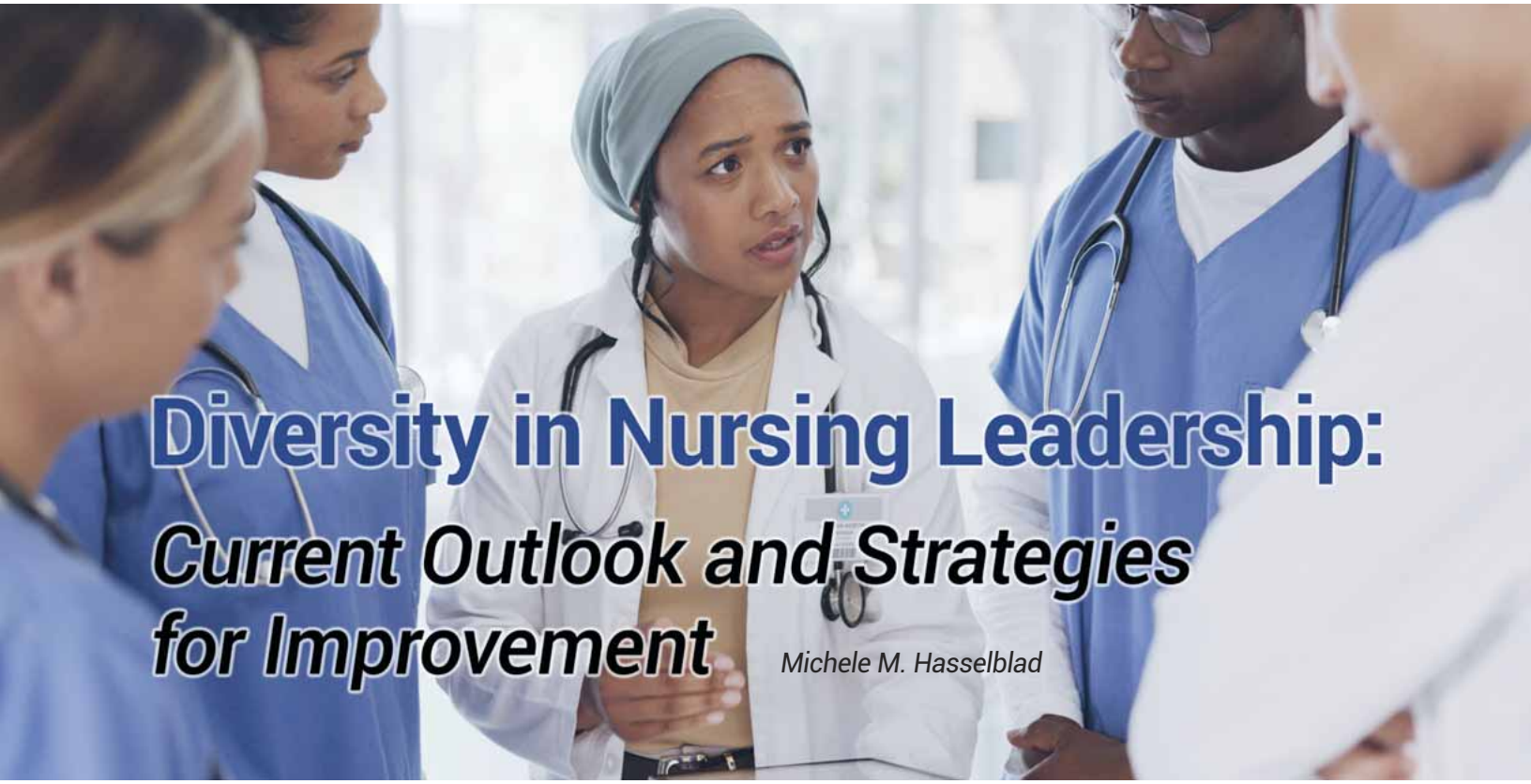
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Diversity in Nursing Leadership: Current Outlook and Strategies for Improvement

Michele M. Hasselblad

Since 2010, the United States population has grown increasingly diverse along racial and ethnic groups. In the 2020 U.S. census update, Jensen and colleagues (2021) reported a 5.9% decrease in the overall population identifying as White to 57.8%. The second largest racial group is Hispanic or Latino at 18.7%, and Black or African American is the third largest group at 12.1%. Census data currently point to a continuing trend of less than 50% of the U.S. population identifying as White within the next 20 years. While often used interchangeably, race and ethnicity are not the same. Race is an arbitrary classification of individuals by skin color, facial form, or eye shape (Pereira, 2020). Ethnicity refers to a social group that shares a distinctive religion, culture, or language. Understanding the relationship between these social constructs and the heterogeneity of the U.S. population is essential for health care to achieve the goal of health equity. From a workforce perspective, a wealth of literature demonstrates the importance of promoting diversity, equity, and inclusion (DEI) to support a positive work culture along with improvement in patient outcomes and organizational performance.

As we consider the nation's demographics, it is important to examine how the nursing profession compares to general population data. A 2020 national nursing workforce survey reported a more diverse nursing workforce than in any prior reports with 19% of registered nurses (RNs) and 30.5% of licensed practical nurses (LPNs) indicating their race as Asian,

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Shaping Care Where Life Happens



Rachel Start

The demonstration of value is intrinsically linked to the nursing profession's contract with society. Professional service is derived from the power and trust given by society to sculpt, evaluate, research, and govern the profession that is uniquely ours. This profession is built on years of validated science that illuminates a knowledge base that is specific to the nurse and the nursing community. In 2023, the Gallup organization named nursing the most ethical and trusted profession for the 21st year in a row (Brenan, 2023). This trust comes from a place of vulnerability and need, where gaps experienced in health and overall well-being can only be met by elements of what each of the health professions brings out of their discipline-specific knowledge. The nurse uniquely knows the holistic picture, the inequities, the abuses, the inefficiencies, and the gaps in coordination within the health system that create further misunderstanding in health promotion and disease prevention as well as lack of autonomy for patients and families. We uniquely pull together the full picture so that as early as possible we can promote prevention, education, understanding, independence, and health in the patients and populations we serve.

The ambulatory care nurse is at the junction of health and disease for patients and populations in what many times is a relationship lasting 40-50 years, across a variety of settings – *Shaping Care Where Life Happens*. This tagline, newly created by and for the American Academy of Ambulatory Care Nursing (AAACN) membership, resolutely captures the role of transformation, leadership, partnership, and value the ambulatory care nurse brings to patients and populations daily. Following a traumatic 3 years, the entire nursing profession is recovering and awakening to the imperative of value demonstration across the continuum. The ambulatory care nurse, at this pivotal intersection, is already in some cases billing for services and closely linked to value where shared risk payor structures exist. The ambulatory setting is growing at a time when the inpatient setting is shrinking. Ambulatory care nurses must then lead this pursuit of value demonstration and articulation, for the specialty and the profession as a whole. It is imperative that ambulatory care nurses build the scientific base of knowledge for our specialty, as this growth will further strengthen our service, and fulfill the trust given by patients to transform their health and lives. *Shaping Care* – in the communities, in the environments, in the families, in the lives of those who rely on us – is a high calling, and one we as ambulatory care nurses are fulfilling daily. The charge at this critical moment is to capture that demonstration of value, to test it, to validate it, and to disseminate it for further replication and service.

