The American Assembly for Men in Nursing

The IOM Future of Nursing: Men Leading Change And Advancing Health

36th Annual Conference

October 19th-21st

University of Kentucky College of Nursing
Lexington, Kentucky
People Places Possibilities

The Johns Hopkins University School of Nursing—a place where exceptional people discover possibilities that forever change their lives and the world.

www.nursing.jhu.edu/possibilities
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Welcome to the 36th Annual Conference
American Assembly for Men in Nursing

President’s Message

Dear AAMN Conference Participant,

Welcome to the 36th annual conference of the American Assembly for men in Nursing. On behalf of AAMN, our Board of Directors and staff, I want to welcome you to our conference. The theme is very timely and important: “The IOM Future of Nursing: Men Leading Change and Advancing Health”.

As you know the Institute of Medicine released the Future of Nursing report just one year ago and states “to improve the quality of patient care, a greater emphasis must be placed on making the nursing workforce more diverse, particularly in the areas of gender and race/diversity”. Two of our featured speakers, Michael Bleich and Courtney Lyder will be talking about the Future of Nursing. You will hear and participate in a variety of other conference presentations discussing the need for greater emphasis on gender diversity.

Men’s Health is also an objective of the conference and Scott Williams is our first featured speaker on this topic. AAMN has developed a partnership with the Men’s Health Network as one of our strategies to promote men’s health nationally.

I would like to thank our conference host, the University of Kentucky, College of Nursing. They worked in partnership with the Lexington Alliance for Men in Nursing (an AAMN chapter), the AAMN Education Committee and our AAMN office staff and this promises to be a good experience for all. The college of nursing has a long history with their first enrollment going back more than 50 years and has had more than 4,500 graduates. Their first-time pass rate for BSN graduates taking the NCLEX over the last ten years has been an average of 97%. The College’s graduate program is tied for 21st in the nation, according to U.S. News & World Report in its 2012 edition of “America’s Best Graduate Schools.”

This years’ conference takes place in beautiful Lexington. Often called the Heart of Kentucky, the centrally located Bluegrass region offers much of what Kentucky is all about -- thoroughbred horses, bourbon, basketball, natural beauty, history, and Southern hospitality. Hopefully, each of you will have an opportunity to experience even a little bit of what the Lexington and the region has to offer.

In closing, I want to ask each of you attending the conference this year to become active AAMN members. If the only thing you can do this year is to join AAMN or renew your AAMN membership, please do that. Your membership dues help us carry out the AAMN objectives. Become active with your local chapter or start one. Help us with our two of our new and innovative programs: AAMN mentoring and AAMN videos/Youtube channel and social media. AAMN committee sign-up is in the registration area. We have a lot of other opportunities for member engagement. Join us to become the nationally recognized organization and voice for men in nursing.

Have a great time at the conference!
Bill Lecher, RN
President, AAMN
To the Registrants of the 2011 American Assembly for Men in Nursing Annual Meeting:

Welcome, all, to Lexington, Kentucky and the Bluegrass State, the horse capital of the world and home of the University of Kentucky Wildcats!

The UK College of Nursing is excited to host the 2011 American Assembly for Men in Nursing 36th Annual Conference. I personally want to congratulate each of you for your commitment to the profession and for your accomplishments in nursing – whether they are in practice, education, research or scholarship. Joining us here illustrates what is foundational to our discipline – a commitment to life-long learning.

We are proud of our rich tradition in Kentucky and in the nation. Last year we celebrated our 50th anniversary. This year we are celebrating 35 years combined experience in doctoral education -- the 25th anniversary of our PhD Program and the 10th anniversary of our DNP Program, which was the first in the country. We also enjoy national rankings and recognition in research and education:

- The UK College of Nursing is ranked in the Top 20 schools of nursing on the most recent Faculty Scholarly Productivity Index (2009 Academic Analytics, LLC Report).
- Our first-time pass rate for BSN graduates taking the NCLEX over the last ten years has been an average of 97 percent, compared with 87 percent nationally.
- The college’s Graduate Program is tied at 21st among graduate schools of nursing according to “U.S. News & World Report” in its 2012 edition of “America’s Best Graduate Schools.”

We have an unprecedented learning, practice and research environment within UK HealthCare and work collaboratively with the other health professions colleges (dentistry, health sciences, medicine, pharmacy and public health). This year, UK HealthCare opened the first phase of its new 12-story patient care facility. Albert B. Chandler Hospital’s completion is paramount in the plan to become a premier regional medical center concentrating on cancer, trauma, neurosciences, organ transplantation and pediatric subspecialties.

We have faculty and staff who are advanced practice registered nurses providing care within UK HealthCare and other clinical venues in the region and others who are involved in interdisciplinary translational research. They have extensive relationships with communities in Appalachia and other parts of Kentucky and actively disseminate their research findings through publications, presentations and technical assistance to communities. The nursing faculty is also actively engaged in service to the community and profession.

If you are an alumni of the UK College of Nursing – welcome home! If you are intrigued by the beauty of Kentucky and the livability of Lexington, please let me know. We have some excellent faculty positions in which you may be interested.

Again, thank you for coming to Lexington and, as we say at UK, “SeeBlue!”

Jane Kirschling, DNS, RN, FAAN
Dean and Professor
janek@email.uky.edu
(859) 323-4857
AAMN 36th Annual Conference Sponsors:
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<td>Case Western Reserve University School of Nursing</td>
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<td>Central Baptist Hospital</td>
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<td>Cincinnati Children’s Hospital Medical Center</td>
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<td>Duke University School of Nursing</td>
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<td>Eastern Kentucky University</td>
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<td>Excelsior College</td>
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<td>Frontier Nursing University</td>
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<td>Humana Incorporated</td>
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<td>Hopewell Healthcare/Horizons Medical Staffing</td>
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<td>Indiana Wesleyan University</td>
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<td>Intergerty Healthcare Products/Liko/Hill-rom</td>
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<td>Johns Hopkins University School of Nursing</td>
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<td>Michigan State University</td>
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<td>Phoenix Children’s Hospital</td>
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<td>Seaton Hall University</td>
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<td>University of Alabama</td>
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<td>University of Pennsylvania School of Nursing</td>
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<td>University of Virginia School of Nursing</td>
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<td>United States Army</td>
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<td>Vanderbilt University School of Nursing</td>
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Dr. Luther Christman, PhD, RN, FAAN was inducted into the Hall of Fame of the American Nurses Association. Dr. Christman was recognized for his many significant contributions to nursing, including his role as cofounder of AAMN.

To recognize and celebrate this milestone for men in nursing, the Board of Directors of AAMN has established the Society of Luther Christman Fellows.

For more information and application see http://www.aamn.org/aamnfoundation.htm

Society of Luther Christman Fellows:

- JoAnne Grunow, DNSc, CS, FNP, ARNP
- Eddie Hebert, BSN, RN
- Chad O’Lynn, PhD, RN
- Demetrius Porche, DNS, RN, CS, FNP
- David Sprouse, Ed D, RN
- James Raper, DSN, RN, CFNP, JD
- Russell Gene Tranbarger, Ed D, RN, FAAN
- Terry R. Misner, PhD, RN
- Bill Grau, RN, MS, CNAA
- Keith Douglass, RN, ADN, BA
- John F. Garde, CRNA, MS, FAAN
- Richard Pessagno, MSN, APRN, BC, CGP
- Gary Peichoto, MSN, FNP
- Jeffery Hamilton
- Vern Bullough, PhD, RN
- Don Anderson, CMSRN, Ed.D.
- Jadeh Marselis-Moore
- Larry D. Purnell PhD, RN, FAAN
- M. Bridget Nettleton, PhD, RN
- Andrew Harding, MS, RN, CEN, NEA-BC
- Joanne Anderson
- Brian Goodroad, DNP, AMP/BC, AACRN
- David Hudson, RN, MSN
- William Lecher, RN, MS, MBA, NE-BC
2011 Award Winners

Best School
Excelsior College
Albany New York

Lee Cohen Award
Lavoy Bray, RN, BSN, MEd

Luther Christman Award
Dr. Michael Bleich, PhD, RN, NEA-BC, FAAN

PHOTO BY JOANNE ANDERSON
American Assembly for Men in Nursing
“The IOM Future of Nursing: Men Leading Change and Advancing Health”

CONFERENCE OBJECTIVES

1. Describe the role of the American Assembly for Men in Nursing in creating a new “Future of Nursing”.
2. Utilize strategies to recruit men into nursing that remove barriers and facilitate male entry into the nursing profession.
3. Create a male-nurse mentor role for practice to promote the recruitment and retention of men in nursing.
4. Formulate plans to increase the number of men entering nursing.
5. Design initiatives that maximize the role of men in professional nursing organizations and in a variety of health care settings.
6. Examine various methods that can create leadership roles for men in nursing.
7. Describe initiatives developed to advance men’s health issues and concerns.

CONFERENCE SCHEDULE
WEDNESDAY, OCTOBER 19, 2011

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<td>5:00-8:00P</td>
<td>Conference Registration</td>
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<td>Ballroom: Patterson Pre-Function</td>
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<td>7:00-9:00P</td>
<td>Opening Reception</td>
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# American Assembly for Men in Nursing

"THE IOM FUTURE OF NURSING: MEN LEADING CHANGE AND ADVANCING HEALTH"

**CONFERENCE SCHEDULE - THURSDAY, OCTOBER 20, 2011**

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<tr>
<td>7:00-8:00A</td>
<td>Registration / Breakfast / Patterson Pre-Function</td>
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| 8:00-8:30A    | **WELCOME & OPENING REMARKS**  
William Lecher, RN, MS, MBA, NE-BC President, American Assembly for Men in Nursing  
Jane M. Kirschling, DNS, RN, FAAN Dean, University of Kentucky College of Nursing, Lexington, Kentucky |                  |
| 8:30-9:30A    | Scott Williams, B.A.  
*Men's Health: Impact on Public Policy*  
Vice President of Men's Health Network, Washington, D.C. |                  |
| 9:30-9:45A    | **BREAK** / Patterson Pre-Function |                  |
| 9:45-10:30A   | **Session 1A**  
*Luther Christman: Professional Reformer*  
Steve Merrill, RN, PhD; Hiram, Ohio | **Session 1B**  
*Mentoring the New Graduate to Retain Men in Nursing*  
Tim Nichols, RN, BSN, CEN & Donald D. Kautz, RN, PhD; Greensboro, NC |
| 10:30-10:45A  | **BREAK** / Patterson Pre-Function |                  |
| 10:45-11:30A  | **Session 1C**  
*Benefits of Mnemonics and Humor in Nursing to Advance Men's Health*  
J. Conrad Withrow, RN  
Greensboro, North Carolina | **Session 1D**  
*Join the “20x20 Choose Nursing Campaign”*  
*How to use the AAMN recruitment tools to recruit more men into nursing*  
Don Anderson, RN, EdD; Brent Mac Williams, ANP, PhD; Bridget Nettleton, RN, PhD; Ryan Lewis, RN, BS |
| 11:30-11:45A  | **BREAK** / Patterson Pre-Function | **Session 1F**  
*Meeting the Educational Needs of Men in Nursing: Helping Them In, Helping Them Out*  
Laurie V. Nagelsmith, PhD, RN & M. Bridget Nettleton, PhD, RN  
Albany, New York |
| 11:45-12:30P  | **Session 1E**  
*Mentorship in the American Assembly for Men in Nursing: A New Day is Here!*  
Michael Galbraith, RN, PhD; Bernadette Curry, PhD, RN; Danny Lee, PhD, RN; Mark Romportl, RN; Demetrius Porche, DNS, APRN, PhD, FAAN | **Session 1G**  
*The Quality of Working Life: A Phenomenological Study Among Male Nurses Practicing in Community Health Care Settings*  
Sylvain Brousseau, Ph.D. (C), Marie Alderson, Ph.D., RN & Chantal M. Cara, Ph.D., RN; Quebec, Canada |
| 12:30-1:30P   | **LUNCH** / Kentucky | **Session 1H**  
*Keep MEN in nursing: become a MENTor*  
Scott J. Saccomano, Ph.D., GNP-BC, RN; Bronx, New York |
| 1:30-2:15P    | **Session 1G**  
*The Quality of Working Life: A Phenomenological Study Among Male Nurses Practicing in Community Health Care Settings*  
Sylvain Brousseau, Ph.D. (C), Marie Alderson, Ph.D., RN & Chantal M. Cara, Ph.D., RN; Quebec, Canada | **Session 1J**  
*Ministering Men of America’s Civil War: Nurses Providing Care*  
Chris Foard, MSN, RN; Magnolia, Delaware |
| 2:15-2:30P    | **BREAK** / Patterson Pre-Function |                  |
| 2:30-3:30P    | The Future of Nursing: What is at Stake if Men Don’t Respond  
Michael Bleich, PhD, RN, FAAN  
Dean & Carol Linderman Distinguished Professor, Oregon Health & Science University School of Nursing, Portland, Oregon |                  |
| 3:30-3:45P    | **BREAK** / Patterson Pre-Function |                  |
| 3:45-4:30P    | **Session 1I**  
*Leading Change - Mentoring for the Future*  
Jack E. Warfield, RN-BC, MBA, BSN; Highland Hts, Kentucky | **Session 1J**  
*Ministering Men of America’s Civil War: Nurses Providing Care*  
Chris Foard, MSN, RN; Magnolia, Delaware |
<p>| 4:30-5:30P    | Annual Business Meeting/Evaluations |                  |
| 6:00-7:00P    | RWJF Nurse Faculty Scholars Reception / Kentucky |                  |
| 7:00-8:30P    | Luther Christman Dinner / Kentucky |                  |</p>
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<td>8:00-9:00A</td>
<td><strong>MEET THE CANDIDATES/BUSINESS MEETING WRAP-UP/VOTING BEGINS</strong></td>
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<td>9:00-10:00A</td>
<td>The Future of Nursing</td>
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<td>Courtney Lyder, ND, GNP, FAAN</td>
<td>Dean and Professor, School of Nursing &amp; Assistant Director, UCLA Health System University of California, Los Angeles</td>
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<td>10:00-10:30A</td>
<td><strong>Poster Session/Exhibitors/Break/Voting Continues / Patterson Pre-Function</strong></td>
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<td>10:30-11:15A</td>
<td><strong>Session 2A</strong></td>
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<td>Reminiscences of Men of Distinction</td>
<td>Gay Men in Nursing: The Costs of</td>
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<td>in American Health Care</td>
<td>Feninormativity and Heteronormativity</td>
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<td>Edward Halloran, RN, BS, MPH, PhD;</td>
<td>Michael L. Huggins, EdD, MSN APRN</td>
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<td>Charlotte, North Carolina</td>
<td>Louisville, Kentucky</td>
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<td>11:15-11:30A</td>
<td><strong>BREAK / Patterson Pre-Function</strong></td>
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<td>11:30-12:15P</td>
<td><strong>Session 2C</strong></td>
<td><strong>Session 2D</strong></td>
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<td>Men and Education in the Workplace:</td>
<td>Perspectives from the Trenches:</td>
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<td>A Student Nurse’s Perspective</td>
<td>Engendering Change</td>
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<td>Damon Downs, Student Nurse</td>
<td>John Deckro, MS, RN-BC, ANP-BC &amp;</td>
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<td>Cincinnati, Ohio</td>
<td>Anthony D’Eramo, MSN, RN;</td>
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<td>Providence, Rhode Island</td>
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<td>12:15-1:15P</td>
<td><strong>LUNCH / Election Ends / Chapter Presidents Meeting / Kentucky</strong></td>
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<td>1:15-2:00P</td>
<td><strong>Session 2E</strong></td>
<td><strong>Session 2F</strong></td>
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<tr>
<td></td>
<td>Men Nurses: Strategies for Recruitment</td>
<td>Supporting Male Nursing Students in a Female</td>
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<td>Robert J. Meadus PhD, RN &amp; J.</td>
<td>Dominated Environment - Calling in the Troops!</td>
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<td>Creina Twomey PhD, RN;</td>
<td>Jennifer Ellis, MSN, RN;</td>
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<td>St. John’s, NL, Canada</td>
<td>Cincinnati, Ohio</td>
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<td>2:00-2:15P</td>
<td><strong>Session 2G</strong></td>
<td><strong>Session 2H</strong></td>
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<td></td>
<td>Strategies for Integration of LGBTQ Health</td>
<td>The Invisible Science of Nursing</td>
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<td>into the Nursing Curriculum</td>
<td>Mike Taylor RN, MHA, CDE;</td>
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<td>Fidelindo Lim, M.A., RN &amp; Nathan Levitt, RN</td>
<td>Marion, Indiana</td>
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<td>New York, New York</td>
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<td>3:00-3:15P</td>
<td><strong>BREAK / Patterson Pre-Function</strong></td>
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<td>3:15-4:00P</td>
<td><strong>Session 2I</strong></td>
<td><strong>Session 2J</strong></td>
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<td>Becoming a Nurse: Continuing the Story</td>
<td>Adapting a Nursing Research Course</td>
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<td>of the Alexian Brothers Hospital School</td>
<td>to Advance IOM Goals</td>
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<td>of Nursing Graduates</td>
<td>Dorothy Clark-Ott, MPA, BSN, NCSN;</td>
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<td></td>
<td>Susan A. LaRocco, PhD, RN, MBA;</td>
<td>Marion, Indiana</td>
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<td></td>
<td>Milton, Massachusetts</td>
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<tr>
<td>4:00-4:15P</td>
<td><strong>BREAK/Election Results Announced / Patterson Pre-Function</strong></td>
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<td>4:15-5:00P</td>
<td><strong>Session 2K</strong></td>
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<td>The Factors Influence Male Students</td>
<td>Innovative Strategies Enabling Innovated</td>
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<td>Choose Nursing Programs on Muhammadiyah</td>
<td>Minds: Facilitating Male Entry into Nursing</td>
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<td>University of Yogyakarta by La Ode abd</td>
<td>Matthew M. Power &amp; Edward M. Cuza,</td>
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<td>Rahman, RN, BS; Yogyakarta, Indonesia</td>
<td>Nursing Students;</td>
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<td></td>
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<td>Lumberton, New Jersey</td>
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<tr>
<td>5:00-5:15P</td>
<td><strong>WRAP-UP and EVALUATIONS</strong></td>
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Hyatt Regency Lexington
at Lexington Center

DIRECTIONS
From Bluegrass Airport (6 miles): Follow signs from U.S. 60 East (Versailles Road) into downtown Lexington. Versailles Road turns into Maxwell Street. Turn left onto South Broadway at first traffic signal. Hotel is on corner of High Street and South Broadway.
Thursday, October 20, 2011

Featured Speaker

Scott T. Williams, B.A.

