr. Nellie Prudhomme . . . . .	Lafayette, LA
Bayou Region BNA (140) . . . . .	Salina James . . . . .	Thibodaux, LA
New Orleans BNA (52) . . . . .	Georgette Mims . . . . .	New Orleans, LA
Northeast Louisiana BNA (152) . . . . .	Lisa Smart . . . . .	Monroe, LA
Shreveport BNA (22) . . . . .	Bertresea Evans . . . . .	Shreveport, LA

## MARYLAND

BNA of Baltimore (05) . . . . .	Barbara Crosby . . . . .	Baltimore, MD
BN of Southern Maryland (137) . . . . .	Kim Cartwright . . . . .	Temple Hills, MD

## MASSACHUSETTS

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

## MICHIGAN

Detroit BNA (13) . . . . .	Nettie Riddick . . . . .	Detroit MI
Grand Rapids BNA (93) . . . . .	Crystal Cummings . . . . .	Grand Rapids, MI
Greater Flint BNA (70) . . . . .	Juanita Wells . . . . .	Flint, MI
Kalamazoo-Muskegon BNA (96) . . . . .	Shahidah El-Amin . . . . .	Kentwood, MI
Lansing Area BNA (149) . . . . .	Meseret Hailu . . . . .	Lansing, MI

## MINNESOTA

Minnesota BNA (111) . . . . .	Shirlynn Lachapelle . . . . .	Minneapolis, MN
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# Chapter Presidents

## MISSOURI

BNA of Greater St. Louis (144) . . . . . Quita Stephens . . . . . St. Louis, MO  
Greater Kansas City BNA (74) . . . . . Iris Culbert . . . . . Kansas City, MO

## NEBRASKA

Omaha BNA (73) . . . . . Shanda Ross . . . . . Omaha, NE

## NEVADA

Southern Nevada BNA (81) . . . . . Rowena Trim . . . . . Las Vegas, NV

## NEW JERSEY

Concerned BN of Central New Jersey (61) . . . . . Sandra Pritchard . . . . . Neptune, NJ  
Concerned Black Nurses of Newark (24) . . . . . Dr. Portia Johnson . . . . . Newark, NJ  
Mid State BNA of New Jersey (90) . . . . . Tracy Smith-Tinson . . . . . Somerset, NJ  
Middlesex Regional BNA (136) . . . . . Cheryl Myers . . . . . New Brunswick, NJ  
Northern New Jersey BNA (57) . . . . . Dr. Larider Ruffin . . . . . Newark, NJ  
South Jersey Chapter of the NBNA (62) . . . . . T. Maria Jones . . . . . Williamstown, NJ

## NEW YORK

New York BNA (14) . . . . . Dr. Jean Straker . . . . . New York, NY  
Queens County BNA (44) . . . . . Darlene Barker-Ifill . . . . . Cambria Heights, NY  
Westchester BNA (71) . . . . . Altrude Lewis-Thorpe . . . . . Yonkers, NY

## NORTH CAROLINA

Central Carolina Black Nurses Council (53) . . . . . Helen Horton . . . . . Durham, NC  
Sandhills North Carolina BNA (138) . . . . . Dr. LeShonda Wallace . . . . . Fayetteville, NC

## OHIO

Akron BNA (16) . . . . . Cynthia Bell . . . . . Akron, OH  
BNA of Greater Cincinnati (18) . . . . . Marsha Thomas . . . . . Cincinnati, OH  
Cleveland Council BNA (17) . . . . . Stephanie Doibo . . . . . Cleveland, OH  
Columbus BNA (82) . . . . . Pauline Bryant-Madison . . . . . Columbus, OH  
Youngstown Warren BNA (67) . . . . . Carol Smith . . . . . Youngstown, OH

## OKLAHOMA

Eastern Oklahoma BNA (129) . . . . . LaMaria Folks . . . . . Tulsa, OK

## PENNSYLVANIA

Pittsburgh BN in Action (31) . . . . . Dr. Dawndra Jones . . . . . Pittsburgh, PA  
Southeastern Pennsylvania Area BNA (56) . . . . . Monica Harmon . . . . . Philadelphia, PA

## SOUTH CAROLINA

Tri-County BNA of Charleston (27) . . . . . Jannie Brown . . . . . Charleston, SC

## TENNESSEE

Memphis-Riverbluff BNA (49) . . . . . Betty Miller . . . . . Memphis, TN  
Nashville BNA (113) . . . . . Shawanda Clay . . . . . Nashville, TN



# Chapter Presidents

## TEXAS

BNA of Austin (151)	Janet VanBrakle	Austin, TX
BNA of Greater Houston (19)	Angelia Nedd	Houston, TX
Fort Bend County BNA (107)	Janice Sanders	Missouri City, TX
Galveston County Gulf Coast BNA (91)	Leon Mcgrew	Galveston, TX
Greater East Texas BNA (34)	Pauline Barnes	Tyler, TX
Metroplex BNA (Dallas) (102)	Dr. Karla Smith-Lucas	Dallas, TX
Southeast Texas BNA (109)	Stephanie Williams	Port Arthur, TX

