University of Phoenix Education Benefits for NAINA Members

Information for NAINA Members

Exclusive tuition savings and support can minimize the need for student loans.

Many NAINA members work for medical facilities that service tribal communities nationwide. Therefore, the TSAA is available to all NAINA members.

Continue your career development through education in healthcare and nursing while maximizing your savings of both time and money.

<table>
<thead>
<tr>
<th>Course Level</th>
<th>NAINA Associate Pricing</th>
<th>Resource Fee (eBooks) Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate</td>
<td>8 courses per benefit term with a total tuition capped at $5,250</td>
<td>Waived</td>
</tr>
<tr>
<td>Master’s</td>
<td>5 courses per benefit term with a total tuition capped at $5,250</td>
<td>Waived</td>
</tr>
<tr>
<td>Doctoral</td>
<td>3 courses per benefit term with a total tuition capped at $5,250</td>
<td>Waived</td>
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</tbody>
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This means you could earn an undergraduate degree at University of Phoenix for as little as $26,250, compared to the average online tuition of $51,091 across other institutions online programs (Hanson, 2021).

Stop by our table at the 2022 NAINA conference for more details on the exclusive savings and support you have access to as a NAINA Member.

**Contract Tribal Operations to learn more:**
(800) 486-2145 | tribalops@phoenix.edu

**As of 12/10/2021, the TSAA benefits apply to all courses offered through our college of education, college of healthcare, college of nursing, and counseling courses in our college of behavioral science. Additional benefits are available for other course content as well.**

**While widely available, not all programs are available to residents of all states. Please check with your Tribal Operations Specialist.**

The University’s Central Administration is located at 4035 S. Riverpoint Parkway, Phoenix, AZ 85040.

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From the Editorial Desk

Dear fellow NAINA members,

For the past few years, many of us struggled with the fear of the pandemic, natural calamities, and personal losses. Yet, we faced them with grit and perseverance and emerged resilient. As we advance into the new normal on our personal, career, and spiritual fronts, we hope these struggles are behind our backs. Holding on to this optimistic hope, on behalf of the NAINA Editorial team, I welcome you to the 8th NAINA Biennial conference in Edison, New Jersey. I am sure we all still reminisce on the memories of last year's Nurse Excellence conference. I drew strength from the passion and commitment that our esteemed leaders reflected through their lives and work and the love and friendships I was able to instigate during that conference.

As you are aware, this year's biennial conference theme is "From Surviving to Thriving; Growth, Wellbeing, and Innovation". Like the green shoot we see emerging during the first days of spring, persisting through the harsh winter, we have evolved out as champions. The conference's theme is the true testimony of NAINA's vision for the future and how passionate we are about growth.

As I prepared for the conference souvenir, I was fortunate to read and review many personal memoirs of conflicts and personal adversities and how each one of you stood firm in the middle of distress like a 'candle in the wind' holding your personal, family and work life together and emerging victorious. Therefore, I urge you to stand up every time, learn from the experience and rise above the circumstances looking forward to a great future ahead. We have lined up an incredible array of speakers for the upcoming conference. I hope you will be encouraged and learn from their survival lessons and adapt to strategies and innovations derived from their experiences.

I want to take this opportunity to thank the NAINA Executive and Governing board and all the NAINA chapters for their overwhelming support in publishing this souvenir. Special mention and thanks to my editorial team, Dr Jackie Michael, Dr Solymole Kuruvilla, Dr Munira Wells and Dr Maya Joseph, for their love and support in making this souvenir possible.

Congratulations to the conveners and the AAI-NJ2 team for being an integral part of presenting yet another excellent conference to NAINA members. I hope all of you take advantage of meeting and renewing friendships and building new relationships during this conference. May God bless you all.