Vice President of Men’s Health Network
Washington, D.C.

Scott Williams is currently Vice President of Men’s Health Network (MHN), a Washington, DC based national non-profit organization whose mission is to reach men and their families where they live, work, play, and pray with health prevention messages and tools, screening programs, educational materials, advocacy opportunities, and patient navigation.

Scott is actively sought out as a speaker and resource on men’s health issues by the media, policymakers, public health professionals, physician key thought leaders, and other patient advocacy leaders.


Scott has presented at the U.S. Food and Drug Administration (FDA), Congressional Black Caucus Legislative Conference, University of Indiana, University of Maryland – American Student Medical Association, Rotary International, Massachusetts Medical Society, World Congress on Men’s Health, State Medicaid Pharmacy & Therapeutics Committees, the United States Senate, and more. He attended and spoke at health policy briefings and receptions at both the 2008 Democratic and Republican National Conventions.

Scott has served as a peer reviewer and contributor to the American Journal of Men’s Health, a SAGE Publication. He founded the Men’s Health Caucus within the American Public Health Association and also serves as the Membership Chair for the Community Health Planning and Policy Development Section. He is a representative to the Partnership to Fight Chronic Disease, MAPRx, Medicare Rx Education Network, and currently holds positions within the One Voice Against Cancer (OVAC) Budget and Communications Workgroups. He is President of the Maryland Men’s Health Network Board of Directors, member and former President of the Sigma Phi Epsilon Alumni Volunteer Corporation, and current member of the Moravian College Alumni Association Board.

Scott serves on the Board of Directors for RetireSafe, Veteran’s Health Council Foundation, Women Against Prostate Cancer, and the Society for Nuclear Medicine’s Patient Advocacy Advisory Group. He is an Online Editor for the International Society for Men’s Health and was recently asked to serve on the National Institute of Justice’s Office of Justice Programs Advisory Group for Teen Dating Violence Group.

Prior to joining Men’s Health Network, Scott was a Senior Analyst of Strategic Services at PharmaStrat, Inc. based in Flemington, NJ. He has also worked as Public Relations Manager for sanofi pasteur in Swiftwater, PA. Scott received his BA in Political Science with Honors and a minor in Business Management from Moravian College in Bethlehem, PA.
Michael R. Bleich is an energetic and passionate nursing leader who launched his healthcare career in 1970 and has progressed to hold administrative, education, and consultative roles. He currently serves as Dean and Dr. Carol A. Lindeman Distinguished Professor for the School of Nursing at Oregon Health & Science University (OHSU). In addition, Bleich was appointed as Vice Provost of Interprofessional Education and Development at OHSU. Bleich is nationally recognized in several key areas of expertise including leadership development; strategic and operational positioning of academic clinical enterprises; clinical systems design (notably in safety net clinics); work analysis and quality improvement; and outcomes metrics to enhance practice and meet regulatory demands. Bleich writes and speaks on complexity science dynamics, academic-service partnerships, leadership development, and nursing’s role in addressing populations needing health care.

A Wisconsin native, Bleich received a diploma from St. Luke’s Hospital School of Nursing, a Bachelor’s degree in nursing/liberal arts from Milton College, a master’s degree in Public Health (patient care administration) from the University of Minnesota, and a PhD in Human Resource Development from the University of Nebraska – Lincoln. Bleich completed the Johnson & Johnson/Wharton School of Business Nurse Executive Program in 1996 and the Robert Wood Johnson Foundation (RWJF) Executive Nurse Fellows Program (2000-2003). In 2006, he was inducted as a Fellow in the American Academy of Nursing. He holds and has held appointments on the Joint Commission on the Accreditation of Healthcare Organizations Nursing Advisory Council and the National Advisory Council for the RWJF Executive Nurse Fellows Program and memberships in the American Organization of Nurse Executives, American Nurses’ Association, Sigma Theta Tau, the Plexus Institute, and other health services organizations. In 2009, he served a two-year appointment as a committee member of the RWJF Initiative on the Future of Nursing at the Institute of Medicine.

Bleich began his role as Dean for the School of Nursing at OHSU in August 2008. In this role, Bleich has sought to realign structures, develop an active learning community, and bring OHSU into prominence on the national stage in terms of addressing nursing issues and shaping the direction of the nursing profession. Prior to his work at OHSU, Bleich concluded a distinguished career at the University of Kansas. There, he served as Professor and Associate Dean for Clinical and Community Affairs in the School of Nursing and concurrently served as Executive Director/Chief Executive Officer of its faculty practice plan, KU HealthPartners, Inc. Under his leadership, the School of Nursing received the “Outstanding Faculty Practice Award” in 2002 from the National Organization of Nurse Practitioner Faculties. In 2006 he was appointed Chair for the Department of Health Policy and Management in the School of Medicine at University of Kansas, the first nurse to hold a chair role.

Bleich has published more than 50 articles, book chapters, and monographs on the topics of leadership, academic-service partnerships, and workforce supply and demand; two chapters were in books that were named the American Journal of Nursing Book of the Year. In 2002, Bleich was appointed to the editorial board for the Journal of Nursing Education and in 2007 to the Journal of Nursing Continuing Education board. He is a reviewer for the Online Journal of Issues in Nursing, Journal of Professional Nursing, Nursing Economic$, Nursing Forum and other distinguished journals, in addition to having served as a grant reviewer for HRSA and the RWJF.

In a recent publication, Bleich was described as, “passionate, effective, and eternally optimistic . . . a model of complexity principles in action. In the process, he is transforming how some health care organizations approach nursing, healing, and collaboration.” His passion for nursing is apparent in all that he does, including his work in transcending academic silos and bringing stakeholders from academic and service sectors together to improve educational and service delivery systems with high impact strategies that will change health care delivery.
Dr. Courtney H. Lyder is Dean of the UCLA School of Nursing, Professor of Nursing, Medicine and Public Health, Executive Director, UCLA Patient Safety Institute and Assistant Director of the UCLA Health System. He is the first African American to serve as a dean at UCLA and is the first male minority nursing dean in the U.S.

Dr. Lyder is an international expert in gerontology. His clinical research has focused on chronic care issues affecting older adults. More specifically, he has focused his attention to pressure ulcer prevention, identifying erythema in darkly pigmented skin, wound healing, quality improvement in skilled nursing facilities, and elder patient safety. His research helped shaped the U.S. government’s position on surveying their 16,000 skilled nursing facilities. Most recently, Dr. Lyder served as the lead investigator for pressure ulcer incidence and prevalence in U.S. hospitals. This work assisted the U.S. government’s decision to stop paying for hospital-acquired pressure ulcers.

He has over 200 publications and has been awarded over $22 million in research and training grants. Since becoming dean at the UCLA School of Nursing in 2008, research funding has increased 400% ($11 million annually). Dr. Lyder is a Fellow of the American Academy of Nursing and the New York Academy of Medicine. In 2011, he was appointed by U.S. Secretary Kathleen Sebelius to the National Advisory Council for Nursing Research.
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There’s never been a better time to be a professional nurse — or a better place to take your nursing career to the next level. We are ranked in the Top 20 schools of nursing on the most recent Faculty Scholarly Productivity Index (2009 Academic Analytics, LLC Report) and our Graduate Program is tied for 21st among graduate schools of nursing (“U.S. News & World Report,” 2012 edition of “America’s Best Graduate Schools”). With 35 years combined experience in graduate education, our post-BSN and post-MSN programs have a long history of success in preparing nurse leaders for research, scholarship and clinical practice.

Make plans to attend our graduate programs open house on Tues., Oct. 25 in 315T College of Nursing Bldg.! An overview will be held from 5:30-8:30 p.m. with Q & A from 5:30-6:30 p.m. and repeated from 7:30-8:30 p.m.

Visit us online to learn about faculty opportunities: www.uknursing.uky.edu
Luther Christman's life in nursing spanned almost 80 years from the time he entered the Pennsylvania Hospital School of Nursing for Men in 1934 until his death in 2011. His major work was in four positions: director of nursing for the state psychiatric hospital in Yankton, South Dakota; nursing consultant for the Michigan Department of Mental Health; dean of the School of Nursing at Vanderbilt University; and dean of the College of Nursing at Rush University. In each of these settings, Christman was hired to bring change to the institution.

At Yankton, he was hired with a psychiatrist to transform the state psychiatric hospital from custodial care to a therapeutic environment. He was employed in Michigan to bring those same reforms to the statewide system. The nursing program at Vanderbilt University was moribund, and Rush's program had been discontinued before he was appointed. Beginning at Vanderbilt and culminating at Rush, he developed what is now known as the unified model for nursing education. During his tenure both institutions became known for the quality of their graduates and their innovations in nursing education.

Luther Christman held a number of offices within state nursing organizations and other professional organizations, including the American Assembly for Men in Nursing. His primary reform efforts within the profession focused on two issues: increasing the diversity of nurses through attracting more men and minorities to the profession and raising the standards for nursing education. He advocated for a bachelor's degree requirement for all nurses and changing the graduate education model from an academic research-oriented prototype to a clinical research design.

Christman made a career as a reformer and in this study was found to be a change agent in his work settings and professional organizations. A number of questions were derived to guide this study.

What were the changes advocated in each setting?

What methods did he use to implement the proposed changes?

How much change actually occurred?

Did the fact that he was a male in a predominantly female profession have any influence on the types of change he advocated, the methods he used, the influence he was able to garner, or the persistence of the changes he implemented.

Historical methodology was used for this study. The primary set of records used was the Luther Christman Collection in the Special Collections of the Mugar Library at Boston University. Other records were obtained from the archives of the Pennsylvania Hospital, Vanderbilt University, and Rush University. Further examples of his views were drawn from his writings and publications. In addition, data was drawn from interviews with friends, family, co-workers, professional associates, and Luther Christman himself.
Session 1B

Mentoring the New Graduate to Retain Men in Nursing

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Contribution to the field: In their combined 35 years of nursing experience, the authors have noted that men who are new graduates seem to be expected to transition from being a student to a practicing nurse faster than their women classmates. This session will outline several strategies for experienced men nurses to assist new graduate men throughout this transition phase as well as fulfill one of the IOM Future of Nursing recommendations.

Key Concepts/Ideas: Mentoring new graduates, Creating male-nurse mentor roles

Synopsis: For all new graduate nurses, making the transition from student to independent nurse requires learning new skills, new ways of thinking and problem solving, and new ways to respond to the day to day demands of nursing. Some men may be expected to make this transition quickly, just because they are men. One way to assist in this transition is through mentoring. In addition, one of the recommendations of The Future of Nursing: Leading Change, Advancing Health is the implementation of nurse residency programs to assist in this transition to practice. A key part of any nurse residency program is effective mentoring. Tim, one of the presenters has 6 years of experience as a nursing leader in a hospital. Don, the second presenter, has been an educator for 26 years. Tim and Don will outline strategies which they have seen be effective in retaining men in nursing, as well as their own recommendations for retaining men in nursing through mentoring and a nurse residency.

Conclusion: In this session, specific strategies will be outlined which will create successful mentoring and nurse residency programs for men who are new graduate nurses.
Session 1C

Benefits of Mnemonics and Humor in Nursing to Advance Men’s Health

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**Contribution to the field:** This presentation will demonstrate constructing mnemonic devices using humor to recall important personal and health information to enhance learning and improve health. By forming associations in combination with various mnemonic devices, we can create vivid memories that are far easier to recall than by using standard rote memorization. When we add humor to the context of these associations, we further encode information for later recall with much greater depth and clarity over traditional means.

**Key Concepts/Ideas:** Mnemonics, memory associations, use of humor in learning.

**Synopsis:** Memory is an important part of nursing practice both for the nurse and the patient. Constructing mnemonic devices to aide in the retention of learned material is a very effective means of encoding information for accurate recall. While many people are aware of these techniques, they can certainly benefit from learning how to apply them more effectively. Mnemonics can consist of acronyms, number-shape systems, the auditory peg system, the major system, the Dominic system, the link system, and the method of loci (also known as the “Greek palace” or “journey” method). By combining two or more of these systems, which can be called “stacking,” we can add organization to our memories and create a type of mental file system. The addition of humor makes these virtual files stand out more, making them easier to access when we need them. We believe these techniques have a special appeal to men and men can use them to enhance their health by means of retaining vast amounts of information pertaining to health care education and practice. These techniques will enable patients to remember lists of medications, foods to avoid, and other aspects of their health care regimens. Nurses will be able to easily recall the steps of procedures, side effects of medications, as well as clinical manifestations of diseases.

**Conclusion:** This presentation will cover various mnemonic devices, how to add humor to those techniques, and how patients and clinicians can utilize these methods to assimilate important information related to health care education and practice.
Session 1D

Joining the “20 X 20 Choose Nursing Campaign”: How to use the AAMN recruitment tools to recruit more men into nursing.

Don Anderson, CMSRN, EdD, Member of Board of Directors, AAMN
Ryan Lewis, RN, BS, Member of Board of Directors, AAMN
Brent MacWilliams, APRN, PhD, Member of Board of Directors, AAMN
Bridget Nettleton, Ph. D., RN, President, AAMN Foundation

Contribution to the Field: This discussion will describe the various AAMN tools available for participants to “Think Globally and Act Locally”. It will provide a “tool box” of campaign materials that can be used by individuals and groups/organizations to recruit men entering into nursing programs.

“Do what you love and you’ll love what you do” That’s the theme and thinking behind the 20 X 20 Campaign. Each poster also bears the call to action “Nursing: Come Join Us, We’ve Been Expecting You.” Another portion of the campaign involves a “Meet the Nurses” page in the 20 X 20 Campaign section of AAMN.org. Each nurse featured on a poster has a brief bio posted on this webpage, along with responses to interview questions. In addition, a Social Media campaign will be officially launched in September 2011, which will include recruitment efforts on YouTube and other social media platforms. Scholarship opportunities presented by the AAMN Foundation will be presented along with ways to include this in a recruitment campaign. Best schools and workplaces for men will be noted as a guide on how to become recognized in this area.

Key Concept: Recruitment of Men into Nursing

Synopsis: This round table discussion impacts on the following conference objectives:

One: Describe the role of the American Assembly for Men in Nursing in creating a new “Future of Nursing”.

Two: Utilize strategies to recruit men into nursing which remove barriers and facilitate male entry into the nursing profession.

Four: Formulate plans to increase the number of men entering nursing.

Conclusion: Participants will have a number of tools to use to create their own, personal recruitment campaign to increase men in nursing. The round table will show participants how to demonstrate to males of all ages that the variety of nursing opportunities is virtually limitless and can coincide with their personal interests. The recruitment target audience includes school children of all ages, young adults looking for a direction in life, and second career adults who “wished they thought of a nursing career the first time.”
Many have stated that mentoring is a vital activity and critically important contribution to the development of the Nursing profession and discipline. Mentoring can strengthening our leadership, strengthening ourselves, and strengthen our careers and the career trajectory of others. Often it has been said that even one kind, thoughtful, and intentionally supportive gesture from someone in the workplace or learning environment can made a difference in how we feel about ourselves and the progress we are making. Successful mentoring can lead to an increased commitment and satisfaction with the profession or discipline that extends beyond the mentoring relationship.

