

Although, both events are happening just as this issue of the Colorado Nurses makes it to your home, remember these celebrations of the value of nurses takes place every fall in Colorado. Just one opportunity for you to contribute as a presenter or collaborate and learn from other nurses.

Nurses, in all our diversity, hold varying viewpoints. My favorite semester-opening question

for online discussion forums when I was teaching at the ADN and BSN level was this: "Consider and accept the fact that we are all biased. We all hold a unique point of view based on our place of origin, upbringing, life experiences and more. Please identify your own personal bias and describe how you have set it aside to deal with your patients on an equitable footing." Then, at the end of the semester, I would refer to this

question: "Remember the discussion on personal bias. Now, tell me how your own identified personal point of view enriches your nursing practice. In other words, what do you bring to your practice that is unique?"

My hope for CNA is that we can each contribute to our collective voice by using that which we alone can bring to the table. ■

Executive Director's Corner

By Mark Longshore, PhD, RN



Looking back at the May issue of Colorado Nurse, I saw the introduction of Margaret Bishop, MSN, RN as Deputy Director of the Colorado Nurses Association. Since then, I have been chosen as the Executive Director for CNA. Colleen Casper, DNP, RN, has been the Executive Director of CNA for ten years. During that time she has earned the respect and thanks of many individuals from many organizations, not the least of which being CNA and ANA. While she continues to provide guidance to Margaret and me, as well as being active with GAPP and NPAC, she also relishes the time she now has to step away and focus on herself and her family.

I came to CNA with a clinical background in the emergency department and over 15 years of experience in nursing education at the ADN, BSN, and graduate levels, as well as the past two years of working with the Government Affairs and Public Policy committee of CNA. My experience in those areas has taught me there are a number of challenges in healthcare, including staffing, workplace violence, and low pay for nurse educators. I have also found there are many nurses who have been, or are looking to, confront some of those challenges and find solutions.

In May, several leaders from CNA, including Margaret and myself, went to Washington with a dual purpose. First was to meet with legislative aids to educate them on the importance of supporting the safe staffing needs in long-term care,

to allow APRNs to practice to the full extent of their training, and pilot a program to increase the salaries for the educators preparing our future nurses. The second purpose was to provide feedback to the American Nurses Association by way of "dialogue forums" and through elections of ANA Board Members. Colorado came away with two important wins. Mavis Mesi, DNP, MSN, RN was elected to the Nominating Committee for ANA. Courtney Hickey, BSN, RN, CCRN proposed the ANA, NCSBN, and State Boards of Nursing reduce the stigma and increase support for nurses experiencing mental health and substance use challenges and for employers to end discrimination against nurses with past mental health problems. The vote was nearly unanimous for ANA to move forward and many nurses spoke about their own experiences or those of their peers suffering with mental health challenges, some of which ended in suicide. The message was clear that more has to be done to support nurses.

But not all advocacy takes place in Washington, D.C. At the state level, nurses are working with CNA to establish fair criteria by the Colorado Board of Nursing for prescriptive authority for APRNs. We are also having conversations about what we can do to improve the nursing shortage, including increasing the number of nurse educators and preceptors to produce more nurses and to improve retention through improvement of working condi-

tions for nurses, such as reducing workplace violence and supporting the nurses who experience such events.

As you can see, there is a lot happening at CNA to support nurses and the patients we serve. To complete that work, we partner with patient advocacy and other nursing groups, healthcare quality and access groups, and of course you. CNA is strongest when we work together. By the time you read this, it will be too late to nominate yourself for a position on the Board, but it will be a great time to be more active and learn more about CNA, in preparation for your nomination next year. Additionally, we have a CNA Membership Assembly and Conference each September and are always looking for more attendees and presenters. Share what you know to help other nurses be successful. And between now and then, join a Special Interest Group (SIG), an Advisory and Networking Team (ANT), or attend Government Affairs and Public Policy committee or Nurses For Political Action in Colorado (NPAC) meetings to meet others and be a part of the change. (And while doing that, invite your peers to join CNA/ANA.)

Remember, we are "Stronger Together," and together we can make progress on improving the quality and safety of healthcare for all. ■