Sincerely

Liffy Cherian MSN, APRN, AGCNS-BC, OCN
NAINA and IANANT Editorial Chair
NAINA Souvenir Editorial Board

Lify Cherian
MSN, APRN, AGCNS-BC, OCN

Jackie Michael
Ph.D., RN, ANP, CAN-BC

Maya Joseph
Ph.D., RN, CCRN-K

Munira Wells
Ph.D., RN

Solymole Kuruvilla
Ph.D., APRN, ANP-BC
President’s Message

Dear NAINA Family and Friends,

I welcome you to NAINA’s 8th Biennial Conference. It has been my honor and privilege to serve as the President of the National Association of Indian Nurses of America (NAINA) for the 2021-2022 term. The growth of the organization in the past fifteen years has been tremendous. I am thankful to all past and present leaders and members for pushing this organization forward and helping it become the organization of choice for nurses of Indian origin and heritage in the United States. This organization strives to provide a platform for its members’ professional and personal growth.

This conference is an opportunity for you to network, learn and build relationships with colleagues from diverse professional backgrounds. The theme of the conference is “From Surviving to Thriving: Growth, Wellbeing, and Innovation.” Nurses are encouraged to be resilient in facing challenges and expertly navigate the murky waters of uncertainties. Caring for our well-being is a priority and creating innovative strategies to overcome challenges is essential. My hope for this conference is that you will network by investing in relationships among the vast group of professionals present at this conference and learn lessons that may be easily applied to you and your practice. I am confident you will make memories that will last you a lifetime.

This presidency began with strategic planning to implement innovative ways to communicate, advocate, research, educate and tell stories. For the past two years, we have experienced visibility through the enhanced website and social media, all thanks to our dedicated webmaster, Mr. Peter Thomas. Additionally, our members were able to join the American Nurses Association (ANA) on their Hill Day and advocate for the ANA agenda with policymakers. On the research front, we have been engaged in submitting proposals, conducting research, writing manuscripts, and developing Research Interest Groups (RIG). On the education front, we were able to provide contact hours for our chapter education activities and receive ANCC re-accreditation until 2024. During the COVID pandemic, we actively engaged in the ANA’s “COVID Facts 4 Nurses” project and “Project Firstline” and was fortunate enough to support nurses in India through the CARITAS and Resilience Option project.

All these changes and developments would not have been possible without the support of our chapter presidents and committee chairs, who have been constantly engaged to ensure our strategic goals were met. As a result, NAINA’s visibility and presence have significantly increased in our communities locally, nationally, and globally.

During my tenure as your President, I have learned from each of you who has displayed the aptitude for excellence. You have selflessly volunteered your time and proven to be servant leaders entrusted to make NAINA the organization of choice of every Indian nurse in the United States. Together, let us continue to uplift our organization, each other, and our profession.

Warmest Blessings and Regards

Lydia H Albuquerque, DNP, RN, ACNP-BC, CCRN, FNAP
Felicitation from
NAINA's 8th Biennial Conference National Convener

Greetings to all,

Welcome to the 8th Biennial Conference of the National Association of Indian Nurses of America (NAINA) in Edison, New Jersey. I am honored and privileged to serve as the National convener of the NAINA’s 8th Biennial Conference.

The conference's theme, "From Surviving to Thriving: Growth, Wellbeing and Innovation", is appropriate given the enormous challenges and the extraordinary resilience nurses exhibit in the face of the COVID-19 pandemic. The COVID-19 pandemic continues to burden our global healthcare systems and has brought social and racial injustice and inequity to the forefront of public health. As a result, more than ever before, there is a great role for minority nursing organizations like NAINA in Advancing Health Equity, Building Resilience, and promoting Wellbeing and Innovation.

Martin Luther King, Jr. once said, "The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy ". Nevertheless, NAINA leaders and members stood strong and united and came together as a community in 2021 and 2022. Through numerous innovative programs, they made an impression at local (chapter levels), national and global levels.

I am thankful to all the Visionary leaders, all past Presidents, Advisors, Governing Board, Members, Sponsors and to our community for all the support and valuable contributions.

I have made it a habit to practice gratitude as I have traveled on my personal and professional journeys through twists and turns, successes and setbacks, joy and pain. I am grateful to God, our President, Dr. Lydia Albuquerque, our local convener Ms. Umamaheswari Venugopal, Executive Board, NAINA Conference Planning committee, AAIN-NJ2 Conference Planning Committee and our Editor Ms. Liffy Cherian for their hard work and commitment to NAINA and the success of this conference. God Bless America!