Mentoring is always a two-way process, a mutually beneficial and interactive partnership. Both people participating in a mentoring relationship benefit from the investment of time. This investment can lead to faster career development for both parties, better psychosocial adjustment to the profession or discipline, and a rich exchange of ideas. Some have describe this dynamic process of experiencing the mutual benefits of mentoring as creating a lasting legacy through shared values and vision that will enrich both the personal and professional values of all participants.

We as men in nursing are in a unique position to serve as mentors to other men in Nursing from those who are just starting their career to those who have been practicing at various levels for many years and now are transitioning to another role. Other men have the unique perspective of what it is like to be a man and a Nurse and the distinctive challenges that role may entail. As members of the American Assembly for Men in Nursing, we have an obligation to our fellow members of the profession, discipline, and organization to provide direction and leadership (and of course, women are welcome too!).

Specifically, the AAMN will pilot a Mentorship program for 1 year by following the outline below:

1. Establish a philosophy of mentoring that is compatible with our mission
2. Articulate appropriate expectations for mentors and mentees
3. Solicit and screen both mentor and mentee requests from the membership
4. Provide a brief orientation for potential participants
5. Once a group of mentors has been established, they will be matched with a potential mentee. This will be based on a number of parameters such as professional content and interest areas, personal interests, and, professional goals.
6. The potential mentee’s will submit their application to the AAMN and will be placed in contact with a potential mentor.
7. A support network for the mentors and mentees will be developed to include; a) access to mentoring materials; 2) access to members of the Mentorship Task Force for advise; and 3) bimonthly phone conferences with the Mentorship Task Force for support and dialogue.
8. An evaluation mechanism will be developed that focuses on the satisfaction of with the Mentorship program from both the mentor and mentee perspective.

If the program is successful, it will be incorporated into the on-going services that the AAMN offers to its members.
Session 1F

Meeting the Educational Needs of Men in Nursing: Helping Them In, Helping Them Out

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Contribution to the field: While there are assumptions that admission and progression policies in nursing education programs are fraught with potential gender bias, little research has been conducted to support or contradict these assumptions. This presentation will describe how gender bias and barriers to nursing education are minimized for men in nursing from admission through progression to program completion. Specifically, Excelsior College’s admission policy as well as findings from a recent research study of the consistency and accuracy of faculty ratings of clinical performance will be shared.

Key Concepts: Male nursing students, gender bias, admission and progression policies in nursing education, inter-rater reliability, clinical performance

Synopsis: Gender equity in nursing education can only be achieved through equitable admission criteria and objective performance assessment of knowledge and clinical competence. With admission criteria focused on clinical experience across different categories of healthcare providers and with psychometrically sound assessments of knowledge and competency in nursing, Excelsior College’s School of Nursing creates a learning environment where male students are welcomed and supported to degree completion.

Excelsior’s associate degree (AD) in nursing program is a competency-based, distance learning program that allows individuals with clinically focused health care backgrounds to engage in a rigorous program of study and obtain their AD in nursing. The program includes a series of assessments of the knowledge and skills required in beginning nursing practice. These assessments include theory examinations given in secure, proctored testing environments as well as assessments of clinical competency, including a clinical performance examination.

The clinical examination is administered in acute care hospitals across the country and scored by faculty specifically trained to administer and score the examination in a highly systematized manner. Because accuracy and consistency in scoring the clinical examination is so important, a study of the accuracy and consistency in faculty rater scoring was recently conducted and findings of the study will be shared.

Conclusion: Gender diversity within the nursing profession will only be achieved if multiple avenues into the profession are embraced and supported and if all programs include highly systematized means for assessing knowledge and clinical competence. Excelsior’s competency-based model needs to be embraced within a wide-spectrum of nursing education options for students in order to minimize gender bias and enhance diversity in the nursing workforce.
Problem: Since 20 years, health care institutions in Canada and around the world underwent sweeping reforms that disrupted the work climate and practices of nurses (Bourbonnais et al., 2000; Pérodeau et al., 2002). These reforms had a negative impact on nurses’ quality of working life (QWL), leading decision makers and researchers to investigate the QWL phenomenon from several perspectives (Delmas, 2001; Gascon, 2001). Most of the studies of this phenomenon were conducted in hospital settings and were based on paradigms of psychological distress (Bourbonnais et al., 1998, 2000) or burn-out (a pathogenic perspective) (Duquette et al., 1995) rather than a health paradigm (a salutogenic perspective) (Gascon, 2001). A salutogenic perspective represents a positive vision of an approach to health (Antonovsky, 1996; Delmas, 2001, Duquette & Delmas, 2002). The scientific literature (Brooks et al., 1996; Ekstrom, 1999; Evans, 1997, 2001) suggests that, in addition to living through the same upheavals as their female colleagues, some male nurses also have negative feelings related to sex discrimination, feelings of isolation, and the conflict between masculine values (strength, aggressiveness) and the feminine values (gentleness, flexibility) of the nursing profession. These feelings can only hamper nurses’ QWL, yet they are not mentioned in studies of male nurses (Boughn, 2001; Ekstrom, 1999; Evans, 1997, 2001).

Theoretical framework: O’Brien-Pallas & Baumann (1992) QWL theoretical framework provides a disciplinary view to this qualitative research.

Design: The aim of the study, using Giorgi’s (1997, 2009) descriptive phenomenology as a method, is to describe and understand the significance of phenomena through people’s experiences. The findings were derived from semi-structured individual interviews of 60 to 90 minutes with five male nurses who reported a positive quality of life at work. Data analysis consisted of: collecting the data, reading and rereading the results, dividing the data into meaningful units, organizing and stating the raw data in the language of the discipline and, finally, synthesizing the findings and letting the essence of the phenomena emerge.

Watson’s (2008) human caring philosophy served as a backdrop for the entire process. The analysis of verbatim transcripts revealed eight themes that defined the significance of the QWL for male nurses practising in community settings: Findings: Eight themes emerged during the semi-structured interviews: 1) autonomy in their professional practice, 2) job satisfaction, 3) a healthy work environment, 4) supportive and respectful relations with administrators, 5) caring relationships with other members of the interdisciplinary team, 6) working in partnership with female peers, 7) a commitment to clients and their families, and 8) work-life balance. The essence of the phenomenon stems directly from these themes and the following QWL means “a caring climate that fosters the empowerment of male nurses by trying to maintain harmony between their professional and family realms.” The investigators concluded that working in a caring environment offers opportunities personal and professional growth. Finally, recommendations will be proposed for implementing and sustaining QWL programs that promote the recruitment and retention of men into the field of nursing profession.
Over the last several decades, women have entered such male-dominated professions as law, business, engineering, and medicine in record numbers. At the same time, men have increasingly made such career choices as elementary school teacher, librarian, secretary, social worker, and nurse, though they are still less likely to enter traditional female occupations than women are to enter male-dominated fields. It has been identified that men approach career development differently than do women. Men appear to be socialized to view a job as a single step in a comprehensive career plan in which personal and professional goals are integrated and career success is measured by professional achievement, the actualization of potential, and on personal reward and recognition.

Role transition for all newly graduated nurses as they move into their first professional positions requires a major period of adjustment. The experience is compounded by the additional adjustment required of men when they actually move into the female-dominated profession and are confronted with a role change that is particularly stressful. These changes may result in a sense of confusion, feelings of isolation, and concern about how the male nurse fits into his new environment. These responses are a predictable part of the new male nurse’s professional experience and nurse leaders and educators must find ways to support them during the period of adjustment.

Mentors are more experienced individuals who have achieved hierarchical success within an organization and who provide career-related support to less experienced individuals. The function of the mentor in nursing is to help the new nurse adapt by developing his confidence levels through the process of self-actualization. The value of mentoring can be seen at all levels in the organization as an effective mentoring program increases job satisfaction and makes nurses more inclined to stay. Further, mentored nurses appear to be more dedicated to the organization that fostered their development than those who have not been similarly mentored. Mentors assume a number of functions that include role modeling, organizational orientation, emotional support, and the provision of insight into such social expectations within the new environment as communication patterns, hierarchy, leadership, appearance, leadership style, and teamwork.

Job satisfaction develops as the result of multiple factors and awareness and understanding of the organizational culture is as important as the knowledge of the job itself. An employee must feel he is not only a doing a good job, but that he fits and can assimilate into the new work environment and become an integral part of it.

Mentoring relationships have been studied by many researchers with clear findings that these relationships, whether developed formally or informally, have a direct impact on job satisfaction, retention, and socialization of the individual being mentored. It is clear new employees need knowledge and support to help them integrate into a new work environment and health care organizations have well developed preceptor-based orientation programs to achieve this goal. But nurses, especially new men nurses, require the comprehensive commitment to personal and professional development that is the hallmark of a mentoring relationship in which men are mentored by male nurses with more experience in the profession. Male-to-male mentoring represents an ideal experience the goals of which are to facilitate socialization into the professional role, increase job satisfaction, minimize role transitional stress, and enhance professional identity.

Nursing leaders and educators must ask themselves if traditional preceptor-based orientation programs do enough to address the special needs of men entering the nursing workforce, especially when consideration is not always given to providing same-gender preceptors. Is there sufficient evidence of success to support establishing formal mentoring programs within in nursing departments, programs that focus on the unique transitional needs of men as they move into a female-dominated profession and work environment? Is there a single model or definition of mentoring that will be applicable in all settings? Finally, what is men’s experience of having been mentored as nurses? Are female nurses as able to mentor men, as male nurses would be? Clearly, further investigation is indicated to answer these questions.

Session 1H

*Keep MEN in nursing: become a MENtor*

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Many times you (myself included) may have asked, “What can I do to get men interested in nursing? How do I help my peers become successful in our chosen professional careers?”

My answer: Mentoring

What other media offers the ability to communicate with peers and potential peers to not only to assist them in their career but at the same time guide them in becoming leaders in our profession?

A nationally endorsed mentoring program that extends to the local chapters is a step in that direction. This approach can be formal or informal. A formal approach would be the development of a program to train, and match mentors and mentees.

This benefit would serve as a draw to attract new members and assist current members. A site page could be created to speak specifically to mentoring.

In an informal way, mentoring can be accomplished by speaking at targeted venues, informational table placement at conferences, career days, etc.

In my capacity as a faculty in a university nursing program, I have a front row seat to initiate and promote each of these ideas. By starting a mentoring program at the university in conjunction with an AAMN chapter, I will be able to answer the question posed earlier. Presenting at the national conference will share these ideas with others across the country.

The next step is up to all of us. We must create and explore ways to mentor potential nurses, peers and members of AAMN. But let’s not forget the female populace. We need to focus on men but include everyone in our efforts to succeed. We cannot be isolated or place our efforts into a ‘silo’. We must be vocal, visible and viable. Doing this will guarantee our achieving the AAMN goals and vision to increase the number of men in nursing and maximize our role in a variety of health care settings.
Research Question:
When America’s Civil War (ACW) began, formal training for nurses was an obscure concept. However, lessons from the Crimean War and Florence Nightingale had made it clear to Americans that nurses were needed in times of war to care for wounded and sick soldiers. Did men have an equally valued historical role in ACW nursing as women?

Methodology:
Male Civil War nurses have been neglected by many historians. Their contributions have often been overshadowed by more recognized female nurses (Barton, Dix, Bickerdyke and Woolsey). During ACW, the term “nurse” took on a vague meaning from actual “hands on” patient care, to providing a glass of water to a wounded soldier. The key is identifying male nursing roles and responsibilities by using these primary sources; diaries, letters, books, documents, memoirs, journals and newspapers. Visual items and artifacts will be displayed to reflect and support the significance of men providing nursing care during the Civil War.

Findings:
America’s Civil War lasted from April 1861 to April 1865 and was fought under conditions guaranteed to increase casualty lists. During this time, male nurses were at the forefront of caring for their wounded comrades. Thousands of men performed nursing care on battlefields and in field hospitals while most of their female counterparts were in general hospitals behind enemy lines in large cities. Ministering men of the Civil War proved to be significant in the treatment and recovery of soldiers and an equally valued historical role as women nurses.
Luther Christman, nurse and educator, was among the most strident advocates for the unification of service and education for nursing in University health systems. As Dean of the Nursing School at Vanderbilt University, Christman was also the Director of Nursing at Vanderbilt Hospital from 1967 until he left for Chicago and the Rush Presbyterian St. Luke’s Hospital in 1972 to build what has become the “Rush Model”. Until his retirement in 1987, Christman, as Vice President for Nursing Affairs and Dean of the College of Nursing, assembled a system of patient-centered nursing care that employed well educated nurses many of whom also taught in the Rush University school of nursing as teacher-practitioners. His efforts countered the trend in 1970s professional education to separate hospital service from academic nursing.

The Rush System was highly regarded internationally and attracted a steady stream of visitors to observe its workings. Dr. Christman was the author of numerous papers and published articles about patient care and education for the nursing profession. At the outset of WWII, Christman tried to enlist in the Army Nurse Corps but was rebuffed because of his gender. He undertook an unsuccessful, public, years long campaign to obtain a commission all the while serving as a Pharmacist's Mate in the United States Marine Service. While Dean and Director of Nursing at Vanderbilt, Christman ran for the presidency of the American Nurses Association at the 1968 Dallas, TX meeting. His defeat in that election brought with it a sense of unfairness towards men in nursing, an issue he fought for the rest of his long professional career. The National Male Nurse Association named their coveted Award for him and first gave it to Gerald Ford when he was President of the United States. Re-named the American Assembly for Men in Nursing, Christman continued as its Chairman until his death.

John Devereaux Thompson completed the Bellevue Hospital’s Mills Training School program in 1939 and said later: “What I didn’t realize was that the experience would mark me forever. It is impossible to become a nurse in a place like Bellevue and not have the imprint remain with you the rest of your life.” Thompson decided to become a hospital administrator and went to the new program at Yale University. He became a faculty member there in 1956 and later developed Diagnosis Related Groups or DRGs. In doing so he provided the basis for changing the system for hospital payment.

More than three decades after their introduction, DRGs continue to challenge administrators as they are now also used to establish managed care contracts, the source of continuing financial uncertainty for hospitals. John D. Thompson will long be remembered for his DRG work. He was, however, a unique and special nurse, teacher, scientist and historian. He was an authority on every aspect of hospitals, their history, construction, management and financing. It was as if he never left the hospital institution that he had walked into as a 19-year-old nursing student. He derived his interest from a wide array of texts, heroes and heroines, prominently among them, Florence Nightingale. Dr. Joyce Clifford, an eminent American nurse, said Thompson helped humanize the hospital administration field.
Research continues to identify obstacles that males encounter when they attempt to enter the profession of nursing. Some of these arise from dominant social expectations that view nurses as female, or “feminorativity.” Males must overcome an internal dissonance arising from the stereotype of nursing as an exclusively female profession. As a nursing educator, I have noted a gradual increase in the number of males in nursing programs. These men continue to struggle with the burden of stereotype that identifies them as “less than men” because they “do women’s work.” During the past several centuries at least, men have not been welcomed to join the profession of nursing – and this has come from women in nursing, as well as nursing organizations that are predominately female. This is a burden created by the profession that is not easy for males to overcome.

Social research and labeling theory have also explored the stereotype burden of men in nursing as homosexual. The “Attitudes Toward Homosexuals” scale has been used extensively in research within the profession of nursing. Results continue to indicate that both male and female nurses express prejudice and bigotry toward other nurses perceived as or known to be lesbian or gay. Research also identifies heterosexual males in the profession of nursing as more likely to be accused or thought to be gay because these individuals have violated social norms regarding masculinity. The phenomenon of heteronormativity exerts significant pressure upon society in general, and is active within the profession of nursing. Both male and female nurses label male nurses as gay, because they are doing women’s work. In the case of gay males who are members of the nursing profession, this hostility tends to drive them to silence about their lives, or even out of nursing altogether. Yet research also supports that gay males exhibit many of the characteristics sought by the nursing profession, such as empathy and caring behaviors. Indeed, research indicates that gay men may be drawn to the helping professions in much higher numbers than are their heterosexual counterparts. Gay men have been prominent in nursing (e.g. Walt Whitman) but they have also suffered as they sought to heal others.

In an effort to heal nursing from within of the burdens of feminorativity and heteronormativity, the conceptual framework of Social Stigma can be illuminating. First proposed by Ervin Goffman in 1963, Social Stigma allows a parsing of the phenomenon of stigma that is so often encountered by gay males in the nursing profession. Heterosexual males may come to understand better the stigma they encounter from feminorativity, as well as the obstacles they unconsciously place upon other males who are, or who are perceived to be, gay nursing professionals. The goal will be to start a local conversation that may lead to a national discussion, thereby making nursing a safer and more attractive option for gay men.
Session 2C

Men and Education in the Workplace: A Student Nurse’s Perspective

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Contribution to the Field: Explores informal education in the workplace and how it can be more effectively designed to take advantage of the learning styles of men.