AAACN has taken this charge seriously and is moving forward with resolution to support this demonstration of value through several initiatives. In the fall of 2022, Dr. Margo Halm entered the inaugural role of Nurse Scientist for the organization and formed a Research Committee. The committee's initial work will be to survey the membership for gaps in knowledge and research priorities to drive this strategy. In addition, in pursuit of further support for dissemination, the organization is working toward launching an ambulatory care nursing high impact, peer-reviewed journal. Through AAACN task forces, special interest groups, and committees, many vital works are underway to address workplace safety, the role of the ambulatory care nurse, nurse-sensitive measures, the

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expansion of telehealth and virtual health, and advocacy and policy. The role of these are groups is to propel the membership to a place where they can guide, as subject matter experts, the transformation of health care. The initiatives named here are just a handful of the myriad strategies that are ongoing through the most engaged community of almost 5,000 nurses in this country.

AAACN is an organizational affiliate to the American Nurses Association, which has, for 3 years in a row, declared May as Nurses Month. This May the focus was on Self-Care, Recognition, Professional Development, and Community Engagement (ANA, 2023). As an organizational affiliate to ANA, AAACN advocates for ambulatory care nursing in collaboration with other specialties to improve overall health for our patients and communities. These elements of focus during Nurses Month support nurses everywhere to care for themselves while engaging in the communities that need the service of nurses so significantly.

I am honored to serve as president of the body of nurses that is *Shaping Care Where Life Happens*. The importance of your role at this moment cannot be understated. The innovation, creativity, and energy you bring to our profession and our specialty are critical for the transformation of health in the lives of millions of people. Celebrate and care for yourselves. Engage in the growth of our body of knowledge in ambulatory care nursing. Seek to disseminate the good work you are doing so that others may replicate it and thereby influence health in other communities. Seek to demonstrate the value you and your colleagues bring to patients and populations alike, so that through this demonstration, we fulfill – together – the trust that has been given to us.

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Editorial

Charting a Path Toward More Equitable Ambulatory Care



Karol DiBello

It has been 2 years since *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity* report (National Academies of Sciences, Engineering, and Medicine [NASEM], 2021) was published. In that report, nurses were charged with reducing health inequities so that all individuals regardless of sexual orientation, gender, race, ethnicity, disability status, rural status, or other marginalized populations can achieve the best health possible (NASEM, 2021). While some states perform better than others, a report from The Commonwealth Fund concluded that health equity does not exist in any state in this country, even those with stronger healthcare systems (Radley et al., 2021). Take, for example, data collected in the *2022 Healthcare Equality Index*. Of the 906 facilities that participated in the survey, only 31% of facilities reported including specific LGBTQ+ information as part of employee training about patient decision making and only 62% publish patient information on education and the impact on LGBTQ+ patients. Though 73% report having an internal planning or advisory group focused on LGBTQ+ patient care issues, there is still work to be done (Human Rights Campaign Foundation, 2022). This issue of *ViewPoint* examines a few of the ways ambulatory care nurses can promote inclusivity and health equity in their practice and in their practice settings.

Fundamental to the *Future of Nursing* report is the vision for a more diverse nursing workforce that more closely resembles the populations for whom we care. In this issue's *Leadership* column, Michele Hasselblad examines the demographics of our current nursing workforce and recommends ways that organizations can build and support a more diverse nursing leadership. The article "Closing the Gap in Colorectal Cancer Screening: Primary Care Nurses Leading Efforts to Advance Care" examines disparities in colorectal cancer screening among non-Hispanic Black men. Authors Portia Zaire and Lauren Smith provide ways ambulatory care nurses working in community health centers can address more effective uptake of colorectal cancer screening that can easily be applied to other health promotion efforts in any setting.

An essential first step in working with marginalized populations is building trust in a system where bias, both on

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Closing the Gap in Colorectal Cancer Screening: Primary Care Nurses Leading Efforts to Advance Care

Portia J. Zaire and Laureen Smith

Keywords: colorectal cancer screening, Black men, primary care nurses, ambulatory care nurses, community health center, social determinants of health, health disparities

Colorectal cancer (CRC) remains the second leading cause of cancer-related deaths for Americans (Siegel et al., 2020). Although various effective procedures exist (Doubeni et al., 2018; Rex et al., 2017), CRC screening lags with only about 60% of screening-eligible individuals reporting adherence to screening guidelines (de Moor et al., 2018). CRC detection through recommended screening is associated with earlier stage at diagnosis, smaller tumor size, and better survival outcomes (Gill et al., 2014; Kwaan & Jones-Webb, 2018; Pande et al., 2013). When found in the earliest stages with routine screening, CRC is highly detectable and treatable with a 90% 5-year survival rate, decreasing to only 14% when diagnosed in advanced stages (Siegel et al., 2021).

Despite the known benefits of colorectal cancer screening (CRCS), gender and racial differences exist in screening rates as well as reported barriers to screening for CRC (Jones et al., 2010). Consequently, non-Hispanic Black men lag behind other gender and ethnic/racial groups in screening rates as well as suffering unacceptably higher mortality rates from CRC compared to other men and racial groups (Kwaan & Jones-Webb, 2018). Estimates of CRCS rates for non-Hispanic Black men range from as low as 38%-48% of eligible men (Kwaan & Jones-Webb, 2018). Understanding multilevel barriers, including structural barriers resulting in the marginalization of care, is critically important but remains poorly understood for non-Hispanic Black men. To improve CRCS rates, facilitators to complete CRCS for non-Hispanic Black men must be better understood.

Primary care is the entry point into the healthcare system for many Americans, providing individualized chronic disease management, education, and preventive care services (Institute of Medicine Committee on the Future of Primary Care, 1996). Community health centers (CHCs), also known as federally qualified health centers (FQHCs), receive funding from the federal government to operate as safety net practices providing comprehensive primary care services to medically underserved populations (National Association of Community Health Centers [NACHC], 2022). In 2021, federally funded CHCs across the United States and territories provided care for over 30 million patients, of which 65% identified as a racial and/or ethnic minority, in 1,400 centers (NACHC, 2022).

Clinicians working in this setting are well-positioned to impact preventive screenings as they have many touch points with patients across the lifespan. This is especially true for nurses who provide care coordination and population health management to patients and families as part of an interprofessional team approach. Nurses have the knowledge, skills, and expertise to facilitate health by assessing barriers and implementing interventions to decrease obstacles to optimal health and wellness (Lukewich et al., 2022). The purpose of this article is to review updated evidence-based screening recommendations, identify barriers and challenges to CRCS uptake for non-Hispanic Black men, and discuss strategies for the ambulatory care nurse in primary care to decrease barriers across the socioecological system to improve screening uptake.