Sincerely

[Signature]

Accamma Kallel, MSN, APRN, ANP-C
Local Conference Convener

Dear Conference Attendees,

As the President of the American Association of Indian Nurses of New Jersey Chapter 2 (AAIN-NJ2) and the local chapter convener for the National Association of Indian Nurses of America (NAINA), I am pleased to welcome everyone to the NAINA’s 8th Biennial Conference 2022 being held in Edison, New Jersey. AAIN-NJ2 is honored and privileged to host this conference in collaboration with NAINA under Dr. Albuquerque’s leadership.

AAIN-NJ2, a minority professional organization, was founded in 2006 by our current NAINA President Dr. Lydia Albuquerque, with a mission to foster professional development for nurses of Indian origin and heritage through higher education, knowledge, and skills and to create opportunities to network with other professional organizations and to be involved in local and national events.

This conference brings together approximately 150 nurses from various backgrounds and specialties to empower, share knowledge and promote professional networking. My sincere thanks to the NAINA education committee for identifying the perfect theme for this year’s conference, “From Surviving to Thriving: Growth, Wellbeing, and Innovation”, which evolved from the enduring life lessons learned during the pandemic. I sincerely thank every NAINA Advisory, Executive and Governing Board member for their commitment and dedication.

My sincere thanks to all our members, supporters and sponsors who have generously donated their time, money, and skills to make this event possible. I appreciate the time and interest of all the speakers and conference attendees who have agreed to participate and support to make this conference a huge success.

It has been a tremendous and memorable journey for me to plan this event in collaboration with state and NAINA leaders at various levels. The amount of teamwork, collaboration and coordination is revealed in the success of this conference. I extend my sincere thanks to NAINA leadership, including the governing board, for giving us this opportunity to host this national event.

Finally, my heartfelt gratitude to my AAIN-NJ2 Governing Board and members who were there beside me every step of the way to make this event a true success. Therefore, I welcome everyone to embrace this opportunity to learn and grow with each other while creating memories and building relationships.

Sincerely,

[Signature]

Umamaheswari Venugopal MSN, RN, CCNR-K
A Message from Ernest Grant,
President of the American Nurses Association

To the Members of The National Association of Indian Nurses of America:

I wanted to take this opportunity, on behalf of the American Nurses Association, to extend my sincere greetings and best wishes as you celebrate your 8th biennial conference. I was excited to hear that this year’s conference theme is “Surviving to Thriving: Growth, Wellbeing, and Innovation.” As the largest group of health care professionals, nurses have been critical to all facets of COVID-19 response efforts and must strive to remain physically and psychologically safe to function optimally to care for themselves and their patients. I commend nurses on your perseverance during these tumultuous and trying times.

Nurses have always answered the call to serve their country and communities during times of crisis. Since COVID-19 took hold in communities across the nation, nurses continue to provide care, while risking their own health and safety. You are providing expert, compassionate care, leading by example, shaping health care policy, and advocating for resources. ANA has been, and will continue to advocate in many ways, with numerous stakeholders, for much-needed workplace protections and evidence-based protocols.

Despite the difficult times we are living in, and as you celebrate your 8th biennial conference, I challenge you and your members to continue to celebrate who you are as Nurses! Share your experiences, take on leadership roles, focus on your physical and mental health and take every opportunity to advance your professional development.

The past two and a half years has tested us on many levels. However, as organizations, as leaders, and, above all else, as nurses we have risen to the challenges. We have confronted this crisis with grit, resilience, and kindness, embracing a common spirit of being “in this together.” And for that, I have never been prouder to call myself a nurse and I am sure that you and your members share that same spirit.

I thank each of you for your continued fortitude, dedication, and ingenuity as together we continue to excel, lead, and innovate in the days, weeks, and months ahead. I congratulate you again and look forward to opportunities for further collaboration. Stay safe, stay healthy, and keep advocating!