Key Concepts/Ideas: A male nursing student created an informal educational module for a hospital with several male nurses. The student will explore how men generally learn most effectively and how the modules mesh with those learning styles. The overall goal is to both improve patient care at the hospital by tailoring educational modules to the men on the units involved.

Synopsis and Conclusion: Four weeks before the end of my final quarter of nursing school, I interviewed the Nurse Educator of the hospital where I was doing my clinical rotation for an assignment on leadership in the clinical setting. During the interview, the Nurse Educator mentioned off-handedly that she did a monthly educational piece that focused on a realistic problem in the hospital that needs to be addressed. Each month, she creates an educational module with a simple test that reinforces the important points of the material for the RN's on three floors of the hospital. She stated that she wanted to focus on the hospital’s wound care protocol for the coming month. Seeing an opportunity to learn and contribute, I offered to create the module and test for her.

I would like to speak about the process of creating the educational module for the month: how the problem was identified, the steps that were taken to ensure that the information was clearly and effectively communicated, and staff response to the material. I will also focus on outcome: was there an improvement in the incidence of pressure ulcers on the three floors, and if so, how much of an improvement? Further, since the hospital involved has a large number of men in nursing, I will explore gender differences in learning with the hope that this project will help the Nurse Educator provide even more effective educational modules for the men in the departments that she educates.

I believe that by speaking about this project from the student nurse’s perspective, fresh insight may be gained. It may also provide other nurse educators with additional methods to educate their staffs by sharing best practices, thus improving patient care and providing educational material that more effectively addresses the general learning styles of men.
Contribution to the field: A gap exists between organizational needs and nurse competencies pertaining to quality improvement (QI) and informatics. These areas are identified as key by the Institute of Medicine. While the Quality and Safety Education for Nurses (QSEN) project and the American Association of Colleges of Nursing The Essentials of Baccalaureate Education for Professional Nursing Practice provide direction for curricular reform, academia is searching how to best incorporate these skills across the curriculum. In addition, efforts are needed to develop these competencies in practicing RNs. This roundtable will review strategies and outcomes utilized by two faculty who, within a grant-funded Medical Center and School of Nursing (SON) partnership, are engendering change necessary to minimize this gap.

Key concepts/ideas: QI and informatics are challenging competencies, easily minimized or absent in nursing curriculum due to perceived lack of time, emphasis on technical skills or lack of faculty comfort and expertise. Dialogue with faculty to identify curricular and clinical opportunities to minimize the gap between organization expectations and novice nurse competencies was introduced. On the clinical side, empowering but not overwhelming busy experienced RNs to become participants in QI and informatics initiatives is a challenge, however, has been successful with facilitation and support.

Synopsis: To address QI, presentations to SON faculty and students along with content to Medical Center-based participants in a Graduate Nurse (GN) residency program have been implemented. A creative visual aide that links regulatory oversight, quality management, and quality improvement, as it interfaces with healthcare organizations, was developed. Introducing students to QI data analysis was piloted with positive student response. RN to BSN students focused on QI projects as part of their clinical placements, as did GN residency participants. Consultations to Medical Center unit-based councils, committees and leadership are on-going. On the informatics side, outcomes include the development of a health informatics course, completion of a survey to students and faculty about use of health care informatics, and establishment of a link for students and faculty to a clinical decision support application through computers and/or hand-held devices. A unique opportunity to establish a web-based electronic health record site to support interprofessional informatics training is also underway.

Conclusions: Two male nurses implemented initiatives to increase competencies for students and experienced nurses in the areas of QI and informatics. Measurable outcomes demonstrate the engendering of positive changes. The methods used included the application of QI & informatics expertise, team-building, employing both “bottom-up” (working with students & RNs) & “top-down” (working with faculty & senior leadership) strategies. As nursing seeks to fulfill its potential by responding to the IOM recommendations, both the development of competencies in QI and informatics and the application of non-hierarchically oriented methods of change are crucial for success.
Men remain a minority in the nursing profession. In 2008, men represented 6% (15,621) of the 261,889 registered nurses in Canada. Despite the fact that men have been working in the profession for a number of years, stereotypes continue to be a barrier in the clinical area. A large body of literature is available on factors associated with work satisfaction of registered nurses.

Factors such as work setting, job stress, pay, promotional opportunities and involvement in patients care have been identified as key determinants in job and career satisfaction for nurses. A worrisome finding was that male nurses within the first four years following graduation are leaving the profession approximately four times more frequently than female nurses. Most of the research on men nurses has not investigated specific factors related to career satisfaction and reasons for recommending nursing to others as a career option. Using a descriptive exploratory design we investigated career satisfaction among men nurses in Atlantic Canada. Demographics characteristics of the sample will be presented and findings related to career satisfaction and implications for recruitment and retention will be discussed.

Keywords: men nurses, career satisfaction, recruitment and retention
Session 2F

Supporting Male Nursing Students in a Female Dominated Environment- Calling in the Troops!

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Contribution to the Field: This oral presentation will address ways to develop external mentoring relationships for Male Nursing students in programs without male faculty. This will contribute to the retention and support of male students who would otherwise not have access to professional male role models.

Key Concepts/Ideas: Key concepts include; external mentoring, unique mentoring needs of male nursing students, and networking for the male nursing student. The presentation will provide information on the needs of students, the plan implemented, as well as provide suggestions on how practicing nurses can support current students.

Synopsis: A common feature of nursing programs is a female dominated faculty. This feature may make it difficult to address the unique needs of male nursing students. Research indicates the importance of evaluating the curriculum and culture for ‘male friendliness (O’Lynn 2007). One suggestion is for an official mentoring program between male students and professional male nurses. In light of scheduling conflicts and lack of availability of male nurses, a structured mentoring program cannot always be implemented. A solution is to use a series of informal round table approach.

This presentation will review the round table approach, topics addressed, and the use of guest speakers to address topics of interest. The presentation will address the issue from the point of view of the program and students as well as what the practicing nurse can do to support programs and students without male faculty.

Conclusion: The round table approach, with use of guest speakers and open discussion, is a viable approach to address the unique issues of male nursing students. To be effective, it is important to have practicing male nurses be willing and able to mentor students.
**Session 2G**

**Strategies for Integration of LGBTQ Health into the Nursing Curriculum**

Fidelindo Lim, M.A., RN  
Nathan Levitt, RN  
And the LGBTQ Student Interest Group at NYU  
College of Nursing  
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**Contribution to the Field:** This symposium aims to explore evidence-based integration of LGBTQ health into the nursing curriculum, with the ultimate aim of bridging the gap between research and practice and health disparities as they relate to caring for the LGBTQ community, of which male nurses can assume clinical, leadership and academic roles.

**Key Concepts/Ideas:**
- Review of literature on LGBTQ issues in nursing
- Healthy People 2020 published by the U.S. Department of Health and Human Services. This landmark document has recognized that LGBT health requires specific attention from health care and public health professionals to address a number of disparities.
- Institute of Medicine (IOM) “The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding.” This groundbreaking report asserts that building a more solid evidence-base for LGBT health concerns will not only benefit LGBT individuals, (which a subset of nurses belongs) but also add to the repository of health information we have that pertains to all people.
- Specific teaching strategies to integrate LGBTQ health and issues in nursing education

**Synopsis:** Is there a “don’t ask, don’t tell policy” in nursing? According to Michelle Eliason and co-authors Suzzane Dibble and Jeanne DeJoseph in the 2010 article Nursing’s Silence on Lesbian, Gay, Bisexual, and Transgender Issues: The Need for Emancipatory Efforts, LGBT people face health risks and discrimination in health care yet nursing, as a profession, has been slower than other health disciplines in changing policies to include sexual orientation and gender identity and has been silent when other professional groups, such as the American Medical Association and the American Psychological Association, have issued statements about topics such as same-sex marriage and reparative therapies.

A 2007 report from the American Academy of Nursing expert panel on cultural competence does not mention sexual orientation or gender identity in the statement but in the appendix lists “sexual orientation” and “gender issues” as “secondary characteristic of culture” defined as “attributes that one can more readily change”. In an era of evidenced-based practice, this assertion is counter-evidence. It is imperative that nursing educators, researchers, and nurses in all health care settings break the silence on LGBT health. Curricular integration of LGBTQ health is a prime place to start the change.

**Conclusion:** The (men in) nursing profession has the moral obligation to provide culturally competent care to everyone. Homophobia, stigma, and discrimination are directly connected to health disparities and access to care. In this way, they are social determinants of health that can affect physical and mental health and nurses are well poised to break these health barriers. Nursing has an important role to play in breaking the silence and working for social justice in health care.
Session 2H

The Invisible Science of Nursing

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Contribution to the field: There has been a vigorous and ongoing discussion of what nursing science is. Questions have been raised regarding whether or not nursing science is atheoretical or even if nursing is a science. There has not been an examination of the social position of nursing science and how this may be a major barrier to the inclusion of men in nursing. The social standing of nursing science makes nursing science invisible to the public, other scientists and those interested in starting a science career.

Key Concepts/Ideas: Science and scientific progress is a social phenomenon. Nursing science is socially isolated and therefore invisible because: Nursing Science has a scientific knowledge trade deficit between its theories and the theoretical bases of other scientific fields. Some nursing leaders reject the need for adoption of theories from other fields. Nursing science is conceptually and mathematically disconnected from major scientific trends.

Men interested in a career in science will not choose nursing because: The isolation of nursing science does not lead to the movement of male scientists from other scientific fields to nursing. Nursing is often not included on lists of science careers for children or adults. The public is not clamoring for an update on nursing science and there are no popular books on nursing science.

New scientific paradigms such as complexity theory can be used as case examples of the scientific isolation of nursing. The cross-disciplinary nature of complexity theory will not include nursing because of how it has failed to incorporate the concepts or math of complexity science in a way that is consistent with other fields.

Synopsis: Science is a highly social activity with social connections weaving between academics and research, the public sector and education. The social connections of science develop from the sharing of concepts and mathematical approaches between scientific disciplines. Nursing has adopted concepts from other disciplines but home grown nursing theory and concepts are nursing specific only and are not adopted nor valued by other sciences. The social isolation of nursing science creates a barrier to the inclusion of men interested in a science career.

The new paradigm of complexity theory provides a case study for the impact of nursing’s scientific social isolation in relating to scientists in other fields. Complexity theory has greatly impacted the thinking in most scientific fields and lead to an increase cross-discipline sharing while at the same time capturing the public imagination.

While all scientific fields have struggled with the application of the mathematical methods and concepts of complexity theory, nursing has yet to be able to accurately incorporate the concepts or math of complexity science, which will lead to increasing scientific isolation for the nursing profession and creating further barriers to the inclusion of men into nursing.

Conclusion: While science moves on, nursing science is not able to follow and so will have increasing difficulty attracting men to the profession, as it is socially unconnected and invisible.
Session 21

Becoming a Nurse: Continuing the Story of the Alexian Brothers Hospital School of Nursing Graduates

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The Alexian Brothers Hospital (ABH) School of Nursing in Chicago, founded in 1898, was the fifth all male nursing school in the United States. By the time it closed in 1969 a total of 779 lay and religious men became nurses as a result of their education at this school. A unique aspect of their education was that they were in a setting where all of the patients, as well as all of the nurses, were male. Their care of female patients occurred during affiliation at other hospitals including maternity and pediatric facilities.

Research Question: The aim of this study is to present the oral histories of men who graduated from the Alexian Brothers Hospital School of Nursing during the 1950s and 1960s, especially their experiences during their educational program at the ABH School of Nursing. A previous presentation reported on the experiences of the men as they decided to become nurses and found the ABH School.

Theoretical Framework: Historical research is often viewed using a social or cultural frame of reference. Using a social framework allowed the researcher to view the men’s experiences in nursing school from a perspective that included the events that influenced society at that time. Additionally, a cultural framework provided an opportunity to view their actions in the broader context of the cultural norms of the 1950s and 1960s.

Methodology: Oral history interviews, focusing on the men’s decisions to become nurses, choice of school, and the obstacles and opportunities that they encountered throughout their careers, and their contributions to health care as nurse anesthetists, administrators and educators, were conducted with 23 graduates of the school. All interviews were conducted in person and were audio-recorded, transcribed and participant checked for accuracy. MaxQDA, a qualitative software package, was used to assist with data management and analysis. Other primary sources included the records of the ABH School of Nursing. Secondary sources included books and articles referencing men nurses and nursing education in the 1950s and 1960s.

Findings and Conclusions: All of the men indicated that they received an excellent education that was the foundation for their continued education and successful nursing careers. Themes related to their nursing education that emerged from the interviews included: getting settled; academic work; clinical experiences; and social life. The recollections of these male nurses will add to our understanding of what it was like for a man to attend a religious affiliated all male hospital nursing school and to have clinical experiences at other hospitals where male nursing students or male nurses were virtually nonexistent. In particular, their experiences in the maternity setting are of interest. They also reflected on the values of compassion and service that they developed while they were learning from the Brothers. An historical understanding of the experiences of men who were educated more than 40 years ago can help to inform strategies to facilitate male entry into the nursing profession today.
Session 2J

Adapting a Nursing Research Course to Advance IOM Nursing

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Contribution to the Field: This presentation briefly reviews some of the common barriers men encounter in nursing education, and encourages the creative use of already-existing resources as a platform to advance two of the IOM Nursing Goals: Increased Diversity and Increased Higher Education. The presenter utilizes experiences teaching a pre-licensure Nursing Research course as illustrations.

Key Concepts/Ideas: In order to increase gender-diversity in nursing, nurses in both education and clinical practice must consider the challenges that men face when they enter the nursing education arena as students. Many men differ from the traditional college-aged student: they are more likely to have solid work experience, be supporting a family or be committed to outside employment in order to attend college. In addition to the considerable stressors inherent in the program, men face additional gender-related barriers once they begin coursework. Courses are organized and taught primarily by women; most of the clinical instructors are women. Male faculty and clinical role models are scarce. Men may differ from women in learning style preferences, communication patterns and ways of demonstrating caring behaviors. Men are also less likely to seek faculty help for academic problems or utilize available support services; they consequently have lower program retention rates than women.

Increased Diversity and Increased Higher Education, two IOM Nursing Goals, could be advanced through purposeful adaptation of activities faculty already engages in, such as teaching a pre-licensure Nursing Research course. Alterations may be needed in the areas of class assignments and resources, but these are relatively simple remedies once faculty has agreed on implementation of IOM Goals and adapted Course Objectives. This presentation will utilize numerous classroom examples to illustrate the basic concepts.

Synopsis: Literature has highlighted many of the barriers men face in nursing and offered helpful strategies. Recruiting more men to nursing and facilitating their professional development depends largely on increasing the awareness of barriers and the effectiveness of barrier removal, and improving the success of nursing program retention efforts. The Nursing profession needs to utilize research identifying potential obstacles for men in the nursing trajectory and implement effective remedies.

This presentation will review some of the more prevalent obstacles men encounter in nursing education, such as the feminization of the profession and the gender-related differences in communication and caring. The example of a pre-licensure Nursing Research course will be used to describe how simple adaptations in a required course can educate and empower students to recognize and surmount barriers, enhance recruitment and retention through engagement, and envision themselves as advanced-practice nurses. Teaching experiences, student comments and literature resources will be utilized to suggest topics and “hands-on” activities that raise barrier awareness and generate interest in Research and Educational Advancement.

Conclusion: Creative course adaptations, combined with practical experiences, student engagement and evidence-based literature are some of the simplest and most effective tools nurses have to advance the IOM Nursing Goals.
The Factors Influence Male Students Choose Nursing Program On Muhammadiyah University Of Yogyakarta

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Male student of nursing program population is less than female student. There are some factors that causes it, such as a wrong paradigm of society who though that nurses identically with woman job. This why less of men choose nursing program as their faculty. Based on data, show that the amount of male student of nursing program of Muhammadiyah University of Yogyakarta, approximately 30 of 170 students for each grade. The aim of this study is to identify empirically the reason why male student choose nursing program, based on support, perception, and knowledge factors.

Populations of this study are all of male Muhammadiyah University of Yogyakarta nursing student for first and second grade, by 45 respondents. We use non probability sampling method, specifically purposive sampling. Questioner is used as research instrument that include of support, perception, and knowledge factors. Result data of this study has been analyzed by SPSS 15.0 with statically analyzed is by parametric Independent Sample t-Test and nonparametric by chi-square.