Current Guidelines and Strategies to Improve CRCS

Due to increased cancer incidence and mortality in adults younger than 50, several national organizations lowered the recommended age of screening to 45 for individuals considered to be at average risk of developing CRC (Mehta et al., 2021). Average risk is defined as those who are asymptomatic, have no history of cancer, polyps, or inflammatory bowel disease, and no personal or family history of predisposing genetic disorders (U.S. Preventive Services Task Force [USPSTF], 2021). Research conducted by Wolf and colleagues (2018) found that beginning screening at earlier ages (e.g., 45 vs. 50) would add about

Table 1.
Colorectal Cancer Screening Recommended by the U.S. Preventive Services Task Force

Screening Method	Frequency
High-sensitivity gFOBT	Every year
FIT	Every year
sDNA-FIT (e.g., Cologuard®)	Every 1-3 years
Flexible sigmoidoscopy	Every 5 years
Flexible sigmoidoscopy with FIT	Every 10 years with yearly FIT
CT colonography	Every 5 years
Colonoscopy	Every 10 years

CT = computerized tomography, FIT = fecal immunochemical testing, gFOBT = guaiac fecal occult blood test, sDNA-FIT = stool DNA with fecal immunochemical test

Source: *USPSTF, 2021*

Table 2.
Resources from the National Colorectal Cancer Roundtable

Resource	Details	Website
Clinician's Reference: Stool-Based Tests for Colorectal Cancer Screening (2019)	Explains stool blood testing, identifies the value of using this type of test, and identifies differences between the various types of tests	https://nccrt.org/resource/fobt-clinicians-reference-resource/
Steps for Increasing Colorectal Cancer Screening Rates: A Manual for Community Health Centers (2022)	Step-by-step guide to implement processes to increase colorectal cancer screening uptake	https://nccrt.org/resource/steps-for-increasing-crc-screening-rates-2022/
2019 Colorectal Cancer Screening Messaging Guidebook: Recommended Messages to Reach the Underserved	Strategies to educate and mobilize patients to get screened	https://nccrt.org/resource/2019messagingguidebook/

25 years of life for every 1,000 individuals screened.

Multiple screening options are recommended and available in the United States for eligible average-risk adults. The best option for each patient is the least invasive, lowest cost, highest sensitivity and specificity, accessible, convenient, and depends on risk level and patient and clinician preferences (Shaukat et al., 2021). CRCS options range from minimal to highly invasive. The least invasive method is annual high-sensitive stool-based testing, which can be done in the patient's home and mailed to a laboratory for processing. Flexible sigmoidoscopy and colonoscopy procedures are more invasive, require extensive preparation and sedation, and offer higher sensitivity with availability of biopsy or removal of polyps as necessary. Screening by flexible sigmoidoscopy involves examining the rectum and sigmoid colon only and is recommended every 5 years. Colonoscopy screening is recommended every 10 years and visualizes the entire large bowel up to the end of the small bowel (see Table 1) (USPSTF, 2021).

In 2012, the American Cancer Society (ACS), Centers for Disease Control and Prevention (CDC), and NACHC formed the National Colorectal Cancer Roundtable (NCCRT) to identify strategies to increase screening uptake in federally funded safety net practices like CHCs (Sarfaty et al., 2013). In 2022, these recommendations were updated to reflect strategies for all primary care settings (see Table 2). Below are the four evidence-based strategies proposed by the NCCRT for CRCS uptake (NCCRT, 2022).

Strategy 1: Design a Realistic CRCS Program – Make a Plan

Develop a structured screening program that standardizes operations and processes with robust written protocols. The protocols should define care team role functions in the screening program, staff training and accountability, identification of screening-eligible patients, patient education, and quality assurance mechanisms. The program should take full advantage of referral and procedure tracking management systems and the use of patient reminder tools. Cultural norms of the clinic and patient populations should be considered.

Strategy 2: Identify a Team

The Patient-Centered Medical Home (PCMH) model emphasizes team-based care, patient management, improved access to care and continuity, care management and support, well-coordinated care and transitions, and performance measurement and quality improvement (National Committee for Quality Assurance [NCQA], n.d.). In 2021, approximately 76% of all CHCs received a PCMH designation. Leveraging the PCMH model and applying it to CRCS could help increase uptake. This strategy recommends identifying and tracking patients who

are eligible for screening by using existing structures like registries for chronic disease management. Nurses in ambulatory care may provide navigation services by offering structured, personalized care to individuals and families to assist in wayfinding through the healthcare system. Navigators can help manage patients from the initial step of identification through screening and follow up. Adopting evidence-based guidelines to recommend screening, providing high resolution and culturally sensitive patient education materials, and actively measuring performance and implementing quality improvement plans to increase uptake are included in this strategy. The updated recommendations include selecting one or two internal champions who are enthusiastic and dedicated to increasing screening rates in the practice and can be used as motivators to keep the program growing strong.

Strategy 3: Get Patients Screened

After the practice has put a structured program in place with a well-defined team, the focus should be on access to screening for all patients. In 2009, The Commonwealth Fund surveyed a subset of federally funded health centers and found that 71% indicated they faced difficulty connecting their patients on Medicaid with specialists in larger healthcare systems (Doty et al., 2010). The inability to connect patients with testing centers significantly impacts patients receiving endoscopic screening procedures. Availability of full continuum screening facilities continues to be an issue today for some remote and medically underserved communities (Doubeni et al., 2021). The NCCRT recommends building relationships with colonoscopy providers and connecting with CDC cancer programs at the state level. Having direct relationships with colonoscopy providers may increase access to scheduling.

By conducting a risk assessment, patients can be grouped into risk categories, strategically allocating resources. Average-risk patients should be offered the least invasive screening option first while those with increased risk should be offered endoscopy options. The most important intervention is that all eligible patients have a discussion with their care team about screening. Being offered a recommendation from a provider has been shown to be the most influential factor in a patient's screening decision (Earl et al., 2022).

Strategy 4: Coordinate Care

Primary care organizations must coordinate follow-up care for their patients after CRCS. Systems should be in place to alert patients of their results with structured processes for patients who will need follow-up testing (e.g., colonoscopy after positive stool-based test). For patients receiving a colonoscopy, primary care practices should employ effective referral management, retrieving documentation and integrating it into the patient's medical record for health maintenance closure and care coordination. Nurses are integral in delivering test results to patients, helping them to understand through education, providing community resources as needed, helping close care gaps, and connecting them to any follow-up treatment.

Multilevel Factors that Influence CRCS Uptake by Non-Hispanic Black Men

The National Institute on Minority Health and Health Disparities (NIMHD) Research Framework comprises the National Institute on Aging Health Disparities Framework and the socioecological model. The NIMHD was developed to offer a multilevel and multidimensional approach to understanding and addressing minority health and health disparities (Alvidrez et al., 2019). The framework has five dimensions (biological, behavioral, physical/built environment, sociocultural environment, and healthcare system) across four levels (individual, interpersonal, community, and societal). Health disparities are complex with many influencing factors across the socioecological system and are often rooted in systemic inequities (Braveman, 2014). Health inequities are evident in CRCS uptake with significant differences between racial and ethnic groups. Numerous barriers to screening uptake in non-Hispanic Black Americans and most especially Black men have been identified. They are described here in terms of the socioecological level in which they occur.

Individual

Individual level factors include health behaviors, personal environment, sociodemographics, health literacy, preferences, and response to discrimination. Commonly identified individual barriers to CRCS are knowledge deficit, fatalism, sociodemographics, negative health behaviors, lack of insurance, perceived barriers, lack of time, and medical mistrust (Green & Kelly, 2004; Greiner et al., 2005; Kiviniemi et al., 2014; Rogers et. al., 2018; Tabbarah et al., 2005).