Sincerely Yours,

[Signature]
Ernest J. Grant, PhD, RN, FAAN
President
American Nurses Association

8515 Georgia Ave., Suite 400
Silver Spring, MD 20910
www.nursingworld.org
Dear Friends:

On behalf of the Township of Edison and my administration, Welcome to Edison!

It is my great honor to welcome The National Association of Indian Nurses to our Township for your annual conference. It is very fitting for NAINA to hold its conference here in Edison as we have one of the largest Indian American communities in the nation and proud to be home to thousands of families of Indian decent.

I commend the National Association of Indian Nurses for promoting professional excellence in the practice of nursing and for empowering all nurses, especially those of Indian origin and heritage.

Your selfless contribution to the field of healthcare and the well-being of individuals, families and communities is invaluable to humankind.

Today, nursing proves to be one of the most important professions in the world. It is an indispensable and most noble vocation.

Please accept my best wishes for an outstanding and memorable event.

Best,

Sam Joshi
Mayor
July 18, 2022

MESSAGE

I am delighted to learn that the National Association of Indian Nurses of America (NAINA) will be holding its 8th Biennial Conference on 7-8 October 2022 in New Jersey. Since its inception in 2006, NAINA has been serving people at large in America with health and happiness. During the pandemic, they led the fight from the front. Seen in this backdrop, the theme of the Biennial Conference – “From surviving to thriving: Growth, Well-being and Innovation” – is most apt. In the past, I have had the distinct pleasure of participating in the activities of NAINA and having met its spirited members, committed to the organization and to people’s welfare. I cherish my association with NAINA and constantly draw inspiration from the tireless efforts of its members. I also encourage NAINA to come forward and celebrate India’s 75th year of Independence, the story of its freedom, sacrifice and democracy. I wish the Conference the very best.

(Randhir Jaiswal)
Dr. Franklin A. Shaffer  
CGFNS International, Inc.  
3600 Market Street, Suite 400  
Philadelphia, PA 19104  
fshaffer@cgfns.org

National Association of Indian Nurses of America (NAINA)  
P.O. Box 3002  
Northlake, Illinois 660164  
secretary@nainausa.org

Dear members, affiliates, and friends Naina,

I write to you today as the President and CEO of CGFNS International, Inc., the world’s leading credentials evaluation and standards-setting organization for nursing and allied health professions. It is an honor to write you this felicitation message in recognition of NAINA’s 8th Biennial Conference: From Surviving to Thriving: Growth, Wellbeing, and Innovation.

On behalf of my organization as well as the health systems and patients you touch every day, I want to thank you for your immeasurable contributions to public health and society both here in the United States and around the world. It is because of your knowledge, expertise, experience, and bravery that our health system have been able to meet the needs brought on by the pandemic.

Through both CGFNS International and our Alliance for Ethical International Recruitment Practices, we’re proud to have been a part of migration, recruitment, and credentials evaluation process of Indian nurses and nurses from around the world wishing to bring their skills and education across borders to the United States and beyond.

Through our work, we hope to contribute what little we can to ensure that the Indian Nurse community in America and around the world not only survives but thrives in tomorrow’s globalized world. With this, I encourage you all to hold true your education, knowledge, and skills, to never give up, and to continue to pursue excellence in your workplace and lives.

Wishing you all the best and what I’m sure will be a successful conference.

Warmest regards,
Franklin A. Shaffer, EdD, RN, FAAN, FFNMRCISI  
President and Chief Executive Officer
Mary Ellen Levine, DNP, MSN, RN
President
New Jersey State Nurses Association

Felicitation Message

On behalf of the membership, Board of Directors of the New Jersey State Nurses Association, and the Institute for Nursing, congratulations to the National Association of Indian Nurses of America (NAINA) for the 8th Biennial Conference titled, "From Surviving to Thriving: Growth, Wellbeing, and Innovation." Nursing needs to be at the forefront of health among the nursing community and the communities we serve. Focusing on health in the midst of a pandemic, which exposed so much inequity in healthcare, nurses are best prepared to address access, quality and culturally competent care in New Jersey. All the best for a successful clinical conference!
On behalf of the Nursing Leadership teams of RWJ Barnabas Health, I would like to congratulate the National Association of Indian Nurses of America (NAINA) for the tremendous success you have achieved in growing and supporting the nursing profession. The influence of the American Association of Indian Nurses in New Jersey since the inception of this Chapter in 2006 continues to inspire all. We are filled with great pride, knowing how many nurses you have encourage and guided.