Result of this study show that parents, family, friend, and environment influencing the reason of male student to choose nursing program. Support factor of parents, family, and friends have significant influence, p=0.000 (p<0.005). Perception factor about the suitable by choosing nursing program with interesting of, wish, talent, and motivation are insignificant p=0.057 (p<0.005). Knowledge factor about nursing program is significant, p=0.00 (p<0.005).

We conclude from this study is there is an influence of parents, family, friend, and environment influencing the reason of male student to choose nursing program, Muhammadiyah University of Yogyakarta.
Despite the radical transformation that nursing has undergone since its conception—from an ordinary occupation to a highly technical profession—the discipline is still plagued by a grossly misleading gender stereotype. This misconception is detrimental to a large constituent of America’s healthcare sector, hindering the entrance of many competent males into nursing, as well as impeding retention. As young nursing students, this discrepancy has prompted Mr. Edward Cuza and myself to delve deeper into the problem in order to devise strategies to eliminate it. The research that we carried out was performed with the intention of directly addressing the following prompt provided by the American Assembly of Men in Nursing (AAMN): “Utilize strategies to recruit men into nursing which remove barriers and facilitate male entry into the nursing profession”.

In order to conduct a comprehensive analysis, we divided our research into three hierarchal-like categories:

1) **Advanced male professionals who began their careers as registered nurses** (Dell R. Burkey, MD: Anesthesiologist, Clinical Director of Outpatient Pain Clinic at the Hospital of the University of Pennsylvania, and Clinical Associate Professor of Anesthesiology and Critical Care; Michael Conti, MSN, CRNA: Assistant Clinical Professor, Division of Graduate Nursing, Nurse Anesthesia Department, practicing CRNA at Penn Presbyterian Medical Center and at the Children’s Hospital of Philadelphia; Michael J. Kremer, PhD, CRNA, FAAN: Associate Professor Director, Nurse Anesthesia Program, Co-Director, Rush University Simulation Lab.

2) **Current registered nurses of both sexes** (Interviewed two men and two women).

3) **Current nursing students of both sexes** (Interviewed ten students).

As a result of the investigative procedures mentioned above, we have been able to confidently devise strategies to recruit men into nursing which remove barriers and facilitate male entry into the nursing profession. Our strategies are as follows:

- Illuminate the vast, non-traditional career paths available to those with nursing backgrounds in high demand fields. These would include, but are not limited to, business management / executive roles, research, health law and marketing.

- Recruitment with scholarship possibilities for males as a minority will bolster a male nursing workforce.

- Tailoring the engagement of prospective male nurses to specialties in trauma, military and ALS will capture the attention of those pursuing other channels of healthcare such as Paramedics.

- During the recruitment phase, clearly and deliberately convey the opportunities for advancement stemming from a BSN degree.

As a part of the next generation of male nurses, we feel it imperative to eradicate the misleading stigma surrounding males in nursing and provide the public with a more accurate perspective of the field and its opportunities. By applying our devised strategies—based on the perspectives of nurses, current and former, rookie and veteran—we believe that the barriers that have held back many men from entering nursing will begin to diminish. In doing so, intelligent males will feel comfortable devoting their lives to a career filled with both fiscal and personal contentment.
Currently there is not a governing body to regulate adult day care programs in the state of Alabama. Adult day care programs are an excellent alternative to assisted living facilities and are specifically targeted at geriatric populations with varying levels of care needed. These programs allow elders to attend social and therapeutic activities, as well as offer transportation, meals, snacks, and personal care during the day while still allowing them to live in a home setting. This also provides respite for the caregiver who can feel overwhelmed when managing daily care for their loved ones.

However, without proper regulations established, cost, quality of care, facility standards, community awareness, ongoing staff training provisions, and clientele accepted are all up to the facility’s discretion. This poster presentation will highlight several adult day care and adult day health care programs offered in the greater Birmingham and surrounding areas to investigate variability in these categories and demonstrate the need for the implementation of standards. Many states already have such regulations in place. Alabama is one of only 13 states that do not require licensure or certification of providers (Siebenaler, O’Keeffe, O’Keeffe, Brown, & Koetsé, 2005). In addition, staffing ratios for the state of Alabama are 1:10 (Siebenaler, O’Keeffe, O’Keeffe, Brown, & Koetsé, 2005), below the minimum requirement for some states and the lowest observed.

It is proposed that establishment of the aforementioned regulations will not only enhance the quality of care at such locations, but will also raise awareness of the availability of these programs and thereby increase participation along with quality of life for Alabama’s growing geriatric population.
Utilizing Imogene King’s Theory of Goal Attainment as a theoretical framework, the research team sought to determine if nurses employed by one not-for-profit hospital in a large metropolitan city in the southeastern United States understood and were following the hospital policy requiring the use of lidocaine gel when inserting urinary catheters on male patients. Based on current evidence stating that lidocaine gel alleviates the pain associated with urinary catheter insertion in male and female patients, it is recommended that nurses follow hospital policy requiring the use of this agent.

The results of this study will add to the body of knowledge regarding the use of lidocaine gel with urinary catheterization in male patients as there is limited research currently available regarding the subject. A six-item survey was developed and uploaded to Survey Monkey. The survey link was emailed to the nurse manager of one medical-surgical floor at the study institution which was then distributed to the email accounts of each staff registered nurse. Anonymity and confidentiality of the participants was protected as no identifying information was requested on the survey. The return response was 20 completed surveys (55% ADN, 40% BSN, and 5% MSN). Our findings indicate that the surveyed nurses understand the hospital’s protocol and all but one subject follow it 100% of the time (95% compliance). It should also be noted that 100% of the respondents agreed that the lidocaine gel protocol is beneficial to the patient.
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Director of Transport Clinical Services

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   f. Additional New Business
   g. Adjournment
The American Assembly for Men in Nursing (AAMN) has been organized for more than three decades. Today we are a vitalized professional nursing organization with a rapidly growing membership base. We are vibrant and prospering. It is a privilege to serve as your President and to work with many highly contributory volunteer board members and Pam Williams and Byron McCain our staff members.

On a more somber note, Luther Christman, RN, PhD passed away on June 7th at the age of 96. I had the opportunity to visit with Luther on May 20th with two AAMN Past Presidents, Ed Halloran and Gene Tranbarger at his home in Chapel Hill, Tennessee. There we found him in relatively good spirits and well cared for. He was pleased that we came to see him as he sipped tea from his AAMN mug. We told him about the 30% membership increases in each of the last several years and the proliferation of AAMN chapters that is occurring. He was glad the men in nursing agenda continues to move forward. We also had lunch with his son, Gary Christman, RN (retired) and visited the gravesite of Dorothy Christman, his wife.

**AAMN Strategic Plan 2013**

As you will recall, AAMN finalized and presented our 3 year strategic plan at the 2010 conference. We have used this as our road map and aligned our activity and resources to achieve important outcomes. 2011 highlights are presented in the eight areas below:

1.) **Increase membership & chapters**
   - AAMN Membership increase by 25% from prior year
   - 12 new AAMN chapters recognized, 39% increase from prior year

2.) **Financial health**
   - Cash reserve, while modest in amount, achieved a 35% increase
   - 2011 Conference sponsorship, advertiser, exhibitor revenue exceeded 2010

3.) **Member services**
   - 6 online continuing education programs to be at www.aamn.org, available fall 2011
   - National Men in Nursing Mentor Program, pilot launch fall 2011
   - 36th Annual AAMN Conference; Future of Nursing, Men Leading Change, Advancing Health, October, 19-21, 2011, Lexington, KY
   - New AAMN affinity products offered online

4.) **Men in Nursing recognition programs**
   - Luther Christman Award
   - Lee Cohen, Member of the Year
   - Best School for Men in Nursing
   - Best Workplace for Men in Nursing (not awarded 2011)
   - Will be developing a “magnet” like Men in Nursing School and Men in Nursing Workplace certification/recognition

5.) **AAMN Brand development**
   - AAMN website
   - AAMN FaceBook, active presence
   - AAMN Youtube Channel
6.) Marketing plan
- University of Cincinnati, Master’s in Marketing Capstone: AAMN Marketing Strategy developed
- Core competence: Only professional nursing organization with gender as primary purpose
- Dynamic variable: Brotherhood, sense of belonging, fellowship, camaraderie

7.) Strategic relationships
- Nursing Organization Alliance membership, 2011
- Nursing Alliance Leadership Academy participant, August, 2011, Louisville, KY
- NOA Scholarship Review Committee, member
- Nominee, NOA Coordinating Team
- Formal partnership established with the DAISY Foundation
- IOM Future of Nursing active participation, see below

8.) Men’s health
- Scott Williams, VP, Men’s Health Network (MHN), featured speaker at 2011 annual conference
- Men’s Health Internship launched
- Representation at American Public Health Association, Men’s Health Caucus

AAMN & the IOM Future of Nursing
Shortly after last year’s annual conference the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine released their report: The Future of Nursing: Leading Change, Advancing Health. The AAMN board has embraced the report and defined and initiated a campaign for action. Here are some highlights:

- AAMN has been an active participant with the Institute of Medicine, Future of Nursing, Leading Change, Advancing Health. We are extremely pleased that the report brief articulated that:
  
  “to improve the quality of patient care, a greater emphasis must be placed on making the nursing workforce more diverse, particularly in the areas of gender and race/ethnicity.”

- AAMN was cited in the full report as the organization promoting gender diversity in the nursing workforce. Three of our board members (Anderson, Lecher, MacWilliams) were invited and participated in the National Summit hosted by the Robert Wood Johnson Foundation, November 30-December 1, 2010

- “20 x 20: Choose Nursing” campaign was launched at the National Summit on November 30, 2010. Pronounced “twenty by twenty” this is a recruitment initiative to encourage men to enter the nursing profession. The goal is to have 20% male enrollment in nursing programs throughout the United States and the world by the year 2020.

- AAMN has actively participated with the Future of Nursing campaign for action as follows:
  
  AARP and the Center to Champion Nursing in America
  
  The Nursing Community (AACN) monthly meeting with strong support for Title VIII, Congressional briefings, testimony and receptions in Washington DC
  
  Regional Action Coalitions in Louisiana, Mississippi, California
  
  Minority Nurse, Summer 2011, MAN ENOUGH; The 20 x 20 Choose Nursing Campaign, Don Anderson, MSN, EdD, CMSRN, Chairman, AAMN Education Committee
  
  The Future of Nursing: What is at Stake if Men Don’t Respond; Michael Bleich, PhD, RN, FAAN, AAMN Annual Conference
  
  The Future of Nursing; Achieving a Sustainable Nursing Workforce, Men in Nursing an Attainable Solution, 48th Annual Isabel Maitland Stewart Conference on Nursing Research, Teachers College Columbia University, April, 2011
  
  3rd Regional American Assembly for Men in Nursing conference, “Men Leading for Change”, Cincinnati, Ohio
• 20 x 20 Choose Nursing, Recruitment/Image Poster: Patrick Hickey, Mountain Climber, OR Nurse, Come Join us … we’ve been expecting you.  http://www.aamn.org/docs/20x20-poster1.pdf

• Men in Nursing Video Contest: http://www.youtube.com/watch?v=ivJsln1xA5s&feature=player_embedded

• AAMN cited in three RWJ publications:
  • Nurse Leaders, IOM Report Call for Push to Increase Diversity in Nursing. A more diverse nursing workforce will lead to better communication, interaction and treatment for patients of all backgrounds, report says. Published: Feb 25, 2011
    http://www.rwjf.org/pr/product.jsp?id=71931
  • Sharing Nursing’s Knowledge. Human Capital: Male Nurses Break Through Barriers to Diversify Profession. Advocates call on men to join the nursing profession to create a more diverse nursing workforce and help curb a projected shortage of nursing that threatens to undermine care. Published: Sep 28, 2011
    http://www.rwjf.org/humancapital/product.jsp?id=72856&cid=XEM_1186413

**AAMN Focus for Next Year**

• Continue to sharpen our focus and resources on achieving the outcomes of the 2013 AAMN Strategic Plan

• Future of Nursing Campaign for Action

• 20 x 20 Choose Nursing Campaign:

• Complete t 6 poster series, “Men in Nursing, do what you love, love what you do!”

• AAMN YouTube channel men in nursing video contests and video library

• AAMN Metrics & Partnerships: We are looking for partners to work with us to achieve the following outcomes over the next five years. Let me know if your school or workplace would like to be considered.

• 15 schools achieve: Increased enrollment of men in nursing to 30%; demonstrate retention rates at 90% or higher through program completion.

• 10 hospitals achieve: A nursing workforce of at least 20% men; demonstrate retention rates of at least 90% for three consecutive years

• 10 long term care employers achieve: An RN/LPN/LVN nursing workforce of at least 20% men; demonstrate a retention rate of at least 90% for at least three consecutive years

**Congressional Briefing on IOM**

I attended the briefing to schmooze with RWJ Hassmiller to ascertain interest in support for the AAMN’s 20/20 initiative. I came away with the impression AAMN must partner with African-American and Latino nurses before a proposal would be considered; this is consistent with advice Lecher and Anderson received from the initial DC event some weeks ago. I believe the Steele Whistling Vivaldi book offers a template applicable to any minority group for which a toolkit can be developed for schools. This continues to be a worthwhile endeavor but one that requires an up-front investment of time.

*Linda Burns Bolton - 5 AUG 2011*

Thank you very much for suggesting how we might take steps to formalize activity related to diversification of the nursing workforce to achieve good healthcare for all. The American Assembly for Men in Nursing is interested in joining forces to support the IOM/RWJ initiative to advance health through leading change for the Future of Nursing.

*Toni Villarruel, President, National Coalition of Ethnic Minority Nursing - 10 AUG 2011*

It was a pleasure discussing our mutual interests in the diversification of the nursing workforce to promote good health care for all. I know I speak for other leaders in the American Assembly for Men in Nursing in wanting to develop strong working relationships with you and your organizational members. We are anxious to support the Future of Nursing initiative to improve health for all especially as it pertains to inclusivity. Permit me to start by providing a website for the Assembly. http://www.aamn.org/ I do not know the requirements for membership in the umbrella group you spoke for this morning but would like to offer the possibility that we might join as participants or observers. Any information you provide is welcome as a start to introducing leaders and members to the work you have underway.


It is known that stereotypes hinder efforts to accelerate change. Steel (2010) writes in, Whistling Vivaldi, about stereotype threats that hamper improvements in social problems like persistent intergroup tensions that impair a range of human functioning. He also provides a gentle, non-threatening framework for addressing these issues personally and in organizations like schools and in classrooms. He proposes a panoply of ideas based on research than have been shown to dramatically reduce racial and gender achievement gaps. As stereotyping is a major obstacle men find when considering the nursing profession, I recommend we promote concrete, well-researched action designed to decrease the pernicious effects of gender stereotyping as it relates to men in nursing. Steel writes for blacks and women but our case is applicable to his logic. I recommend we partner with others but not generalize to any other minorities because we have little experience or expertise in these areas. Men are different for our purposes here and our original AAMN objectives called for not competing with any other professional organizations. No one else is doing much to change the gender mix in nursing and we should not do what other bodies and organizations do more of and better than us. One topic that concerns Steel is critical mass; for our purposes, counting the number of men in nursing. We have already fashioned and are working on an objective, 20 by *20 that targets critical mass. We have 7% men in the profession now and need an additional 13% by 2020, a measurable objective by any criteria.
North Carolina IOM Action Plan
Former Gov. Jim Hunt kicked off a day-long session to debate how NC would prioritize and implement recommendations made in the IOM Report on the Future of Nursing. Invited included Deans of Schools, Directors of Nursing at hospitals, military nurse leaders, organization leaders [including NCNA President E. Johnson], medical society representatives and philanthropists concerned with the future of the nursing profession. East Carolina nurse leaders Scott and Mullinix organized the day’s events for Ms. Polly Johnson, former NCBoN executive who led a consortium of NC members of AAN. Participants voted on the priority issues and debated each in small groups.

The education recommendations 80% BSN by 2020 garnered attention as did removing restrictions on advanced nurse practice. I introduced myself as VP of AAMN and then reminded the audience of 200 or so participants that NC has an African-American population of 20+% and that the preservation of the several HBCU nursing programs is essential to increase diversity. Leaders will seek a RAC designation.