Interpersonal

Interpersonal level factors include influences between an individual and their immediate healthcare providers, family, friends, social networks, and interpersonal discrimination. These connections can greatly impact healthcare decisions and views. Common barriers identified in this category are lack of provider recommendation, lack of access to care, lack of shared decision making, male role norms, and clinician's lack of knowledge of screening guidelines (Earl et al., 2022; Lussiez et al., 2021; May et al., 2015; Rogers et al., 2022; Schroy et al., 2011).

Community

Community level factors are influenced by issues occurring outside of the individual's control. They include

Table 3.
Standardized Social Determinants of Health Screening Tools

Tool	Website
Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)	https://prapare.org/
Upstream Risks Screening Tool & Guide (URSTG)	https://www.aamc.org/media/25736/download
American Academy of Family Physicians Social Needs Screening Tool	https://www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/hops19-physician-form-sdoh.pdf
Accountable Health Communities Health-Related Social Needs Screening Tool	https://innovation.cms.gov/files/worksheets/ahcm-screeningtool.pdf

community resources, social norms, the built environment, safety net services, and discrimination. CHC services fit well in this level given the capacity of enabling wraparound support services (education, case management, transportation, language translation, and low to no cost fees) to help mitigate barriers to care (Shi & Stevens, 2007). Some common community level barriers are availability of health-related services, lack of public transportation, and neighborhood instability (Heaps et al., 2021; Mayhand et al., 2021).

Societal

The broader societal factors are typically positioned around the overall quality of care, healthcare policies and laws, discrimination, and societal structure. These barriers are often complex and outside of the direct influence of both the individual and organization. Common societal barriers include factors associated with Medicaid expansion and healthcare laws for copayments and preventive services (Doubeni et al., 2021).

Implications for Nursing

The authors have noted in working with non-Hispanic Black men that they have expressed concerns with feeling undervalued and disconnected from their healthcare team. These men have identified a need for a more concerted effort to enhance screening uptake in the community, which aligns with findings from a literature review conducted by Kwaan and Jones-Webb (2018). There is an opportunity for ambulatory care nurses to emerge as leaders in CRCS because they deliver care to populations of patients and their families across the lifespan. They have the unique opportunity to provide nursing care and education to promote health, wellness, and prevention. Being well-positioned to assess for and address multilevel barriers that challenge CRCS uptake in non-Hispanic Black men may help reduce health disparities and inequities.

To decrease *individual level barriers*, nurses can assess health literacy and CRC knowledge in their non-Hispanic Black patients and provide culturally sensitive information at appropriate reading levels to help decrease knowledge deficits. Nurses can assess social determinants of health (SDOH) by using a standardized screening tool (see Table 3) to identify areas where the patient may need additional assistance. Lastly, engaging in therapeutic communication (i.e., motivational interviewing) to help patients identify their own thoughts and beliefs about CRC may motivate them to make informed decisions.

Nurses can mitigate *interpersonal level barriers* by implementing a team-based approach to preventive health care with all team members actively engaged in CRCS initiatives, as this approach has proven beneficial in chronic disease management (Sarfaty et al., 2013). It is likened to an "all hands on deck attitude," which places more intentionality on screening.

Community level factors can be addressed by understanding and advocating the use of all enabling services available. For example, offer interpretation services for patients who are best served in a language other than English, arrange for public transportation for those in need, and provide case management and patient navigation services to help direct patients through the CRCS process. Several studies have shown increased CRCS uptake, decreased barriers, and improved follow up for non-Hispanic Black men while receiving structured patient navigation services (Domingo & Braun, 2017; Horne et al., 2015). Nurses also can assist with the development of patient-centered screening protocols, provide clinic communications with up-to-date screening guidelines, and support cross-disciplinary partnerships to increase access to endoscopic screening procedures.

Nurses need to actively address the larger *societal level factors* that challenge CRCS uptake with patients and care teams. Understanding insurance coverage plans, copayments, and coinsurance rules for CRCS is a unique skill that most nurses are not tasked within the acute care environment. Helping patients navigate payment systems by choosing the most appropriate screening test for their individual needs is integral to decreasing unnecessary burdens. Using a culturally sensitive visual graphic decision aid that incorporates financial information may be beneficial when working with non-Hispanic Black men.

Overall, health inequities seen in CRCS with Black men are multilevel in nature. These inequities often stem from health disparities that are rooted

Table 4.
Nursing Strategies to Decrease Barriers

Barrier	Nursing Strategy
Colorectal cancer knowledge	Engage patient/family with culturally appropriate colorectal cancer screening information (e.g., using handouts and resources with graphics, images, and language that is from their cultural group).
Provider recommendation	Encourage shared decision making between provider and patient (e.g., SHARE approach from the Agency for Healthcare Research and Quality).
Screening guidelines	Provide providers with updated screening guidelines from American Cancer Society / U.S. Preventive Services Task Force.
Insurance	Refer patient/family to social work or staff member who can help navigate Medicaid application. Help patient/family to understand copayments, coinsurance, and preventive screening payment coverage.
Public transportation	Link patient/family to community resources. Offer cab or ride-share vouchers.
Availability of services	Provide patient navigation services (structured and patient-centered care coordination). Develop and maintain cross-setting interdisciplinary relationship with gastroenterology providers.
Healthcare policies and laws	Share patients' stories with elected officials. Sit on committees or boards that impact healthcare policy in your region.

in SDOH and systemic racism (Ashing et al., 2022). Ambulatory care nurses are well-positioned to effect screening uptake in their patient populations. These inequities present opportunities for ambulatory care nurses to lead change by shifting the focus from chronic disease management to preventative care, thereby playing a pivotal role in decreasing disparities. With this in mind, future research should focus on nursing interventions and CRCS uptake in primary care. Nurse scientists should work with clinic nurses to develop and test programs that may improve CRCS uptake and health outcomes for their non-Hispanic Black male patients. Nurses can implement evidence-based strategies into their team-based care approach and workflows (see Table 4). They should be advocates by staying abreast of current screening guidelines, engaging in effective communication with their non-Hispanic Black male patients, assessing and identifying multilevel barriers, implementing evidence-based strategies to decrease barriers and increase screening uptake, and working within their organizations to impact sustainable change by creating a culture of health and wellness focused on preventative care.

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Diversity in Nursing Leadership

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Hispanic/Latinx, Black/African American, or Other (Smiley et al., 2021). While the nursing profession is still far from mirroring national statistics, there is reason for optimism given younger nurses are increasingly diverse. Smiley and colleagues (2021) reported nurses between the ages of 19 and 49 now encompass 47% of all RNs, with 60% of all nurses identifying as a racial or ethnic minority in this age bracket. In addition, in a 2022 report, the American Association of Colleges of Nursing estimated that 40.8% of nursing students are from underrepresented minorities. As the number of diverse nurses grows, so must opportunities in advanced roles across the domains of leadership, clinical practice, education, and research. The purpose of this column is to explore current state, barriers, and strategies to increase the number of ethnically and racially diverse nursing leaders.