It is an honor to support such an innovative group of nurses who remain dedicated to advancing the nursing profession while improving the health and wellbeing of our communities. We celebrate your unending dedication to excellence in healthcare. I extend to you my heartfelt gratitude for all that you do. Wishing you continued success for many more years to come.

Sincerely,

Nancy Holecek, MAS, MHA, BSN, RN
Executive Vice President & Chief Nursing Officer
Secretary Report

Dear conference attendees,

Greetings and best wishes from the desk of the NAINA secretary. I hereby present a report of the activities of NAINA during this term from January 1, 2021, to July 31, 2021.

About Us
The National Association of Indian Nurses of America (NAINA) is an ethnic minority nursing organization in the United States that represents first and second-generation immigrant nurses and nursing students of Indian origin. The goal of NAINA is to unite Indian nurses in the United States with one voice to increase visibility within the professional arena and renew their unique cultural heritage and values. Currently, we have 21 chapters in 15 states.

NAINA Leadership
NAINA's governing board for the term 2021-2022, consisting of 38 members, is headed by President Dr. Lydia Albuquerque (New Jersey). The following candidates serve as members of the executive board currently: Ms. Accamma Kallel (Houston) as Executive Vice President, Ms. Suja Thomas (New York) as Secretary, and Ms. Tara Shajan (New York) as Treasurer. Dr. Jackie Michael is the Chairperson of the Advisory Board, and Ms. Sara Gabriel, Dr. Solomyle Kuruvilla, and Dr. Omana Simon serve as the Advisory Board members.

The presidents of the state-level associations serve as members of the NAINA Governing Board. They are: Dr. Ampili Umayamma, Arizona; Dr. Harkarat Bal, California; Ms. Daisy Mathew, Central Florida; Ms. Nargita Arora, South Florida; Ms. Deepthy Varghese, Atlanta, Georgia; Ms. Shiji Alex, Chicago, Illinois; Dr. Vijaya Ramakrishna, Maryland; Mr. Sumith Abraham Varghese, Connecticut; Ms. Annie Mathews, Michigan; Dr. Sujaya Devarayasamudram, North Carolina; Mr. Bobby Thomas, New Jersey-1; Ms. Uma Venugopal, New Jersey-2; Ms. Kasturi Sivakumar, Albany, New York; Dr. Anna George, New York; Ms. Anne Zachariah, Oklahoma; Mr. Santhosh Sunny, Philadelphia, Pennsylvania; Ms. Leelamma Wilson, South Carolina; Ms. Asha Suresh, Austin, Texas Chapter; Ms. Renee John, Dallas, North Texas; Dr. Elsy John, Houston, Texas; Mr. Missam Merchant, San Antonio, Texas.

The NAINA committee chairs are Dr. Rachel Zachariah, Bylaws committee; Ms. Vidya Kanagaraj, Award and Scholarship; Ms. Lilly Cherian, Editorial and Journal; Dr. Anne Luckose, Research and Grants; Dr. Pressannaa Parackal, Communication; Dr. Anna George, Advance Practice; Dr. Nancy Fernandes, Membership; Ms. Sandra Emmanuel, Accredited Program Director Provider Unit/Education Committee Chair; and Dr. Aney Abraham, Election Committee.

Pillars of the Organization – NAINA CARES.
NAINA is built on five pillars: communication, advocacy, research, education, and storytelling (CARES). We develop our strategic planning under these pillars. NAINA's short-term goal is to increase visibility and membership through utilizing technological platforms in business practices such as our website, virtual meetings, and social media platforms.
Strategic Planning
During the Governing Body (GB) meeting held on April 13, 2021, NAINA general body discussed the strategic planning for the new term. The members of the GB were divided into five groups to address activities based on the pillars of NAINA - "CARES". Team leaders also discussed short-term and long-term goals for NAINA during the 2021-2022 term.