2. Ernest Grant American Academy of Nursing Nomination
Ernest James Grant, RN, MSN is a committed nurse activist. He has served the American Nurses Association on their Board of Directors and is now President of the North Carolina Nurses Association; is an active participant of the American Assembly for Men in Nursing, the American Burn Association and the American Nurses Credentialing Center. He is among the few men who are members of the Chi Eta Phi National Nursing Sorority. He has used his activism to promote the nursing profession among the lay members of the many state and national organizations concerned with burn prevention and management. He was included in a panel of nurses in a 29 JAN 2003 meeting with President George W. Bush concerning the nurse shortage. Mr. Grant’s work has been recognized by receipt of the 1998 Governor’s Award, Nursing Spectrum Magazine 2002 National Nurse of the Year, the American Burn Association 1998 Burn Prevention Award and the 2002 American Nurses Association Honorary Nursing Practice Award. Mr. Grant has served as a role model for the African American men enrolled in the Department of Nursing at North Carolina Central University, a historically Black college in Durham, NC, for practitioners at the University of North Carolina health system and students in the Nursing School at the University of North Carolina in Greensboro, NC. Ernest Grant aspires to continue use of the several public platforms he is on to advocate for the safety and well-being of the American people. It is appropriate and timely for the American Academy of Nursing to recognize this long-time activist and leader with its distinguished fellowship. Mr. Grant will be inducted into the AAN on Saturday 15 OCT 2011.

3. LUTHER CHRISTMAN, home visit 19-21 MAY Chapel Hill, TN; Funeral 9-11 JUNE 2011 Chapel Hill, TN.
LUTHER CHRISTMAN, 1915-2011
Luther Christman was among the most strident advocates for the unification of service and education for nursing in University health systems. As Dean of the Nursing School at Vanderbilt University, Christman was also the Director of Nursing at Vanderbilt Hospital from 1967 until he left for Chicago in 1972 to build what has become the “Rush Model”. Until his retirement in 1987, Christman built a system of patient-centered nursing care that employed well educated nurses many of whom also taught in the Rush University School of Nursing as teacher-practitioners. His efforts and those of Rozella Schlotfeldt (Cleveland) and Loretta Ford (Rochester) countered the trend in professional education to separate hospital service from academic nursing. The continued reticence to unify these professional functions is based on the long time domination of schools of nursing by hospitals. The Rush System was highly regarded internationally and attracted a steady stream of visitors to observe its workings. Dr. Christman was the author of numerous papers and published articles about patient care and education for the nursing profession.

Dr. Luther Christman began his career in nursing in 1936 as a student in the school for men at the Institute of Pennsylvania, the Psychiatric component of the Pennsylvania Hospital. The depression necessitated his seeking an opportunity for study in a school that provided, room, board and a small stipend. He and Dorothy Black, high school sweethearts from Summit Hill, PA married after both finished their respective courses of study for nursing. At the outset of WWII, Christman tried to enlist in the Army Nurse Corps but was rebuffed because of his gender. He undertook an unsuccessful, public, years long campaign to obtain a commission all the while serving as a Pharmacist’s Mate in the United States Marine Service. Christman taught nursing in Camden, NJ while studying in night school at Temple University. He assumed leadership positions in psychiatric nursing in South Dakota and Michigan and completed his PhD at Michigan State University in 1967 after serving as a Research Associate at the University of Michigan with Basil Georgopolis, a hospital sociologist. Christman was a member of the Institute of Medicine, National Academies of Science, a recipient of the American Nurses Association Jessie M. Scott Award and inductee in their Hall of Fame. He was awarded three honorary degrees, was a member of the American Academy of Nursing and their 1995 Living Legend recipient. Sigma Theta Tau, the honorary society for nurses gave Christman the initial Edith Moore Copeland Founders Award for Creativity. The American Nurses Association also named an award given to men in the profession for him.
Luther Christman was born in 1915 to Elmer and Elizabeth (Barnicot) Christman. His father was a coal miner and his mother had been a textile worker. Luther was the oldest of the four Christman children who survived to adulthood. He was predeceased by his siblings, Eleanor, Lois and Elmer. Mrs. Dorothy Christman, an inveterate hospital volunteer and nursery woman, died in 2003. Dr. Christman is survived by daughters Judith Kinney (WI) and Lillian Christman (VA), son Gary of Chapel Hill (TN) and several grandchildren.

While Dean and Director of Nursing at Vanderbilt, Christman ran for the presidency of the American Nurses Association at the 1968 Dallas, TX meeting. His defeat in that election brought with it a sense of unfairness towards men in nursing, an issue he fought for the rest of his long professional career. The National Male Nurse Association named their coveted Award for him and first gave it to Gerald Ford when he was President of the United States. Re-named the American Assembly for Men in Nursing in 1981, Christman continued as its Chairman until his death.

The Brotherhood of the AAMN thanks you for your many years of dedication to bring recognition to the cause of men in nursing. The American Assembly for Men in Nursing

June 10, 2011 Chapel Hill, TN
This has been an active year for the Communications Committee, and I owe special debt of gratitude to Ryan Lewis, Brent MacWilliams, and Susan LaRocco, for their contributions and dedicated effort. In addition, I relied tremendously on expertise and counsel from Byron McCain and Bill Lecher to keep information flowing and websites current. Finally, Pam Williams deserves special recognition for the exceptional skill and effort she invested in keeping current information available to AAMN members; she is primarily responsible for the high-quality design and layout of the InterAction.

The Communications Committee achieved four specific goals in the past year. First, we reorganized the way we publish the InterAction by first making content available to members through email communication monthly, and then consolidating the content into a quarterly print publication available on the AMN website. We essentially continued the same InterAction features as before, but offer shorter, more frequent and more current news items to members.

Our second goal was to enhance communication among Board members to expedite activities and decisions. To achieve this goal, we formalized the use of Survey Monkey© to leverage an electronic voting mechanism to address issues surface between meetings and require immediate attention. The process already provided tangible benefits by allowing AAMN to participate in opportunities that required quick decisions and short-notice responses, including signatory status on four AANC letters to Congress requesting support for federal funding for nursing education, sponsorship for the IOM Future of Nursing reception for Congressional nursing caucuses, and endorsement of letters supporting changes in Advanced Practice Registered Nurse legislation. AAMN has been active in engaging in national forums on behalf of nursing profession, in general, and on behalf men in nursing, specifically.

Finally, we committed to expanding our use of electronic media to educate nurses, other health disciplines, and public of AAMN as an organization that promotes men in nursing and men’s health issues. Brent MacWilliams has led the initiatives to integrate LinkedIn, Facebook, and YouTube as formidable avenues to publicize the contributions of men in nursing and to encourage men to consider nursing as a career. We soon will be posting AAMN videos on YouTube as sources of information for men in nursing and for young men searching for an exciting career in health care. We already are making plans to improve communications with members and with the public at-large. We appreciate any suggestions you might have, and we WELCOME your participation and expertise. Feel free to contact me with your ideas, and we can ALWAYS use volunteers!

Sincerely,

Phil

julianp@ecu.edu
As AAMN’s Treasurer, it is an honor to present this year’s AAMN financial report. AAMN maintains a calendar year budget (January to December). This report will reflect AAMN’s finances January 2011 – August 2011. A major portion of AAMN’s income is generated through conference revenue which will be booked September, October, and November. The bulk of this income source includes conference registration and sponsorships.

As of August 31st 2011, AAMN’s total assets are $76,821.18. This represents a 5% decrease from this same time period 2010 ($81,403.39).

In terms of expenses, the annual conference, daily business operations, website and newsletter accounts for the bulk of the expenses. Current actual year to date expenses fall below projected budgeted expenses.

The 2010 calendar year (Jan-Dec 2010) financials ended with $66,023.61 in total assets. This is an increase from 2009 where year end asset were $50,800.12.

Note: In 2010 AAMN’s Annual Meeting was in September, as opposed to October when it is typically scheduled, so more conference revenue had been received at this point in the year for 2010.

See AAMN Budget / Income Fact Sheet next page. *A special thank you to our Education & Conference Chair Don Anderson and our Executive Director Byron McCain for their assistance in putting together the below report.

**AAMN Budget/Income Fact Sheet**

<table>
<thead>
<tr>
<th>NET INCOME</th>
<th>RESERVE ACCOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 $ 4837</td>
<td>2006 $ 37451</td>
</tr>
<tr>
<td>2007 -$1335</td>
<td>2007 $ 36816</td>
</tr>
<tr>
<td>2008 $ 3514</td>
<td>2008 $ 39330</td>
</tr>
<tr>
<td>2009 $ 8132</td>
<td>2009 $ 50812</td>
</tr>
<tr>
<td>2010 $18185</td>
<td>2010 $ 65648</td>
</tr>
</tbody>
</table>

Fact: In 2007 both Net Income and Reserve Account were Negative, meaning the organization actually lost money that year.
Fact: Net Income has risen over 100% EACH YEAR for the past two years and the Reserve Account has gained over 40% value. This occurred during an economic meltdown.

<table>
<thead>
<tr>
<th>CONFERENCE REVENUE</th>
<th>CONFERENCE ATTENDANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 $ 24710</td>
<td>70  Portland</td>
</tr>
<tr>
<td>2007 $ 29822</td>
<td>101 Philadelphia</td>
</tr>
<tr>
<td>2008 $ 38168</td>
<td>123 New Orleans</td>
</tr>
<tr>
<td>2009 $ 61376</td>
<td>147 Cincinnati</td>
</tr>
<tr>
<td>2010 $ 52868</td>
<td>138 Duke</td>
</tr>
</tbody>
</table>

Fact: Conference Revenue has increased dramatically since 2008. By $23,208 in 2009 and by $14,700 in 2010 when compared to 2008 (at a time when the United States economic meltdown was in full swing).

<table>
<thead>
<tr>
<th>CONFERENCE NET INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 $ 11849</td>
</tr>
<tr>
<td>2007 $ 8670</td>
</tr>
<tr>
<td>2008 $ 26265</td>
</tr>
<tr>
<td>2009 $ 16964</td>
</tr>
<tr>
<td>2010 $ 20411</td>
</tr>
</tbody>
</table>

Fact: In the past three years, Conference Net Income has averaged $21213.
The Foundation Board supported the award of ten $500.00 scholarships. These were distributed to the “Best Schools and Colleges for Men in Nursing” and the schools selected the recipients. All of the schools have acknowledged the scholarship money and have or will shortly select the student to receive the scholarship. Acknowledgement letters will be available for review at the annual meeting.

In addition two $500.00 scholarships will be awarded; the Jadeh Marselis-Moore and John Murray essay scholarships.

The fiscal report as of July 2011 submitted by Keith Douglass, Foundation Treasurer is as follows:

- Individual donations $115.83
- Job Target $ 350.00
- Checking $40,521.62
- CD matured and cashed in for $14,782.93 and deposited into the checking account.

We are planning a holiday gift giving campaign and will launch this at the annual meeting. Replenishment of the funds to provide the scholarships is a priority for the upcoming year. In addition the board will be selecting a new treasurer for the Foundation.
Education Committee

1. Served as Chair of Committee.
2. Worked with Committee and Board for selection of site for 2012 conference.
3. Sent out “Call for Presentations” and reviewed abstracts with the committee.
4. Created the Annual Meeting Conference Program.
5. Helped Executive Director and Board of Directors secure conference sponsorship support.
6. Organized conference schedule with help of the committee.
7. Collaborated with the University of Kentucky representatives to organize the venue.
8. Contributed initial seed money for the creation of the Mentoring Initiative underway.
9. Along with the Education Committee, have been working to implement the AAMN strategic plan.

Board Member at Large

1. Attended all Board meetings in 2010/2011.
2. Assisted with organizing Annual Meeting with members of the Education Committee.
3. Created the “20 X 20 Choose Nursing Campaign” posted on website.
6. Provided Sponsorship funding for the 36th annual conference in Lexington, Kentucky.
MEMBERSHIP UPDATE

September membership 2008=266 2009=436 2010=57 2011=720 (9/9/11)
This represents a 25% growth rate over last year; 160% over 2008
On average 9 new members join per week, compared to the average 8 in 2010
Less than one half of 1% of men in nursing are AAMN members

Membership by Category:

<table>
<thead>
<tr>
<th>Category</th>
<th>Members</th>
<th>% in 2011</th>
<th>% in 2010</th>
<th>% in 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td>324</td>
<td>45</td>
<td>42</td>
<td>63</td>
</tr>
<tr>
<td>Associate</td>
<td>2</td>
<td>0.3</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>LPN/LVN</td>
<td>13</td>
<td>2</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>1st year RN</td>
<td>79</td>
<td>11</td>
<td>9</td>
<td>n/a</td>
</tr>
<tr>
<td>Students</td>
<td>262</td>
<td>36</td>
<td>36</td>
<td>29</td>
</tr>
<tr>
<td>Corporate</td>
<td>8</td>
<td>1</td>
<td>0.3</td>
<td>n/a</td>
</tr>
<tr>
<td>Lifetime</td>
<td>32</td>
<td>4</td>
<td>6</td>
<td>5</td>
</tr>
</tbody>
</table>

Membership by State:

47% of our members come from 9 states (CA, FL, IL, LA, MA, NC, NY, OH, TX)
85% of our members come from 22 different states
States with 10 or more members: (AL 14, CA 104, CO 14, FL 29, GA 10, IA 16, IL 29, IN 10, KY 14, LA 33, MA 29, MI 14, MO18, NC 70, NJ 16, NY 52, OH 46, PA 14, TN 18, TX 34, VA 15, WI 11)
4 states have no members (DE, MT, NE, SD) in comparison to 2010 in which 8 states lacked members International members – Puerto Rico (1), Canada (1)

Membership Tenure & Retention:

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>New members</td>
<td>***</td>
<td>155</td>
<td>363</td>
<td>407</td>
</tr>
<tr>
<td>Members less than 2 years</td>
<td>61%</td>
<td>87%</td>
<td>73%</td>
<td>73%</td>
</tr>
<tr>
<td>Members 3-4 years</td>
<td>30%</td>
<td>7%</td>
<td>20%</td>
<td>19%</td>
</tr>
<tr>
<td>Members 5-9 years%</td>
<td>9%</td>
<td>3%</td>
<td>5%</td>
<td>8%</td>
</tr>
<tr>
<td>Members 10+</td>
<td>N/A</td>
<td>3%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Membership retention</td>
<td>58%</td>
<td>75%</td>
<td>61%</td>
<td>53%</td>
</tr>
</tbody>
</table>

(Note: Special thanks to the AAMN Board Members and AAMN members who assisted Pam Williams and myself in contacting non-renewing members to reconsider renewing their membership in the beginning of 2011)
Members utilizing the online payment:

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>New members</td>
<td>69%</td>
<td>75%</td>
</tr>
<tr>
<td>Students</td>
<td>50%</td>
<td>73%</td>
</tr>
</tbody>
</table>

AAMN and AAMN members sponsored exhibit tables at NTI – CCRN, Northwestern Memorial Hospital, and Teacher’s College – Columbia University.

**Chapter Update**

**Chapter Growth**

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of chapters</td>
<td>26</td>
<td>33 (36)</td>
<td>+39%</td>
</tr>
<tr>
<td>States with Chapters</td>
<td>17</td>
<td>17 (20)</td>
<td>+18%</td>
</tr>
</tbody>
</table>

Although three chapters dissolved last year, Chicago, Northwest GA, South Carolina, all three are in the process of revitalization.

**New chapters as of October 2010**

1. Tri State Chapter, PA
2. Joe Hogan Heartland, KS
3. LA - California State, CA
4. North Bay, CA
5. University of Massachusetts, Lowell, MA
6. Central New York, NY
7. University of Iowa, IA
8. Eastern Iowa, IA
9. UCLA-AAMN, CA
10. Capstone Chapter, AL
11. Vanderbilt, TN
12. University of Indiana, IN

There are individuals working for recognition in various stages of chapter development in an excess of 10 different locations throughout the United States.

Each established chapter in January 2011 was requested to submit an annual report for 2010. Participation was limited.

Quarterly chapter president meetings were held during the 2011 year via conference call. A total of 5 meetings occurred. Participation varied but never exceeded ≥50% of the chapters.