Understanding the current state of diversity in nursing leadership is important to developing an improvement strategy and evaluating progress. While there is little available data specific to diversity in nursing leadership, we can intuitively draw conclusions about a lack of diversity from our previous examination of the nursing workforce. In the broader context of healthcare leadership, Lee and colleagues (2021) examined diversity in overall hospital management using various data sources and concluded that only 12% of hospital leadership identified as Black, Hispanic, or Asian. They also reported a majority of senior health system leaders to be White males. These data indicate there is a need for change in the diversity of nursing leadership and broader healthcare leadership that more closely reflects the populations in their care.

Healthcare organizations and associated professional organizations have increased focus on development of DEI initiatives, and many are including patient outcome metrics, staffing composition, and education in their strategic plans and goals. To achieve these goals, we must understand the barriers to progress. A significant barrier to diversity in nursing leadership is the profession has been slow overall to address the issues that have prevented those identifying as racially and ethnically diverse from considering a career in nursing. A second issue that must be addressed is ensuring the practice environment is prepared to welcome and include diverse leaders. If the work culture does not value diversity and respect different viewpoints or experiences, the ability to retain diverse leaders diminishes (Lyman et al., 2022). Lastly, in preparing the workforce, it is also important to recognize bias as a barrier to achieving the aim of racial and ethnic diversification of the workforce and nursing leadership.

The work ahead is crucial for the workforce and, ultimately, for patients. It will take a strategic approach, perseverance, and communication. A first step is ensuring health systems are appropriately collecting data about the workforce, including leadership roles. The Centers for Medicare and Medicaid Services (CMS) has provided guidance and resources for healthcare organizations on collecting patient race, ethnicity, and language (REaL) data to improve accuracy and enable identification and mitigation of disparities (CMS, 2022). A comprehensive guide includes best practices such as self-identification, ability to select from one or more racial categories, and standard questions for English language proficiency assessment (CMS, 2022). A similar approach to systematic collection is needed with workforce data, and it must be shared transparently with stakeholders.

The American Organization of Nurse Leaders (AONL) developed guiding principles for nurse leaders to promote an inclusive environment in nursing (AONL, 2022). To address the barrier of increasing a pipeline of students to improve diversity in nursing and leadership, AONL recommends focusing on academic partnerships to advance this vision. These partnerships include educational institutions and healthcare organizations coming together to address barriers that have prevented underrepresented minorities from considering nursing and nursing leadership as viable career options. Community outreach, focused recruitment, supportive environments, and a diverse faculty are all interventions that must be advanced to achieve this aim.

AONL (2022) also recommends a focus on the practice environment to ensure a sense of belonging and safety for diverse individuals. This can be achieved by first examining the historical structures in organizations that have prevented recruitment and retention of diverse individuals and promotion of their career growth. This may require a review of policy and practice along with investment of programming to support these efforts. In addition, leaders must examine their personal beliefs and biases related to diversity and inclusion. Lyman and colleagues (2022) recommend use of a tool such as Harvard's Implicit Association Test as a systematic method to recognize personal bias and then assess more broadly in the organization. Information from these assessments can then be used to inform the educational needs of the workforce and the strategy for advancing diversity and inclusion in the organization.

A qualitative study examining the role of ethnic nursing organizations in developing diverse nursing leaders found these organizations are important to providing community for diverse and aspiring leaders (Matza et al., 2018). The authors also reported findings regarding the importance of mentorship, in which participants asserted that a mentor does not have to be from the same racial or ethnic group to be effective. Organizations can focus on both interventions by supporting nurses from diverse backgrounds to be active in racial and ethnic nursing organizations and offering mentorship opportunities. Nurse leaders must be proactive in

conversations with diverse nursing staff to invite participation and make clear that mentorship opportunities are available and encouraged.

In conclusion, the nursing profession has a long road ahead to change the demographics of the workforce and the diversity of leaders, educators, and researchers. There is reason to be optimistic as health systems, educational institutions, and professional organizations are all focusing strategies and setting goals for improvement. As individual nurse leaders, we can add our voices and efforts to educating our teams to prepare the practice environment to be welcoming, working with our communities to encourage careers in nursing, and serving as sponsors and mentors to racial or ethnically diverse nurses who aspire to be leaders. These efforts are paramount to our patients as we strive to deliver the best possible health outcomes for those in our care.

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Charting a Path Toward More Equitable Ambulatory Care

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the part of the individuals providing the care and the system itself, operates. The *Emerging Clinical Issues* column by Cindy Walsh and myself addresses the subtle and sometimes not so subtle nature of bias and ways we can mitigate its impact. Speaking of trust, this issue's *Diversity, Equity, and Inclusion* column by Quyen Phan, Nancy Weaver Parker, and Amy Cadoret reviews cultural humility as a means of achieving health equity through more effective and trusting clinician patient relationships.

As the country continues to wrestle with health disparities in a complex and ever-changing healthcare landscape, nursing as a profession has been charged with the responsibility of supporting the achievement of health equity. Something said by one of my professors in nursing school has stuck with me all these years later: "You don't know what you don't know." Now is the time for all of us to reflect on our own practice as well as the practices in which we work. Are there opportunities for more inclusive and equitable patient/caregiver interactions, better access to care, or more equitable health outcomes? As The Commonwealth Fund report suggests, most likely, yes. As AAACN's new tagline – *Shaping Care Where Life Happens* – suggests, ambulatory care nurses have the unique opportunity to promote health equity *where life happens*. Whether we are coordinating the health and social needs of our patients, providing education that promotes health, supporting the self-management of chronic illness, improving access to care through telehealth, or running a large multisite primary healthcare system, ambulatory care nurses everywhere can play an essential role in meeting the goal of health equity.

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Achieving Health Equity through Bias Reduction

Cindy Walsh and Karol DiBello



The World Health Organization (WHO) defines *health equity* as "the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g., sex, gender, ethnicity, disability, or sexual orientation)" (WHO, n.d.). When health equity exists, everyone, regardless of how they identify, has access to resources needed to live a long and healthy life. For far too many, health equity is a goal that has yet to be reached in the United States. Disparities in health outcomes for individuals living in rural areas, who have lower educational attainment, identify as a racial or ethnic minority, or experience lower socioeconomic status, include higher rates of diseases such as obesity, hypertension, diabetes, and stroke as well as a lower life expectancy (Escarce, 2020). While there are several issues at play, one contributor to health disparities seen in marginalized populations is the bias found within the healthcare system itself. From the negative explicit and implicit biases that individual clinicians may hold against racial and ethnic minorities, disabled populations, gender and sexual minorities, and lower socioeconomic populations among others, to the larger biases built into the system such as racialized medicine, the healthcare system itself contributes to disparities (Vela et al., 2022). The purpose of this column is to explore the concept of bias from the individual to systems levels and present ways in which ambulatory care nurses can address this issue.