## VIRGINIA

BNA of Charlottesville (29)	Dr. Randy Jones	Charlottesville, VA
Central Virginia BNA (130)	Tamara Broadnax	North Chesterfield, VA
NBNA: Northern Virginia Chapter (115)	Joan Pierre	Woodbridge, VA

## WISCONSIN

Milwaukee BNA (21)	Melanie Gray	Milwaukee, WI
Racine-Kenosha BNA (50)	Gwen Perry-Brye	Racine, WI

Direct Member (55)\*

\*Only if there is no Chapter in your area



# NBNA Educational Program Registration Form



Dear NBNA Conference Attendee

**IF YOU HAVE ALREADY REGISTERED:** Complete this form and email to: [dmance@nbna.org](mailto:dmance@nbna.org) or fax to 301-589-3223.

**IF YOU HAVE YET TO REGISTER:** All sessions listed below are included in the online registration form located on the NBNA website. Please **DO NOT** return this form to the office.

I HAVE ALREADY REGISTERED FOR THE CONFERENCE

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

ADDRESS \_\_\_\_\_

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

PHONE 1 (\_\_\_\_\_) \_\_\_\_\_ PHONE 2 (\_\_\_\_\_) \_\_\_\_\_

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

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

## MONDAY, JULY 31

- 7:30 - 4:30 pm Presidents' Leadership Institute  
All Chapter Presidents and Vice Presidents
- 8:00 am - 6:00 pm  Mental Health First Aid for Military, Veterans, & Family

### END OF LIFE CARE SUMMIT: Select one VITAS Session

- 8:00 am - 5:00 pm VITAS HEALTHCARE (*Must bring laptop or tablet.*)  
 End-of-Life Nursing Education Consortium (ELNEC)  
 Critical Care/ICU (*For all licensed nurses*)
- 8:00 am - 5:00 pm VITAS HEALTHCARE  
 Education in Palliative and End-of-Life Care (EPEC)  
(*APRNs, NPs, CNS, DNPs, and PhDs only*)

### PRE-CONFERENCE WORKSHOPS

- 9:00 am - 12:00 pm  American Red Cross Promoting Community Health through NBNA-Red Cross Partnership Workshop
- 9:00 am - 12:00 pm  Progress and Growth in Nursing Workshop
- 12:00 pm - 5:00 pm  Founders Leadership Institute 2016 and 2017 40 Under 40 Awardees
- 1:00 pm - 4:00 pm  Health Empowerment: Across the Ages
- 1:00 pm - 4:00 pm  Professional Writing Workshop  
Writing for Publication: A Working Session to Create a Successful Manuscript (*Please bring a current working transcript on a laptop or tablet.*)

## TUESDAY, AUGUST 1

### END OF LIFE CARE SUMMIT / Select one VITAS Session

- 8:00 am - 4:00 pm VITAS HEALTHCARE  
 End-of-Life Nursing Education Consortium (ELNEC)  
 Geriatric Care (*For all licensed nurses*)
- 8:00 am - 4:00 pm VITAS HEALTHCARE  
 Education in Palliative and End-of-Life Care (EPEC)  
(*APRNs, NPs, CNS, DNPs and PhDs only*)  
 EPEC PEDS and Elements End-of-Life Care
- 10:30 am - 12:30 pm Plenary I  
Building a Culture of Health
- 2:00 pm - 5:00 pm  Project Genetic Education (ProGENE): An Education Model Between Minority-Serving Academic Institutions and the National Black Nurses Association Designed for Advancing Genetics Among Black Americans

## WEDNESDAY, AUGUST 2

### Select One Breakfast Session

- 6:00 am - 7:00 am  Abbott Breakfast Session
- 6:30 am - 8:00 am  Zimmer Biomet Breakfast Session
- 8:00 am - 12:00 pm  Emerging Leaders Forum

### Select One Institute

- 8:00 am - 12:00 pm  Building Healthy Communities: Principles and Practices Institute
- 8:00 am - 12:00 pm  Children & Adolescent Health Institute
- 8:00 am - 12:00 pm  Heart Health Institute
- 8:00 am - 12:00 pm  Neuroscience and Brain Health Institute
- 8:00 am - 12:00 pm  Vulnerable Populations: Risky Behaviors Early Identification and Intervention Institute
- 8:00 am - 12:00 pm  Women's Health Issues Across the Life Span Institute
- 8:00 am - 3:00 pm  Summer Youth Leadership Institute
- 12:30 pm - 2:30 pm  Awards Luncheon
- 2:30 pm - 3:30 pm  Pfizer Innovation Theater
- 4:30 pm - 6:30 pm  Under 40 Forum

## THURSDAY, AUGUST 3

### Select One Breakfast Session

- 6:30 am - 8:00 am  Breakfast Session TBD
- 6:30 am - 8:00 am  Breakfast Session TBD
- 11:00 am - 12:00 pm  Celgene Innovation Theater

