

Winter 2011



What's TAPANing

West Texas- Pan Handle Region

Volume 1, Number 4

President's message Jackie Clinkinbeard RN

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Hello TAPAN members, I hope this year finds you all doing well. I am excited about the meeting planned for February 5, 2011. I hope each of you are planning on attending. I know many of you will have to travel several miles; my goal is to make this meeting worth your time and effort.

First of all, the educational presentation should be interesting and valuable. I hope the meeting to follow will be productive. Please bring your ideas as to how we can make this expanded region work to be the most productive region in the state of Texas. I would like to have ideas. If you will not be present Saturday Feb 5 for our winter seminar and organizational meeting, please email, call, or write me. I will be happy to pass these ideas on so we can discuss them at the meeting.

One fact that amazes me is that we have 50 members in this region. We cover 53 counties, and only 50 nurses feel it important enough to be a part of their professional organization. I continue to ask why? What are we doing or not doing to interest nurses in their specialty? How do we show the advantages of belonging to ASPAN? If you have ideas to answer any of these questions please let me know. I am willing to listen and act on any suggestions that would make this organization productive and beneficial.

I leave you with this quote by Edgar Freedenberg speaking about mastering change. "What we must decide is perhaps how we are valuable, rather than how valuable we are."



The Times, They Are A-Changin’

A 2 year study by the Robert Wood Johnson Foundation (RWJF) and the Institute of Medicine (IOM) entitled *The Future of Nursing: Leading Change, Advancing Healthcare* released findings and recommendations which all major nursing organizations are lauding. The report compiled an action oriented blueprint to initiate transformation and change in the nursing profession.

The purpose of the 2 year study would raise the educational level of nursing and make advance practice nurses “full partners” with physicians. Steps to achieve these goals include:

Increasing the percentage of nurses with baccalaureate degrees from 50% to 80% by 2020.

Doubling the number of nurses with a doctorate by 2020.

Removing scope of practice barriers that inhibit advanced practice nurses from serving as primary caregivers.

Increasing the emphasis on interdisciplinary education.

Ensuring that nurses engage in lifelong learning to develop and maintain competencies needed to give care to diverse populations.

Effective workforce planning and policy making require better data collection and an improved information infrastructure.

States currently govern scope-of-practice for nursing individually. Some states require advance practice nurses (APN's) to be certified, others do not. Some APN's are able to prescribe drugs, and treat patients without being under the guise of a physician. But the federal government is now positioned to “offer incentives” to states in creating uniformity in their scope of practice laws.

In addition, the Federal Trade commission could enact policies that would act as a barrier to entry level practitioners who do not meet the advanced educational requirements. It is my belief that this uniformity would also likely lead to more governmental mandated wage stipulations.

The American Association of Colleges of Nursing have cited this report as “visionary”. Nurses would be free to practice to the

Charon Howell RN, CAPA

extent of their education and training.

Nursing is the largest segment of the medical profession, with over 3 million members. The debate has been raging for several years regarding the BSN being the entry level degree for nurses entering the profession. But steps to ensure this change have proven to be steep.

With the current and prolonged nursing shortage, most health care facilities have been happy to “take what they could get”.

Associate degree nurses often decide not to further their education due to difficulty in working classes into an already hectic shift schedule. Financial considerations play heavily into the decision to further one’s degree. Some form of debt is usually incurred on the road to the BSN, and there is usually little if any financial compensation once the BSN is achieved. The argument has come into play that if you are not interested in pursuing an advance practice degree, is a BSN truly necessary? According to the IOM, it is.

In addition to making the BSN an entry level degree, the report addresses the lack of masters and doctorate level nurses. This compounds the problem of not enough educators to teach in the advanced degree programs, as well as a shortage of clinical sites.

The report findings also states that nursing’s focus should return to it’s “roots” in becoming more clinically involved in the community setting in order to meet the growing demands of a diverse population.

The committee which produced the IOM report are taking steps to implement these changes as we speak. Nursing as we know it will change. The question now becomes more of a personal nature. How will your practice be effected?