The term *bias* refers to the negative evaluation of one group compared to another (FitzGerald & Hurst, 2017). Explicit biases, such as overtly racist, sexist, and homophobic attitudes, have a direct impact on clinical interactions and decision making (Sabin, 2022). Implicit biases, on the other hand, operate outside conscious awareness and without intention. They also impact clinical interactions and decision making but are often difficult to recognize in oneself (Vela et al., 2022). A systematic review of the impact of implicit bias on clinician-patient interactions found that in 20 studies reviewed, implicit bias against the individual characteristics of the patients examined had a negative impact on diagnosis, treatment recommendations, the patient-clinician interview process, the number of tests ordered, as well as other clinical decisions (FitzGerald & Hurst, 2017). Higher rates of implicit bias in clinicians also have been associated with lower patient satisfaction, decreased trust in clinicians, and decreased adherence to treatment plans (Vela et al., 2022).

There are larger social, cultural, and economic factors influenced by bias that impact policy and practices and perpetuate issues like systemic racism, sexism, and other forms of discrimination (Sabin, 2022). Within the healthcare system, the use of race-based clinical guidelines is a structural determinant of bias that further exacerbates health disparities (Vyas et al., 2020). As a social construct, race does not include biological gene-based characteristics. In fact, genetic research demonstrates humans cannot be placed in biologically distinct categories (Cerdena et al.,

2020). The history of using race as a foundation for medical decisions, however, has been around since pre-colonial times. Built on centuries of flawed science and unfounded evidence that supported the justification of slavery, seizure of native lands, and establishment of political and economic systems of advantage in this country for White settlers, medicine fell victim to the concept of race as a proxy for biology that has persisted into the 21st century (Wright et al., 2022).

One common example of racialized medicine is the staging of chronic kidney disease where race correction, based on the flawed notion that Black individuals have a higher muscle mass resulting in higher serum creatinine, has been used in the calculation of glomerular filtration rates (Vyas et al., 2020). The use of this type of race-based guideline, without consideration of the contextual factors that contribute to health disparities such as structural racism and historic segregation, perpetuates a sense that there is something inherently wrong with racialized minorities (Vela et al., 2022). While the use of race as a basis for clinical decision making is currently under heavy scrutiny, its use in many clinical guidelines has led to years of delayed treatment, increased rates of unwarranted surgical procedures, and premature death (Wright et al., 2022).

Whether as a nurse working in schools, in a federally qualified health center, leading a large multisite clinic, or any other setting, ambulatory care nurses are uniquely positioned to address the issues of bias in health care. First, however, it is important to be aware of our own implicit biases. Resources are available to assess for implicit bias. The Harvard University Project Implicit offers several widely used, free implicit association tests designed to identify biases such as age, gender, race, sexuality, weight, disability, and religion. The Institute for Healthcare Improvement also offers free online training resources.

Once we have assessed for our own implicit biases, ambulatory care nurses can address individual bias in clinical care by:

- Practicing both formal and informal positive role modeling.
- Taking courses in ways to address or stop microaggressions and other harmful interactions.
- Eliminating negative and stigmatizing language in both oral and written communication.
- Avoiding stereotyping patients by practicing cultural humility.
- Recognizing and eliminating situations that may magnify stereotyping and bias (The Joint Commission, 2016; Sabin, 2022).

While addressing individual bias is a necessary first step, addressing bias from a systems level is essential to meet the goal of health equity. Healthcare organizations should make every effort to ensure a diverse workforce that more closely reflects the populations in their care. Additionally, they should consider the following strategies:

- Incorporate comprehensive and ongoing educational programs designed to address issues of diversity, equity, and inclusion (DEI) across the organization.
- Carefully consider the use of any clinical guidelines or practices that further perpetuate biases impacting racial or ethnic minorities.
- Collect data that monitors health equity.
- Create policies for hiring, review, and promotion that recognize employee DEI activities (Sabin, 2022).

Through both individual and organizational changes, healthcare systems can move away from what Vela and colleagues refer to as the vicious cycle of diminished health care to the virtuous cycle of improved health outcomes (2022). The vicious cycle occurs when clinicians caring for marginalized populations operate unaware of their own individual biases, which are further compounded by structural determinants of bias such as racialized medicine, ultimately resulting in poor health outcomes. The virtuous cycle of improved health on the other hand occurs when the structural determinants of implicit bias support sound, equitable healthcare decisions, resulting in reduced health disparities (Vela et al., 2022).

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Cultural Humility as a Framework for Ambulatory Care Nurses to Address Health Equity and Inclusion

Quyen Phan, Nancy Weaver Parker, and Amy Cadoret

Nursing licensure requires nurses to be accountable to patients with "culturally humble" care (Allwright et al., 2019). Where historically culture referred to specific ethnic, racial, or religious groups, today's understanding of culture is more inclusive, further encompassing sexual orientation, gender, language, class, and professional status (Hughes et al., 2020). As a profession, nurses are guided by the *Nursing Scope and Standards of Practice* (American Nurses Association [ANA], 2021) and *Code of Ethics for Nurses* (ANA, 2015), which emphasize the importance of patient advocacy, including advocacy for diverse populations. The *Future of Nursing 2020-2030* report (National Academies of Sciences, Engineering, and Medicine [NASEM], 2021) was a call to action for nursing to look closely at how the profession promotes health equity for patients and communities, especially those most negatively impacted by social determinants of health such as marginalized and underrepresented communities.

Just as our understanding of culture has grown, our understanding of cultural competence, which implies a mastery of culture that can often lead to stereotyping, has grown to be more inclusive. This has led to the concept of cultural humility, an approach to care that values the differences of diverse populations and remains open to learning from those whose life experiences may be different from our own (Hughes et al., 2020). Cultural humility was first described in a seminal article by Tervalon and Murray-Garcia (1998), where the authors distinguished between cultural competency and cultural humility in medical education:

> Cultural humility incorporates a lifelong commitment to self-evaluation and self-critique, redressing the power imbalances in the patient-physician dynamic, and developing mutually beneficial and non-paternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations (p. 117).

The purpose of this column is to introduce the concept of cultural humility as a framework for improving health equity as well as provide ways ambulatory care nurses can integrate the framework into their practice.

Tenets of Cultural Humility

The four central tenets of cultural humility include: lifelong learning, redressing power imbalances, non-paternalistic partnerships, and stewarding organizational level development and progress (Murray-Garcia et al., 2021).

Lifelong Learning

The first of the four tenets suggests that nurses should engage in ongoing education throughout their nursing careers. A commitment to continuous learning does not simply mean taking training courses on diversity, equity, and inclusion (DEI), but also encompasses practicing inclusivity. For example, ambulatory care nurses can practice inclusivity by:

- Identifying patients by their preferred pronouns.
- Assessing patients for their strengths and barriers rather than assuming stereotypical traits or cultural practices.
- Listening to patients' stories and lived experiences.

Practicing within a framework of cultural humility means that inherent individual and community perspectives and cultures are valued (Virkstis et al., 2021).