### Select one Workshop

- 1:00 pm - 3:00 pm  21st Century Nursing Trends Workshop
- 1:00 pm - 3:00 pm  Innovations in Nursing Practice Workshop
- 1:00 pm - 3:00 pm  Cancer in the 21st Century: Where are We Now Workshop
- 1:00 pm - 3:00 pm  Brain Matters Workshop
- 1:00 pm - 3:00 pm  Clinical Trials Workshop
- 1:00 pm - 3:00 pm  Advanced Cardiac and Pulmonary Disease Management Workshop
- 1:00 pm - 3:00 pm  Enhancing Patient Outcomes Workshop
- 1:00 pm - 4:00 pm  Breast Cancer Screening Practicum

# What's New & Exciting for the 2017 Conference!

## Second Annual Under Forty Awards

Application will be posted on the NBNA Website and will be available from Chapter Presidents.



### **JEWELS & JEANS GALA — Thursday, August 3, 2017**

Start shopping now for a jewel studded pair of jeans, a denim shirt, a sequin top with your very best jeans. It is going to be a very glamorous evening. A chance to strut your stuff. Shorts or torn jeans are not permitted. If you have already bought that evening gown or fabulous cocktail dress, it's ok, you can wear that as well. Stayed tuned for more news in the coming weeks!

### **END OF LIFE CARE SUMMIT — July 31 and August 1, 2017**

In 2007, the National Black Nurses Association (NBNA) and VITAS Healthcare partnered together to bring the first End of Life Care Training (ELNEC) to the members of NBNA at their annual conference. In recognition of this 10-year partnership of providing excellence in end-of-life care education for healthcare professionals, the NBNA and VITAS are excited to offer to 2017 conference attendees an End-of-Life Care Summit. This two-day training is designed for all healthcare disciplines. Attendees will be able to select from a menu of training sessions that will enhance their clinical practice and knowledge in caring for patients and families facing a serious or life limiting illness.

#### **End-of-Life Nursing Education Consortium - (ELNEC)**

*Bringing you the most current evidence-based training and education in Hospice and Palliative Care from the American Association Colleges of Nursing (AACN), Washington, DC and the City of Hope, Los Angeles, California. PLEASE NOTE: this training is for RNs, BSNs, MSNs, and LPNs. You may register for a single session or both sessions. Space is limited.*

### **CRITICAL CARE/ICU — Monday, July 31, 2017**

Nurses spend more time with patients and families facing the end of life than any other health professional. Critical Care Nurses have the potential to greatly reduce the burden and distress of those facing life's end and the ability to offer support for the many physical, psychological, social and spiritual needs of patients and their families. Critical Care Nurses with training in end of life/palliative care, individually and collectively, have the unique opportunity to significantly impact the quality of care for patients with life limiting illnesses.

### **GERIATRIC CARE — Tuesday, August 1, 2017**

Nurses are involved in all aspects of end-of-life care and they address the myriad of needs facing individuals at this time of life. As people age, they are more likely to encounter age related changes and increasing number of chronic conditions. The ELNEC Geriatric curriculum includes several common threads integrated throughout the curriculum. Some of these threads are:

- The important role of the Geriatric Nurse as an advocate
- The family as the unit of care
- The importance of culture as an influence at the end of life
- The critical need for attention to special populations such as grandchildren, the elderly, the underserved and the uninsured

**Education in Palliative and End-of-Life Care (EPEC)** from Northwestern University, Feinberg School of Medicine, provided by EPEC Trainers. Please note: this training is for APRNs, NPs, CNS, DNs, and PhDs only. You may register for one day or both days.

### **SESSION TOPICS — Monday, July 31, 2017**

- Comprehensive Assessment
- Advance Care Planning
- Anxiety and Delirium
- GI Symptoms
- Withdrawing/Withholding Treatment
- Pain Management
- Depression
- Medical Futility
- Sudden Illness

### **EPEC TOPICS — Tuesday, August 1, 2017**

*This is a full 8-hour training of two 4-hour sessions. (PEDS will be taught during the morning session only)*

#### **AM Session Topics:**

- Advance Care Management in Pediatric & Perinatal Palliative Care
- Unique characteristics of PEDS
- Pain Control
- Symptom Control

#### **PM Session Topics:**

- Elements of End-of-Life Care
- Legal Issues
- Psychological Issues
- Last Hours of Living
- EPEC – Oncology Supplement
- EPEC – African American Supplement

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**VITAS Healthcare is going Green!** We have adopted an environmentally friendly training by reducing paper waste: You **MUST BRING** a computer, tablet, or iPad. All training information will be provided on a flash drive for you to download to your device. NO PRINTED MANUALS are provided at any of the training sessions. You can attend either day, but whichever training you choose, please note that the training sessions are **8 hours**. Attendees cannot split training session hours. Each attendee will receive 8 CEs for each day they attend and a flash drive with materials and resources relating to the session. All ELNEC attendees will receive a certificate as well. Breakfast and lunch will be provided to all attendees.



# Jeans & Jewels Gala Idea Board