[The Robert Wood Johnson Foundation Initiative on the Future of Nursing at the Institute of Medicine of the National Academies](#)

Tidbits

- Remember, ASPAN no longer allows a grace period for renewing your ASPAN membership. Please renew promptly.
- *
 - We are still in need of liaison's for San Angelo, Midland/Odessa, Amarillo, Canyon, Pampa and Early. Liaison's act as valuable contact people for their respective areas. If you can fill this role in your neck of the woods please contact Jackie Clinkinbeard, Ellen Abaquin or Charon Howell.

Individual commitment to a group effort—that is what makes a team work, a company work, a society work, a civilization work.

Vince Lombardi



Cheesy Potato & Corn Chowder

2 TBSP margarine
 1 cup chopped celery
 1 cup chopped onion
 2 (14.5oz) cans chicken broth
 3 cups peeled & cubed potatoes
 1 (15 oz.) can whole kernel corn
 1 (4 oz.) can diced green chilies
 1 (2.5 oz) package country style
 gravy mix
 2 cups milk
 1 cup shredded Mexican-style cheese

1. In a large saucepan, melt margarine over medium high heat. Add celery & onion; cook & stir until tender, about 5 minutes.
2. Add chicken broth; bring to a boil. Add potatoes; cook over low heat for 20 to 25 minutes or until potatoes are soft, stirring occasionally
3. Stir in corn & chilies; return to boil. Dissolve gravy mix in milk; stir into boiling mixture. Add cheese; cook & stir over low heat until cheese is melted.

Makes 7 servings. Freezes & reheats well. Serve with bread & salad for a hearty meal!

Editor's Note:

What's TAPANing is the official Newsletter of West Texas—Panhandle Region.

Contributions to *What's TAPANing* are encouraged. All articles and comments relevant to PeriAnesthesia care must be double spaced and typed. The author is responsible for providing appropriate references for accuracy and reliability of information.

Submission Deadlines:

Feb 15—Spring newsletter
 May 15—Summer newsletter
 August 15—Fall newsletter
 November 15—Winter newsletter

Send comments, suggestions and/or submissions to :

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From the Editor's Desk

Change. I'm not a big fan of it. I grew up an air force brat and we moved almost constantly. Changes were frequent and monumental. As a child, one of the things I swore I would do is live in one place for the rest of my day's. I had had enough of change. Age makes you a little more flexible on things, and one learns change is inevitable, like it or not.

But lately it feels like "change" is a runaway locomotive and we are strapped to the tracks. Change is coming at us from all directions, and at breakneck speed, and we are expected to accept it openly, gracefully, and graciously. My world has felt more than a little precarious, and I bet I'm not alone.

I've said it before, nurses are pretty adaptable people. We tend to evolve naturally with change, especially when it enables us to take better care of our patients. I've heard it said, "nursing is nursing, no matter what your specialty is." This is true, to a point. But when you enter a complex specialty area such as ours, there should be a commitment to step your practice up a few notches.

Webster's defines professional as "engaged" in a profession. How engaged are you? One of the recommendations in the Institute of Medicine blueprint for the future of nursing is life-long learning. Although I do not agree with the federalization of nursing, this is a good point. The choice we made to spend our lives in the care of others demands that we continue to learn and grow professionally. It goes with the territory.

Along that same vein, if our voices are to be in the forefront of change,

if we are truly standing on the doorstep to a huge panoramic reformation of our profession, how credible are we if we are not supporting our specialty organization? I'm not talking about writing a check once a year for membership. I'm talking about being *engaged*.

Can you fill a spot in your area where we need a liaison? Can you put up a poster or encourage your co-workers to come to a TAPAN meeting and see what we are doing? Have you thought about running for office this year and allow some exhausted members a chance to enjoy the fruits of someone else's labor? Can you make a personal goal to advance yourself by taking the plunge towards or CPAN or CAPA? How can you *engage*?

The thing about change is that it comes whether we accept it or not. We can sulk, and try to stand with our feet firmly planted in "the way we've always done it". Or we can get on the bus towards our next destination.

As for nursing, the bus is pulling into the station.

Charon