To promote continuous learning, nursing leaders should consider building DEI topics into weekly huddles or team meetings with reflective activities that allow for recognition of biases such as:

- Offering opportunities for staff to discuss how bias, privilege, and ignorance of other ways of being could impact care delivery and health equity.
- Providing opportunities to practice communication techniques that promote patient-centered care using tools such as the 5 Rs of Cultural Humility:
  - **Reflection** – Ask: "What did I learn from the person in that encounter?"
  - **Respect** – Ask: "Did I treat everyone involved in that encounter respectfully?"
  - **Regard** – Ask: "Did unconscious biases drive this interaction?"
  - **Relevance** – Ask: "How was cultural humility relevant in this interaction?"
  - **Resiliency** – Ask: "How was my personal resiliency affected by this interaction?" (Robinson et al., 2021, p. 162)

Redressing Power Imbalances

There is an inherent power imbalance between clinicians and patients in healthcare settings. Thinking we are capable of better understanding the care needs of others or are more worthy of making healthcare decisions for them further exacerbates that power imbalance. Recognizing this imbalance is the nurse's first step in integrating cultural humility into patient care. Through cultural humility, nurses



can avoid making assumptions and cultural stereotyping by asking patients what is important to them and relevant to their lived experience, as well as actively engaging patients in creating an effective care plan through shared decision-making (Derrington et al., 2018). By partnering with patients in this way, nurses can help redress the clinician-patient power imbalance.

Non-Paternalistic Partnerships

Addressing the tenet of non-paternalistic partnership is the essence of patient-centered care. Ambulatory care nurses can do this by:

- Appreciating that while we may be the experts in health care, patients are the experts in their lived experience.
- Assessing patients for their healthcare goals and priorities, taking into consideration patient preferences, such as cultural and religious practices, and including them in their plan of care.

Stewarding Organizational Level Development and Progress

This last tenet is not a stand-alone concept; rather, it reflects the other three tenets at the organizational level. By adopting a framework of cultural humility, organizations should assure their mission statement and strategic objectives reflect inclusivity (Markey et al., 2021). To that end, organizations must promote more equitable partnerships with the communities they serve by honoring the expertise that exists in the community and developing mutually beneficial, bidirectional community partnerships. With a commitment to strategic DEI initiatives, organizations can change policy, practices, and even their culture related to DEI by including underrepresented voices in strategic decision-making (Virkstis et al., 2021).

In conclusion, adopting a framework of cultural humility is an essential step for ambulatory care nurses in meeting the *Future of Nursing* report call to action of promoting health equity for all (NASEM, 2021). Ambulatory care nurses can engage in lifelong learning and, as nursing leaders, promote the same. We can redress the inherent imbalance of power between patients and clinicians by practicing shared decision-making with our patients. We can promote non-paternalistic partnerships by valuing what patients bring to the nurse-patient relationship and partnering with them in their care. Finally, we can actively participate in the stewardship of the organizations where we work to foster inclusivity by assuring underrepresented voices are included in strategic planning – all tenets of cultural humility.

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Leading Boldly: Together, We Are the Change

2023 Conference Celebrates Ambulatory Care Nursing in a Divergent Healthcare World

Marie Alonso

Energy. Hope. Equity. The 2023 AAACN Annual Conference was an event enlivened with a passionate call for the ambulatory care nursing community to lead boldly as healthcare advocates of change, fueled by a collective devotion to share clinical and workplace expertise in support of creating physically and psychologically safe healthcare settings of equity and inclusion for all. In total, the conference program was a courageous call for ambulatory care nurses to be "the change."

The Annual Conference embodied the leadership spirit of AAACN, bringing 1,026 registrants and more than 20 exhibitors together for a powerful hybrid program championed by insights from more than 75 speakers over a 5-day event held April 11-15 at the Omni Orlando Resort at ChampionsGate in Orlando, FL.

- Nearly 40 sessions addressed a variety of current issues and topics, including building a value-based care environment for successful outcome measures, creating ambulatory care telephone triage clinical educator roles to address clinical knowledge gaps, and recognizing the advocacy power of ambulatory care nurses – and preparing them to engage in health policy advocacy at the local, state, and national levels.
- Outstanding poster presentations, including leadership and telehealth themed posters, as well as diverse clinical posters, offered mindful practice improvements, innovative strategies for patient care, and professional development pathways.
- This year's hybrid program continued AAACN's skillful optimization of livestreamed sessions, convenient on-demand content, live forum chats, and the popular Leaderboard Challenge, with many registrants earning prizes.

Be the Change: Empowering Nursing Advocacy

In the conference's opening remarks, 2022-2023 AAACN President Deena Gilland, DNP, RN, NEA-BC, FAAN, challenged attendees to think about AAACN's ability to reshape the ambulatory care nursing profession for a world increasingly committed to propelling healthcare equity for all.

"You bring your expertise, your time, your commitment to this work. Think about your ability to lead, to be bold, to mind the gaps and to actively restructure, in small and big ways, the profession of nursing," Gilland told attendees. "Health care is in a time of turmoil and chaos, from which can come change. Is nursing going to lead the healthcare environment through this change? Will nursing boldly lead in improving health care? I say…*YES!*"

The opening keynote presentation, *Advocacy: Amplifying Voices to Improve Healthcare,* presented by Billy Rosa, PhD, MBE, NP-BC, FAANP, FAAN, carried Gilland's opening remarks to take attendees even deeper into the mechanism that is healthcare advocacy – inspiring attendees to amplify their voices and, in doing so, the voices of patients, families, colleagues, institutions, and multidisciplinary stakeholders to make measurable and tangible improvements in health outcomes.

"Advocacy is a great tool that makes change," Dr. Rosa shared. "The first step in creating change, in being advocates as a community, is to engage diverse stakeholders using common language. How do you define nursing? Is your definition the same as the person next to you? As an advocate, you need to explain what it is we do, and in a way that meets the needs and understanding of who you are engaging. That is being adaptive and flexible to the world around us. That is the language of advocacy – of change."

Dr. Rosa encouraged attendees to be, as embedded members of their communities, advocates.

"Be active in your organizations. Link nursing to equity and justice. I think nursing is falling short on diversity, equity, and inclusion. We don't talk enough about equity and inclusion. We, as nurses, account for 59% of the healthcare workforce," Dr. Rosa told attendees. "We are embedded in the community we serve. We need to identify that, as nurses, we are key to tackling social determinants of health. We are key to recognizing the environment in which people are

2023 AAACN Annual Conference Highlights

born, live, work, and play is also the environment in which they suffer, grieve, and die."

Calling for AAACN members to be active in providing service and leadership, Dr. Rosa shared a heartfelt plea for the specialty of ambulatory care nursing to leverage its voice to work toward justice in vital healthcare areas, from supporting palliative and end-of-life care equity to identifying and tackling social determinants of health inequities, including poverty.

"We, as nurses, are uniquely capable of showing up in our shared humanity, being bold, insistent, courteous, and courageous in our communities," Dr. Rosa inspired an uplifted audience. "As nurses, we can amplify our voices to improve and bring equity to health care."

Advocating for Workplace Safety

With advocacy leading many discussions, a mindful and informative Town Hall focusing on workplace safety in the ambulatory care nursing environment presented an opportunity for attendees to share individual practice experiences.