2011 Conference offers a roundtable opportunity for the Presidents to discuss membership recruitment and retention issues.
Membership & Chapters Committee
2012 Plans & Priorities

Formalized active Membership and Chapter Committee:
Request committee representation from each chapter
Chapters in development may provide a representative and participate in committee meetings

Meeting Frequency:
Committee to meet at least 3 times via conference call in 2012
Membership and Chapters Committee chair hosts an annual President’s meeting at the national conference
Quarterly conference call with chapter presidents with Membership and Chapters Committee chair via conference call

Committee Priorities:
Strengthen committee’s liaison responsibilities to chapters in formation/development
Develop and implement a coordinated 2011 membership renewal drive – consider early renewal incentive
Conduct exit interviews on members who elect not to renew membership
Place a renewal notice in the InterAction newsletter (provide an electronic newsletter to nonrenewed members for the first three months of the new year)
Examine the prospect of creating an additional membership category to enhance revenue and strengthen retention
Create a plan of action to improving AAMN member retention rates
Explore chapter access/utilization of AAMN’s Nonexempt Charitable Trust (501) tax status
Update the AAMN Chapter Starter Kit – to include a formal letter seeking chapter recognition
Continue to prompt chapter activities through various media sources, local and national.
Advance the AAMN product variety
Improve the AAMN informational brochure format/content/presentation
Promote strong communication between AAMN entities, members, and individual chapters
Develop mass email groups to facilitate communication
Implement periodic short, web based surveys to obtain members’ opinions on important issues in the profession, community, and/or organization.
Construct a message for new members that provide personal attention and value of membership
Advance a more visible promotion of the AAMN to local, state, and national organizations
Identify a national men’s health based initiative that all chapters could participate in their communities
Caring is the essence of nursing. - Jean Watson

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The annual 2011 meeting marks the one year anniversary of my tenure as a member of the AAMN Board of Directors. My membership activities began with a trip to Washington, DC to the Institute of Medicine (IOM) the Future of Nursing: Leading Change, Advancing Health calls for nursing as a representative of AAMN. Men in nursing were identified in the seminal IOM report as an underrepresented demographic and connected to the report by gender equity. Gender equity in turn was connected to diversity; increasing diversity was specifically named in three of the eight IOM report recommendations. The 20 x20 initiative was coined during this period by Don Anderson and has become a focal point for AAMN strategic planning. The report focused on developing a “systemic plan” that develops a “business case” that serves to educate the public as to “who nurses are and what they do.” Nurses were charged with developing a “united” and more “diverse voice” which requires communication, connections, and exposure to a more gender diverse nursing culture.

In an effort to help move AAMN towards its evolving strategic goals and help create communication, connections, and exposure; a Social Media Taskforce was proposed and initiated to investigate and/or expand the development of a social media structure for AAMN. Social Media Taskforce meetings were held from November- April with a variety of stakeholders and experts. The Social Media Taskforce explored implementation of an integrated use of social media package that includes (Facebook, LinkedIn, AAMN You tube channel and blog). Social media appeared to provide AAMN with the opportunity to provide its membership with an image-driven informational flow to better connect the national organization and its membership. The work culminated at the AAMN Cincinnati regional conference in which face-to-face meetings, video interviews of the conference attendees and focused talks resulted in the launching a video campaign as a first priority.

In late August the AAMN YouTube channel was launched utilizing: 1) the video footage from Bob Patterson’s work, 2) the IOM gender specific footage and 3) a video advertising a BOD sanctioned video contest. The AAMN YouTube channel is up and the contest video continues to be viewed video contest informational video. As of midnight on 9/19/11 there had been 238 viewings of the video. Video footage of the 2011 annual conference featuring conference attendees will be added during the conference and new video from our membership is being sought. LinkedIn will take center stage over the next year to move the AAMN social medias agenda forward.

In addition to my work as a representative for AAMN at the IOM and leading the Social Media taskforce my duties have included: 1) providing CEU credentialed presentations at both the annual conferences and the regional conference in Cincinnati; 2) Raising sponsorship money for the 2011 Lexington, KY conference; 3) sponsoring a Leader/mentorship opportunity for a student to attend the 2011 annual conference; 4) editorial work for a position paper; 5) attend BOD monthly meetings and, 6) provide a strategic eye specific to empower AAMN leadership.
Achievements for Michael E. Galbraith as a Board Member of the AAMN 2010-2011

As I approach the completion of my first two-year term as a member of the Board for the American Assembly for Men in Nursing, I am grateful to have had the opportunity to serve the membership in this capacity. Below is a summary of my achievements as an elected representative to the Assembly.

I have:

- Attended the scheduled board meetings in person and via conference call and actively participated in the discussions.
- Attended any additional meetings that have been called and participated in on-going discussions regarding the future directions of the organization.
- Participated in the annual membership renewal effort.
- Served as the liaison to the Rocky Mountain Chapter of the American Assembly for Men in Nursing in Denver, Colorado
- Developed and presented a proposal to the AAMN Board to develop a Mentorship program for AAMN members in response to the Assembly’s strategic plan.
- Assembled and Chaired the Mentorship Task Force (MTF) which has been actively developing a mentorship program for AAMN Members.
- Solicited sponsorship commitments for the Annual Conference

The AAMN has made great strides this year in a number of areas. It has been exciting and rewarding to be a part of such a dynamic and grow-oriented group. I believe the Assembly will continue this momentum into the coming years and I look forward to being a part of the process and vision.
American Assembly for Men in Nursing

Report of Board Member

Ryan Lewis RN, BSN

Responsibilities

Continue to work with the Board of Directors toward fulfilling the goals and mission of Assembly.

Continue to lead the efforts to establish an Awards Recognition Program.

Chaired 2011 Awards Task Force.

Awards Task Force Report:

Reviewed submissions for Best School, Best Workplace, Lee Cohen, and Luther Christman Awards.

Began discussion and review of supporting documents to assist in the establishment of Awards Recognition Program.

Assisted with planning of Luther Christman Dinner.
American Assembly for Men in Nursing

Report of Board Member

Bob Patterson RN, MSN

Responsibilities
1. The duties of the Board shall be to develop and coordinate the activities and general policies of the Assembly, to act for the membership as a whole under such limitations as may be imposed by general membership, manage the finances of the Assembly, and to receive and to act upon the reports of all Committees.

2. The Board shall meet at least two (2) times annually. The Executive Committee or a quorum of the Board may call other meetings of the Board.

3. The Board shall have the power to transact all regular and special business of this Assembly, providing that any actions which it shall take do not conflict with these Bylaws.

4. The Board may call general membership meetings not provided by these Bylaws. A quorum at Board Meetings shall consist of at least fifty (50) percent of the voting members of the Board.

5. The Board shall have the power to appoint as hoc committees or taskforces as they may arise.

6. The Immediate past president and the Chairperson of the Board will serve as advisors to the Officers of the Board of Directors and shall retain voting rights on all issues before the Board of Directors.

Achievements
Thank you for giving me the opportunity to serve on the AAMN Board. This past year provided growth for me, as I gained a healthier understanding of AAMN’s operations. I thank each of the Board members for their support and leadership, as well as all they bring to the organization.

Below outlines my achievements, which supported AAMN's mission:
• Attended regularly scheduled, monthly Board meetings via conference call, discussing the business of AAMN
• Supported AAMN’s mission nationally as well as locally, by providing opportunities to discuss issues related to men in nursing
• Worked with the Education Committee, reviewing abstracts for conference 2011
• Worked with the Board and Education Committee for selection of California as the site for conference 2012
• Provided leadership as President for the AAMN – Bay Area Chapter, San Francisco, CA
• Lead the California Campaign for Men in Nursing, which included increasing Chapter development through meeting with students and faculty from schools of nursing, presenting to the California Student Nurses’ Association and the Association of California Nurse Leaders, as well as reporting to the quarterly California Institute for Nursing & Health Care Board meetings, which are open to the community

I look forward to seeing you all at this year’s annual conference, and to helping to plan the 37th Annual Conference next year!
American Assembly for Men in Nursing

Annual Report 2011

Nominations Committee

Demetrius Porche, DNS, APRN, PhD, FAANP, FAAN
Immediate Past President

- Solicited Nominees for offices
- Recommended paradigm change in nomination process
- Proposing bylaws revisions for “nominations process”
- Proposed criteria for officer nominations
- Proposing forms for:
  - Bio sketch
  - Intent/agreement to serve
  - Nomination Form
  - Ballot Template
- Proposing revised process to solicit nominations
- Proposing criteria for vetting process
- Proposing revised voting process
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- Telephonic Case Managers
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- Select Career Opportunities
- Go to Candidate Profile (right hand side under Search Results) and select Access my profile
  - Select New User button
  - Review Privacy Agreement and then insert Email Address (User Name) and Password
- Once your Candidate Profile is complete, select Role Search tab and search for available roles by location, keyword, or other criteria
- Review role and role description and select Apply to those roles most suited to your interest and qualifications

**Returning User:**
- Go to www.humana.com/careers
- Select Career Opportunities
- Go to Candidate Profile (right hand side under Search Results) and select Access my profile
- Insert your User Name and Password
- Select Role Search tab and search for available roles by location, keyword, or other criteria
- Review role and role description and select Apply to those roles most suited to your interest and qualifications
- A Recruiter will contact you should you be considered for the role(s) you have applied

**SAVE THE DATES:**

37th Annual Conference of the AAMN
October 24-26, 2012
HYATT REGENCY
SAN FRANCISCO AIRPORT

**BYLAWS COMMITTEE REPORT:**
Proposed Change to American Assembly for Men in Nursing Bylaws

*No Recommendations or Changes to AAMN By-Laws were proposed this year.*
College of Nursing

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Faculty and Administrative Positions

We seek highly qualified individuals to join our dynamic faculty in a top ranked research university with state of the art teaching, research, and clinical facilities on an interdisciplinary health sciences campus.

Assistant/Associate Professor (tenure track): Health Services Research expertise in acute care delivery systems; Position # 813954.

Assistant/Associate Professor (clinical track) Family Nurse Practitioner; Position #814605

Associate Professor: Pediatric Nurse Practitioner (tenure or clinical teaching track); Position # 814607 (tenurable qualified applicants may be considered for endowed professorship).

Associate/Full Professor (tenurable): Family Nurse Practitioner; position # 814608 (qualified applicants may be considered for endowed professorship)

Associate/Full Professor (tenurable), Psychiatric/Mental Health Nursing (qualified applicants may be considered for endowed chair); Position # 813998.

Professor and Division Chair (tenurable), Adult & Senior Health; Position # 811372

For more information, please contact Dr. Ruth A. O’Brien, Professor and Chair, Faculty Search Committee; ruth.obrien@ucdenver.edu. Submit application, www.jobsatcu.com under the relevant position number.
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Patrick Hickey... Mountain Climber

Patrick Hickey... O.R. Nurse

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This program supported by Curry College Division of Nursing, Milton, Massachusetts www.curry.edu, and the American Assembly for Men in Nursing 20 x 20 Choose Nursing Campaign www.aamn.org
2010-2011 AAMN COMMITTEE MEMBERSHIPS

Bylaws Committee:
Ed Halloran (Chairperson)
email: ehallora@email.unc.edu

Communications Committee:
Phil Julian RN, PhD(c), NE-BC
(Chairperson)

Jeffrey Hamilton, BSN, RN
Ryan Lewis, RN, BSN
Brent Mac Williams PhD, ANP
Pam Williams

Membership & Chapters Committee:
Lavoy Bray (Chairperson)
email: lavoybray@yahoo.com

Kirk Huslage, RN, BS, BSN, MSPH
Pam Williams

Education Committee:
Don Anderson (Chairperson)
email: danderso0703@curry.edu

Bob Patterson
email: bob@cinhc.org

Bridget Nettleton
email: Bridget.Nettleton@esc.edu

Nominating Committee:
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email: DPorch@lsuhsc.edu

Glenn LeBlanc (Member)
email: glenn33615@gmail.com

Kirk Huslage (Member)
email: dhuslage@unch.unc.edu
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Anthony Roberson - ajroberson@ua.edu

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IOWA
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Contact: Thad Wilson - wilsont@umkc.edu

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Southeastern Louisiana University
School of Nursing Chapter
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Bernadette Curry - bcurry@malloy.edu
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University of Cincinnati Chapter
Aaron Price - aaron.price@uc.edu
Nick Caputo - caputona@mail.uc.edu

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Michael Bleich - bleichm@ohsu.edu
Chad O’Lynn - olynn@up.edu

PENNSYLVANIA
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Daniel Singleton - dsingleton@ariahealth.org
http://www.tscaamn.com/

TENESSEE
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Vanderbilt University School of Nursing
Tom Christenbery - tom.christenbery@vanderbilt.edu

TEXAS
Texas Chapter
Kermit Little - kermit.little@ttuhsc.edu
Texas Longhorn
John Dudenhoeffer - john.dudenhoeffer@utexas.edu

VIRGINIA
Central Virginia Chapter
Daniel Jones - daniel.jones23834@comcast.net

WISCONSIN
University of Wisconsin-Oshkosh Chapter
Brent MacWilliams - bmacw@earlhinlk.net
Coulee Region Men in Nursing
Paul Larson - plarson@centurytel.net
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**ALL MAJOR HEALTH** categories are reviewed along with sample tests and test items developed the way you will see them on the NCLEX-RN Computer Adaptive Test examination with special attention paid to nutrition, pharmacology, and psychological integration within these client categories.

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AAMN Election
Biographical Data

2011
Candidate for President
William T. Lecher, RN, MS, MBA, NE-BC

Education:
University of Illinois, Chicago: MSN, MBA, 1991; University of Wisconsin, Oshkosh, BSN, 1987

Current Employment:
Senior Clinical Director, Cincinnati Children’s Hospital Medical Center, Cincinnati, Ohio, 1998 - present

Professional Organizations:
American Assembly for Men in Nursing
Greater Cincinnati American Assembly for Men in Nursing
American Organization of Nurse Executives
Ohio Organization of Nurse Executives
Greater Cincinnati Organization of Nurse Executives
National Nurses Society on Addiction
Sigma Theta Tau
Society for Human Resource Management

AAMN Involvement:
AAMN Member
AAMN Board Member
AAMN Membership & Chapters Committee, Chairperson, 2007-2010
AAMN Annual Conference, Chair, 2009
AAMN Lee Cohen Member of the Year, 2007
AAMN Luther Christman Award nominee, 2009
Invited and represented AAMN at Robert Wood Johnson Foundation, Initiative on the Future of Nursing at the Institute of Medicine, National Summit on Advancing Health through Nursing, 2010
Lead the development of the AAMN Future of Nursing Campaign for Action
Represent AAMN at the Nursing Organization Alliance (NOA), a 61 nursing professional nursing organization coalition
AAMN Best Workplace for Men in Nursing, Cincinnati Children’s Hospital, 2007 & 2009
Greater Cincinnati AAMN Chapter member, Founding Member
Greater Cincinnati AAMN Bylaws Chair (2006-2008, Membership Chair (2010-2011)

Personal Objectives if elected to office:
I have five objectives if elected to serve a second term as your president:
  • Implement and adapt the AAMN 2013 Strategic Plan through completion
  • Establish AAMN as the nationally recognized as the voice for men in nursing
  • Create a more robust AAMN men’s health agenda
  • Catalyze men in nursing to advance AAMN’s priorities: recruitment and retention of men in nursing and men’s health
  • Strong advocacy and support for the Future of Nursing campaign for action especially as it relates to improving the quality of patient care, by placing a greater emphasis on making the nursing workforce more diverse, particularly in the areas of gender and race/ethnicity.
AAMN Election Biographical Data 2011

Candidate for Secretary

Philip Julian, RN, PhD(c), NE-BC

Education:
BSN - UNC Greensboro;
MSN - UNC Greensboro;
PhD(c) - East Carolina University

Current Employment:
Clinical Asst Professor, East Carolina University, Greenville NC

Professional Organizations:
ANA, NCNA, Sigma Theta Tau

AAMN Involvement:
AAMN member since 2001, AAMN Board Member At-Large, 2004-2008, AAMN Secretary, 2009-2011

Personal Objectives if elected to office:
1. Maintain comprehensive and accurate record of Board activities
2. Promote AAMN recognition as professional voice for men in nursing.
3. Enhance membership expansion and chapter development.
4. Expand integration of electronic technology to document organizational activities.
Candidate for Secretary
Stanley Melton Harris

NO INFORMATION PROVIDED
Current Employment:
Associate Professor, College of Nursing
University of Colorado, Anschutz Medical Campus
Aurora, Colorado 80045

Education:
BS in Nursing, Union College, Lincoln, NE; 1975
MS in Psychiatric/Mental Health Nursing, Loma Linda University, Loma Linda, CA; 1978
PhD in Social Psychology, Claremont Graduate School, Claremont, CA; 1989

Professional Organizations:
Rocky Mountain Chapter of the American Assembly for Men in Nursing
American Assembly for Men in Nursing
Colorado Cancer Coalition
American Association of Sex Educators, Counselors, and Therapists
American Psychological Association
Western Psychological Association
Sigma Theta Tau

AAMN Involvement:
Member in 1990
Presented at the 1990 Annual Conference in San Francisco, CA
Renewed membership in 2007
Founder of the Rocky Mountain Chapter of the AAMN; One of the first Chapters West of the Mississippi
Scholarship Selection committee member, 2008
Presented at the 2009 Annual Conference in Cincinnati, OH
Member of the AAMN Membership and Chapters Committee, 2008-2009
Board Member, 2009 to Present
Chair and organizer of the AAMN Mentorship Task Force (MTF), 2010 to present

Personal Objectives if elected to office:
Support the Mission of the AAMN through active and accountable participation as a Board Member
Attend and participate in all AAMN Board and Ad Hoc meetings
Serve as a liaison to the Rocky Mountain Chapter of the AAMN and other Chapters as needed
Promote a positive image of men in nursing through active participation in community outreach
Continue to develop, implement, support, and evaluate the AAMN Mentorship Program
Be a Mentoring resource to the AAMN, men in nursing, students, and others considering Nursing as a career
Actively participate in initiatives aimed at increasing men's visibility in the profession and discipline of Nursing
Pursue strategies to actively involve men in shaping the Future of Nursing
Support the AAMN Foundation as it assists nurses and students through the awarding of scholarships
Candidate for Board Member
Daniel C. Hellinger MSN, MHA, RN

Current Employment:
Dwight Schar College of Nursing Ashland University

Education:
I obtained my MSN and MHA from University of Phoenix (2008). I am currently taking the post-masters certificate for Family Nurse Practitioner at Otterbein University with a completion date Spring 2013.