Governing Body Reflection 2021
GB members used a word cloud to express three words that reflected 2021. The outstanding words in the word cloud were Professional, Networking, Gratitude, Caring, Blessed, Productive, Inspired, and Collaboration.

COMMUNICATON

NAINA Communications
NAINA uses Constant Contact email blasts to communicate with its members. Interested members are encouraged to join our mailing list by registering on our website. We are also active on various social media platforms, including Twitter, Instagram, LinkedIn, Facebook, and YouTube. NAINA also changed its website to a different domain to accommodate the latest technology to improve functionality and security features. We released our new website, http://www.nainausa.org/, on March 9, 2021. This site serves as the corporate office for our governing board members and provides information to NAINA members. We also began using the site's homepage to feature NAINA's and its chapter member's association-wide activities.

The editorial and communication committee published several editions of NAINA's "The PULSE" newsletter. In addition, we disseminated the newsletters via our website and social media quarterly. The newsletter highlights chapter activities and success stories. It also allows our members to share and publish scholarly articles, evidence-based projects, nursing stories, and chapter achievements and activities in their home states.

Advertising with NAINA
We provide our sponsors and vendors with opportunities to promote their business by advertising them in newsletters and on our website. The various sponsor rate information is available by visiting our website under the "Advertise with NAINA" tab.

NAINA Virtual Listening Rounds
During the initial months of 2021, the NAINA Board of Directors scheduled three virtual listening rounds sessions. These meetings were held to hear member insights and input on potential improvements needed to enhance NAINA's visibility and overall branding. Feedback received during these sessions was vital in developing the strategic plan for the 2021-22 term.

ADVOCACY

India COVID-19 Relief Project
Our motherland, India, went through a COVID-19 pandemic tsunami. During the peak surge in February 2021, COVID-related deaths averaged more than 2,600, and new infections per day were 350,000. Despite
the country's earlier success in controlling a widespread outbreak, India faced a significant threat to stabilizing the healthcare arena. Variants spread rapidly, resulting in a health care crisis due to shortages of oxygen and other medical supplies like personal protective equipment (PPE) and test kits, along with understaffed hospitals.

An India COVID-19 relief meeting was organized on Saturday, May 15, 2021. All chapter presidents were encouraged to raise funds for India's COVID-19 relief effort. During this meeting, NAINA's chapter presidents and the governing board decided to organize a fundraising drive through GoFundMe.

The Tri-Council for Nursing, an alliance between the American Association of Colleges of Nursing (AACN), the American Nurses Association (ANA), the American Organization for Nursing Leadership (AONA), the National Council of State Boards of Nursing (NCSBN), and the National League for Nursing (NLN), issued an appeal for nurses and professional health care associations throughout the United States to join NAINA's fundraising initiative for India during this time of crisis.

The NAINA president met with community leaders in New Jersey and the Consulate General of New York in August 2021 to mobilize resources. As a result, in May 2021, $53,000 was sent to India through direct relief, with the help of Ms. Rashmi Aggarwal, Vice President, Clinical Integration & Pop Health, Newark Beth Israel Medical Center, New Jersey. NAINA pledged to use all funds collected through this effort to assist the public health system in India and its network of nongovernmental agencies. The funds were designated to respond to immediate medical and other needs of the underprivileged individuals and families who were the most severely affected by the pandemic and impoverished communities that were the most lacking in resources. The consignment included portable oxygen concentrators, nasal cannulas, pulse oximeters, non-invasive ventilators, oxygenators, and PPE. In addition, our chapters also reached out individually to various communities in India to help during the pandemic crisis.

**ANA "COVID-19 Facts 4 Nurses" Project**

NAINA partnered with the American Nurses Association (ANA) and the American Nursing Foundation (ANF) to kick start a vaccine education campaign, "COVID-19 Facts 4 Nurses." Dr. Solymola Kuruvilla, the NAINA advisory board member, served as a content expert on this project. This initiative brought current and culturally sensitive COVID-19 vaccine information to the nation's front-line nurses during the pandemic. The project aimed to increase awareness of and provide evidence-based information on COVID-19 vaccinations by educating nurses throughout the country. NAINA was successful in disseminating information through social media posts and weekly reports. A microsite was also developed for this project and was linked to the ANA website. The ANA content calendar was posted weekly on NAINA social media platforms. NAINA President Lydia Albuquerque attended weekly meetings with national leaders of various other organizations. In addition, NAINA offered its members and the community several educational webinars. The grant received through this project made it possible to recruit a high school student intern who, in turn, helped with the collection and submission of data to ANA every week.