- Facilitators Dawn Fletcher, DNP, NEA-BC, RN, and Elizabeth Sparks, MSN, RN, CNML, hosted panel presenters Elizabeth Sparks, MSN, RN, CNML; Corrie Berry, MMHC, BSN, RN; Toni Dural, BSN, RN; Panissa Caldwell, MHA, BSN, RN; Cara Spencer, PhD, RN, FNP-BC; and June Fouse, MSN Ed, RN, NPD-BC. Topics supported discussion of workplace violence prevention efforts, with a focus on development of action planning and strategic response.
- The AAACN Workplace Safety Position Statement, featured during the Town Hall, reinforced the association's stance of supporting practices that promote physically and psychologically safe healthcare settings, and encouraging AAACN members to demand safe and secure care environments for themselves and their patients, act as advocates in implementing policies and practices to improve nurse and patient safety, and utilize tools and interdisciplinary resources to promote safety.
- The insightful discussion included support for development of ambulatory care nurse support to de-escalate and manage verbal violence via the telephone, recognition and management of cyber incivility, creating a zero tolerance to violence through training, education, and resources, as well as development of clinic-specific safety action plans to secure and protect ambulatory staff members.

As the 2023 conference wrapped up, *The Mandate for Ambulatory Nursing to Lead the Transformation of Health Care* featured closing remarks from 2023-2024 AAACN President Rachel Start, MSN, RN, NEA-BC, FAAN, who also welcomed the incoming Board of Directors, including new members – Director Cara Spencer, PhD, RN, FNP-BC, Director Kimberly Regis, DNP, RN, PNP-BC, and Emerging Fellow, Na Lim Heo, MDiv, MSN, RN. Start shared the energy of the upcoming year, including AAACN's continued support for the growth of ambulatory care nursing science, increased efforts by AAACN's new Advocacy Committee and newly updated resources, including the AAACN paper on the *Role of Registered Nurse in Ambulatory Care Nursing*. In her closing remarks, Start encouraged attendees to realize the authentic value and power of ambulatory care nursing.

"Ownership of value is a mandate that engages us in the examination of clinical practice and performance outcomes as well as cost and affordability. Validating, mobilizing, and furthering the nursing discipline as it relates to health promotion across the lifespan, equitable care across populations, and the realization of authentic value will create the power we need to propel patients to health," Start shared. "The American Academy of Ambulatory Care Nursing is empowering and equipping nurses across the country to create and demonstrate, study and disseminate, advocate for, and deepen service to patients and populations."

Transformative Strategies, Daring Ingenuity

Throughout the pandemic, Start told participants, AAACN membership numbers grew to close to 5,000 strong, with more than 20,000 watching AAACN via social media. "In a time when many other organizations have lost members and engagement, we are squarely in a pivotal place to synergize value and energize our profession as a whole," Start shared. "Our numbers have grown – our numbers are continuing to grow."

Looking out at the AAACN members in attendance, Start shared an impassioned validation.

"We've spent many years forging resources, toolkits, position statements, and standards. Our specialty – ***us*** – is enlightening health systems, executives, colleagues in other professional organizations, faculty, students, vendors, governmental agencies," Start shared, with conviction. "We will strengthen our science, grow our strategy to disseminate our knowledge, leverage our expertise as subject matter experts, and lead the charge on research to finally validate nurse sensitivity. We will emerge from a place of being in the shadows to a place of leadership in an innovative and daring approach to equitable health care for all."

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Congratulations to Tabitha Anglea, RN, NEA-BC, AMB-BC, CCRN-K, CCCTM, the recipient of this year's Above and Beyond Award! This award is presented annually at the president's discretion to a AAACN member who has performed beyond their expected responsibilities to serve the organization. AAACN President Deena Gilland spoke of Tabitha's intense dedication, willingness to work with others, and commitment to completing tasks with quality and pride. A member of AAACN since 2016, Tabitha served as editor of the sixth edition of the *Scope and Standards of Practice for Professional Telehealth Nursing* and co-chaired the Telephone Triage Course Task Force, which recently produced the *Telephone Triage as Professional Nursing Practice* online course.



Tabitha Anglea received the Above and Beyond President's Award.

2023 AWARD & SCHOLARSHIP WINNERS

Above & Beyond President's Award
Tabitha Anglea, RN, NEA-BC, AMB-BC, CCRN-K, CCCTM

Administrative Excellence Award
Kimberly Regis, DNP, RN, PNP-BC

Clinical Excellence Award
Leslie Morris, DNP, RN, AMB-BC, NPD-BC

Candia Baker Laughlin Certification Scholarship
Bridget Carter, MS, RN
Lillian Klomsten, RN

Conference Scholarships
Virginia Byrnes, MSN, RN
Edtrina Moss, PhD, RN-BC, NE-BC, CLSSGB
Toni Wendling, MSN, RN

Education Scholarship
Laura Koke, BSN, RN, CPHON, CPN

***ViewPoint* Writer's Award**
June Fouse, MSN/Ed, RN, NPD-BC
Rachel Musenero, BSN, RN
Cara Spencer, PhD, RN, FNP-BC



Members of the AAACN Board of Directors



Cara Spencer and June Fouse, winners of the ViewPoint Writer's Award, pose with cutouts of their article collaborators.



Task Force members proudly pose with copies of the new edition of the Scope and Standards of Practice for Professional Ambulatory Care Nursing.



AAACN is proud to support our military members and attendees.



Kimberly Regis, recipient of the Administrative Excellence Award, is pictured with AAACN Past President Kathleen Martinez.

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Carol Rutenberg and Liz Greenberg presented a session on "Safety in Telephone Triage Practice."



Chris Ruygrok with AAACN Past Presidents Anne Jessie, E. Mary Johnson, and Susan Paschke



Members of the Diversity, Equity, and Inclusion Committee



Members of the Workplace Safety Task Force discussed workplace safety in the ambulatory care nursing environment during the Town Hall.



Members of the Veterans Affairs Special Interest Group



Tracy Gosselin, chair of the newly announced Advocacy Committee, greeted members at AAACN 101.



Attendees pose in front of the graffiti board.



Members of the 2023-2024 Nominating Committee

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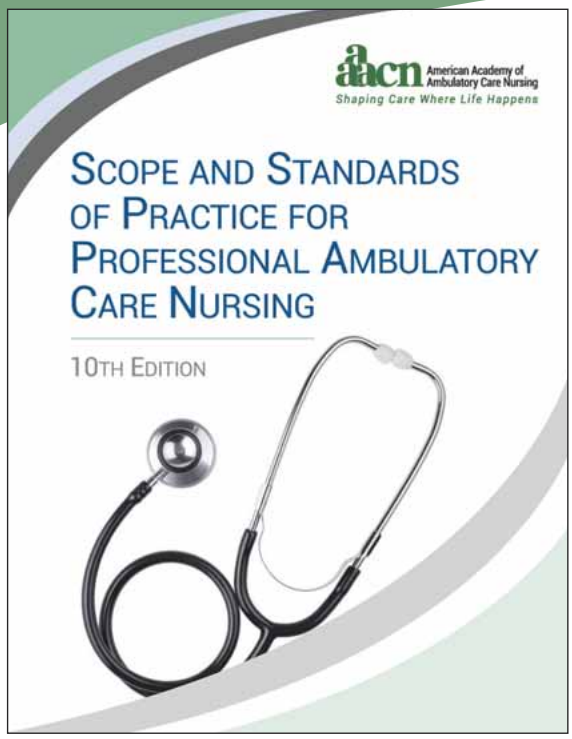
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SCOPE AND STANDARDS OF PRACTICE FOR PROFESSIONAL AMBULATORY CARE NURSING – 10TH EDITION

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