Professional Organizations:
New member AAMN. I am the vice president for Sigma Theta Tau Rho-Nu Chapter at Large. I belong to the 256th Combat Support Hospital Army Reserves in Twinsburg Ohio.

AAMN Involvement:
New member; would like to be active in the organization and hopefully start up a chapter at Ashland University in the future.

Personal Objectives if elected to office:
To learn, be active, to encourage peers, be a role model and to support AAMN.
Candidate for Board Member

Susan A. LaRocco PhD RN MBA

Current Employment:
Professor; Curry College, Milton MA

Education:
Diploma: Buffalo (NY) General Hospital
BS: Boston College
MS: Boston University
MBA: New York University
PhD: University of Massachusetts/Boston

Professional Organizations:
American Association for the History of Nursing – Secretary (2011-13)
ANA/Massachusetts Association of Registered Nurses – MARN Newsletter Committee (2010- indefinite)
Sigma Theta Tau International: Theta at Large Chapter – Faculty Counselor (2010-present; Vice President 2006-2009)
Eastern Nursing Research Society
Boston University Nursing Archives Associates

AAMN Involvement:
Attendance at every conference since I joined in 2002
Board Member 2002-2006
Nominating Committee 2006-2008
Member of the Year - 2006
Regular contributor to Interaction – Meet the Member Interviews and others

Personal Objectives if elected to office:
As a Board member I would work to further the mission and goals of the organization. In particular, I would work closely with the newly formed Boston Area chapter to promote the 20X20 campaign and to grow their membership and programming. I would also be willing to help with conference planning, especially in areas such as abstract review and organizing educational offerings. As in the past, I would be willing to assist the president in whatever way he thinks that I can be most useful to the organization.
Candidate for Board Member
Stanley Melton Harris

NO INFORMATION PROVIDED
AAMN Mentoring Program

“Facilitating supportive relationships to promote excellence through gender diversity in nursing”

Mentoring will provide a dynamic alliance in which both the novice and expert can learn about themselves, receive direction and open insightful and thought provoking dialogue.

Communication between participants can take place across multiple venues to tailor to everyone’s needs. Exercises and tools will be provided to enrich the experience.

We are currently looking for potential mentors and mentees who will be our initial pilot group.
Space is limited, so please apply soon!!

Initiative Goals

- Professional growth at all career stages
- Challenge and stretch the mentee
- Inspiration for a transformation
- Structured progression-preparation, negotiating, enabling and closing

American Assembly for Men in Nursing
AAMN.org

Email: AAMN@AAMN.org
(Attention: Mentorship Task Force)

Or call: 205-956-0146
American Assembly for Men in Nursing
Mentoring Program Application

1. Name: __________________________________________________________

2. Address: _______________________________________________________

3. Email: ___________________________ Phone: _________________________

4. Education: _______________________________________________________

5. Brief Employment History: _________________________________________

6. Complete the sentence below. Although you may be tempted to stop after you have identified your first reason for wanting to become an AAMN mentor, try to come up with a couple more reasons. It might also be helpful to think about the motivations that underlie each of your reasons.

   My motivations for becoming a mentor for AAMN are:
   a. ______________________________________________________________
   b. ______________________________________________________________
   c. ______________________________________________________________

7. For each of the items below, check the appropriate column, “Yes” or “No” for why participating in the AAMN Mentoring Program might appeal to you and then give an example for each of your response that illustrates your position. Please keep in mind that everyone brings different skills, interests, and motivations to a mentoring relationship.

   a. I like the feeling of having others seek me out for advise or guidance
      □ Yes □ No
      Example: _______________________________________________________

   b. I find that helping others learn is personally rewarding
      □ Yes □ No
      Example: _______________________________________________________

   c. I have specific knowledge that I want to pass on to others
      □ Yes □ No
      Example: _______________________________________________________

   d. I enjoy collaborative learning
      □ Yes □ No
      Example: _______________________________________________________

   e. I find working with others who are different from me to be energizing
      □ Yes □ No
      Example: _______________________________________________________

   f. I look for opportunities to further my own growth
      □ Yes □ No
      Example: _______________________________________________________
8. In order to better assess your potential to be a successful mentor, please rate yourself on the following mentoring skills. Please circle the appropriate number.

<table>
<thead>
<tr>
<th>Skill</th>
<th>1: Excellent Skills</th>
<th>2: Very Good</th>
<th>3: Adequate</th>
<th>4: Could do better</th>
<th>5: Not comfortable with the Skill</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Active listening</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. Trust building</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. Brokering relationships</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. Building relationships</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. Maintaining relationships</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>f. Coaching</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>g. Communication</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>h. Encouraging</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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9. In a brief paragraph, please summarize why you would be a good Mentor for the American Assembly for Men in Nursing Mentoring Program.

________________________________________________________________________
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10. Please provide the name and contact information for two professional references.


Thank you for your interest in the American Assembly for Men in Nursing’s Mentoring Program

Please send your completed application using one of the following approaches to:

Mail: The American Assembly for Men in Nursing
Attention: Mentorship Task Force
PO Box 130220
Birmingham, AL 35213

Email: AAMN@AAMN.org

Fax: 205-956-0146
American Assembly for Men in Nursing: Future of Nursing Message
Our Strength and Vision for Partnering with Others

- AAMN is the only professional nursing organization dedicated to men in nursing
- AAMN exists and is organized to promote the recruitment and retention of men in nursing
  We are actively working to position AAMN as the voice for men in nursing, able to speak the needs of and contributions by men as a targeted demographic
- AAMN has been organized for more than three decades. Today we are a vitalized professional nursing organization with a rapidly growing membership base. We are vibrant and prospering.
- Increasing AAMN membership and the number of men in nursing further strengthens AAMN and drives our organization forward to expand our influence and contributions within nursing
- AAMN has and will continue to tackle the men in nursing pipeline by becoming an organizational conduit to facilitate the transformation of men into the professional nursing practice and beyond.
- AAMN will identify partnerships that promote diversity and inclusion in the nursing profession.
- AAMN will further expand on its expertise on men in nursing and promote gender diversity and inclusion. This will lead to improved gender balance in nursing schools and the workforce, gender retention, and gender opportunity

The three-prong opportunity:
- Gender balance ~ Nursing pipeline
- Gender retention ~ Nursing workplace and academic environment
- Gender opportunity ~ Career development and recognition

- AAMN will develop and serve as a resource for men in nursing topics and a clearing house for information and brokers of:
  - Research on men in nursing, with emphasis on pipeline, workplace and academic environment, and career development and recognition
  - Dissemination of literature on men in nursing
  - Speakers bureau for men in nursing topics with a clear message
  - Catalog and describe prototype and best practice programs
  - Identify individual external dissertation advisors for men in nursing doctoral candidates and dissertation committees
  - Identify and recognize best practice models in education and practice to humanize the academic environment and workplace for men in nursing (Note our members can help identify good and bad environments for education and practice)

- AAMN will lead and develop formal scholarship and research in the area of men in nursing
- AAMN is a participating member of the Center to Champion Nursing in America Council
- AAMN will secure external funding to address issues and serve the following two purposes:
  - Accelerate AAMN deliverables on strategic short term goals;
  - Present and vet ideas in to the national nursing community and mainstream society; and
  - Demonstrate credibility to the messages and results we intend to deliver
- AAMN will accomplish all of the above while building AAMN organization prominence in becoming a stronger, full-fledged and more visible professional nursing organization whose purpose is men in nursing and men’s health

Consensus approval by the AAMN board of directors 01-28-11
American Assembly for Men in Nursing
Future of Nursing Strategies, Tactics & Deliverables

AAMN 2013 strategic plan complementary goal alignment

- Goal 1: Increase membership base and number of recognized AAMN chapters
- Goal 3: AAMN will provide a contemporary array of programs and services to meet AAMN member needs … mentorship program
- Goal 4: AAMN will create “recognition” programs for Best Workplace and Best School
- Goal 5: Build the AAMN brand
- Goal 6: AAMN will develop strategic relationships to promote the organization, recruitment and retention of men in nursing, and men's health.
- Goal 7: AAMN will develop a formal marketing plan
- Goal 8: Create an Academy of Men in Nursing
- Goal 9: Develop a men’s health curriculum

AAMN to secure external funding to drive and speed up our impact and growth

AAMN to convene a Future of Nursing pre-conference workshop or summit,
full day or half day, October, 19, 2011, Lexington, KY

AAMN annual meeting – engage members in a session to develop a gender issues list and solutions
to decrease gender barriers in education and practice

AAMN to target national organizations with strong men in nursing membership or strong and influential nursing leadership; buy membership mailing lists, segment by gender; reach out for involvement and AAMN membership; include them with future correspondence with their consent. Organizations and lists to consider include, but are not limited to: AONE, AACN (colleges), NLN, FAAN, AACN (critical care), AORN, ENA, NCEMNA

FAAN Special Interest Group/Topics: Michael Bleich, Ed Halloran, Frank Shaffer, Demetrius Porche, Jim Raper and others promote men in nursing with FAAN; more men inducted to FAAN

Position the AAMN Future of Nursing efforts into the following 2011 AAMN meetings:
- Mid-year board meeting (date and location TBD)
- AAMN Annual Conference, October 19-21
- Greater Cincinnati AAMN conference, April 15
- Other meetings/conferences at local, state and national level

AAMN leader participation in the initial five RWJ Regional Action Coalitions: CA, MI, MS, NJ, NY

AAMN Social Media Taskforce Recommendations
- Identify a series of tough topics, complicated themes for men in nursing
- Develop supportive messages
  - How to tell your parents you are going to be a nurse
  - How to tell your friends you are going to be a nurse
  - Discuss how your sexuality (heterosexual, homosexual, bisexual) may impact the perspective of a being a man in nursing?
- **Develop instructional messages**
  - OB clinical rotation
  - OB as a men in nursing area of practice
  - How to talk with your school counselor or academic advisor you want to enroll in nursing
  - Tips for school counselors and academic advisors, how to spot a top men in nursing student, sign him up

- **Develop humorous messages**
  - Nursing student most funniest video, story or interview (Kevin Sowers in a Barney outfit, floral scrubs)
  - Nurses at work most funniest video, story or interview

- **Messages developed with YouTube videos, 2-3 minutes each**

- **Messages that will go viral, exponential awareness and growth for AAMN**

- **Develop Call/Campaign for YouTube video clip submissions**
  - Engage AAMN chapters, AAMN members and students; unleash their energy and creativity with these complicated themes
  - Establish a contest for each of the above topics with winner of each category receiving free 2011 conference registration (and hotel room?)
  - Play the winning videos and others submitted throughout the conference
  - Develop contest process for real time submissions during the conference for recognition and prizes awarded in Lexington (registration for 2012 conference, annual membership, merchandise)

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American Assembly for Men in Nursing Position Statement
For Membership Approval

Gender Neutral Nursing Education,

Effective Date: 2011
Status: New Position Statement
Originated by: AAMN Board of Directors
Adopted by: AAMN Board of Directors
Revised by: Position Statement Workgroup

PURPOSE:
As of 2008, men in nursing account for approximately 6.6 percent % of all nurses in the U.S. (Bureau of Health Professions, March 2010). More men are entering nursing however as 4.1 percent of nurses who graduated prior to 1990 were male, while 9.6 percent of nurses who graduated after 1990 are male.(The Registered Nurse Population: Initial Findings from the 2008 National Sample Survey of Registered Nurses, U.S. Department of Health and Human Services Health Resources and Services Administration, 2010; retrieved from: http://bhpr.hrsa.gov/healthworkforce/rnsurveys/rnsurveyinitial2008.pdf). Therefore, it is imperative that professional nursing education adopt language that balances feminine and masculine discourse. Gender neutral language in nursing education can serve to advance the need for nursing to be more thoroughly perceived as a gender neutral profession. In addition, gender neutral language offers the subtle expression of inclusion and recognition of equality for men in nursing. Male nursing students during the educational process are striving to find their place within the profession of nursing. Offering an educational environment free of biased language invites the male student to become a part of the nursing profession.

STATEMENT OF AAMN POSITION:
Nursing education must be gender neutral to promote a standard professional identity. In Essential of Baccalaureate Education for Professional Nursing Practice (2008), Essential VIII states, “Professionalism and the inherent values of altruism, autonomy, human dignity, integrity, and social justice are fundamental to the discipline of nursing” (p. 4).

Human dignity is defined as the “respect for the inherent worth and uniqueness of individuals and populations.” In professional practice, concern for human dignity is reflected when the nurse values and respects all patients and colleagues (p.26).” In keeping with the respect for human dignity, nurse educators need to intentionally consider gender in teaching practice and avoid masculine stereotypes.

Using gender neutral language is a demonstration of respect for nursing colleagues who are men and reflects an essential educational value. Nursing educators are charged with modeling professional values and their associated behaviors as foundational to the practice of nursing. Therefore, the use of gender neutral language would appear to be an essential component within any baccalaureate nursing program

Nurse educators need to recognize the influence of gender in the lived experience and teach accordingly, especially male students who routinely find themselves in the minority. Any professional workplace is affected by a complex web of gender influences. Nursing faculty need to acknowledge this web of influence when teaching men.

SUPPORTIVE MATERIAL:
There have already been calls for the increased use of inclusive language that is non-gender specific and respects the individual worth, dignity, and integrity of all human beings (Morse, 1995). This is consistent with the feminist pedagogy that insists on equal treatment for genders.
Exclusive language reinforces biased thinking. If gender references are so dichotomous, then we perpetuate these stereotypes in our profession. Bias can and should be avoided by the use of inclusive and gender neutral language and references.

The American Psychological Association format requires the use of unbiased and gender neutral language. According to APA, 6th edition (2010), “gender refers to role, not biological sex, and is cultural...Sexist bias can occur when pronouns are used carelessly, as when the masculine pronoun ‘he’ is used to refer to both sexes or when the masculine or feminine pronoun is used exclusively to define roles by sex (e.g., the nurse...she)” p. 73.

Caring is a universal, and androgynous trait. Nurses must be independent, able to solve problems, and serve as patient advocates (traits usually culturally attributed to males) as well as be nurturing and sympathetic (traits culturally assigned to females). Nursing’s concern is with the well being of the total person and is not gender biased toward patients.

According to Bell-Scriber (2008), “the barriers and challenges that men confront in schools of nursing have changed surprisingly little during the past few decades. Some of these barriers and challenges include lack of mentorships for male learners, failure to include the history of men in nursing in the curriculum, the failure to create a welcoming environment in the clinical setting, and lack of gender neutrality in textbooks” (p. 144).

RECOMMENDATIONS:
Further research is needed to examine the degree to which men find nursing education challenging from a gender perspective, female perspectives of mature men in nursing, and the portrayal of men in nursing in the media.

Nursing faculty should routinely critically review curricula for gender neutral language.

Professional nursing leadership should routinely critique nursing books for use of gender neutral language by direct communication with major publishers of nursing books

SUMMARY:
Nursing education provides nursing students a foundation of nursing knowledge, values and skills to assume a professional role. Respect for human dignity is an essential nursing value that honors the “inherent worth and uniqueness of individuals” that includes all our colleagues (ANA, 2001), p. 26.

Using gender neutral language is a demonstration of respect for nursing colleagues who are men and validates male students as equal to their female counterparts. Language powerful expression of inclusion and recognition of equality for men in nursing as men strive for what needs to be their expanding place in nursing.

Therefore, it is the position of the AAMN that use of gender neutral language is an essential component within any baccalaureate nursing program.

REFERENCES


Acknowledgements

As AAMN Education Committee Chair, I would like to acknowledge the tremendous work of the following conference committee members who made this conference the success it is.

**AAMN Members**

**William T. Lecher, RN, MS, MBA, NE-BC**  
AAMN Board Member

**M. Bridget Nettleton, PhD, RN**  
AAMN Board Member

**Bob Patterson, RN, MSN**  
AAMN Board Member

**Byron McCain, CAE**  
AAMN Executive Director

**Pam Williams**  
AAMN Account Services Representative

*Thank you all,  
Don Anderson, CMSRN, EdD*

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**Special Thanks to:**

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Mark Flight, Owner

**William Gallagher**  
Graphic Designer

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