NAINA received a note of appreciation and a memento from ANA enterprise on the COVID-19 Facts 4 Nurses project for the collaborative effort between NAINA and ANA. ANA collaborated with 21 nursing organizations to improve vaccination among nurses. Congratulations, and thank you to all NAINA members who were part of this project. Your efforts improved vaccination rates from 40% to 88%.
Other Activities
To help the pandemic situation, a discussion meeting with the Association of Nurse Executives of India (ANEI) was called. Because of the needs expressed by the nursing leaders, three different projects were initiated under three teams, as described below.

Team 1: Emotional well-being and peer support
The project outline initially included the emotional well-being and peer support group but is currently on hold. However, we will be revisiting this project to ensure that the needs and desires of the ANEI are met.

Team 2: Caritas project
NAINA responded to the COVID-19 global crisis by creating team Caritas to recognize the contribution of front-line nurses in India. NAINA's first president Sara Gabriel led the Caritas Project. The group's goal was to recognize at least 1,500 front-line Indian nurses who worked through this pandemic to care for sick patients, filling the gap left by a poor doctor-patient ratio. In addition, the decision was made to provide e-vouchers to Indian nurses. Team meetings were held, and partnerships were established between nurse leaders from India to create an algorithm for eligibility and the distribution of e-vouchers to eligible nurses. This work is still in progress, and the project has received much appreciation from participating Indian nurses. As of now, NAINA has donated $21,000 for distribution as e-vouchers to almost 1,100 nurses in India.

Team 3: Resilient Option – Online Training for Nurses in India
A 10 to12 week, Resilient Option online training for nurses in India was launched by NAINA under the leadership of Dr. Jackie Michael and Dr. Solymole Kuruvilla. The session was inaugurated by Dr. Amit Sood, CEO of Resilient Option. The first cohort started on June 12 with a total of 36 participants. All participants were given a completion certificate at the end of the program. Three NAINA leaders, Dr. Jackie Michael, Dr. Bobby Varghese, and Tara Shajan, attended the Train the Trainer program on July 23 and 30, 2021. The resilient option online kickoff for Indian nurses in the United States was completed on October 29, 2021, during the Clinical Excellence and leadership conference in New York. Thereby, the India Resilient Project & U.S. Resilient Project was completed. The trainer program, initiated in India, continues to impact resilience option training among nurses. A poster comparing the impact of resilient option training among both groups will be presented at the 8th Biennial NAINA conference in New Jersey on October 7-8, 2022.

NAINA's Representation on the National Commission to Address Racism
NAINA president Dr. Lydia Albuquerque serves as a commissioner on the National Commission to Address Racism. The commission report can be read online.

Haiti Medical Mission
NAINA's Houston chapter has been leading various rescue missions in Haiti, especially during natural calamities since 2018. In 2020, they successfully built a clinic in Canaan, Haiti. NAINA took a special interest in assisting the local chapter by consistently reaching out in case of dire needs. This year NAINA donated $2,000 for medical supplies and other personal needs items to the Haiti project. NAINA also encouraged other chapters to contribute to this noble cause.
COVID in Color Conversation
On June 5, 2021, a combined town hall meeting was organized between NAINA, Asian American/Pacific Islander Nurses Association (AAPINA) and Philippine Nurses Association of America (PNAA). Dr. Solymole Kuruvilla and Ms. Accamma Kallel attended this meeting while NAINA member Dr. Rebecca Valthaty presented.

Community Engagement
During the current term, NAINA and its chapters successfully engaged their respective communities through education on COVID-19 vaccination, stroke prevention, and women’s health, among other topics. This also included involvement with Mallu Cafe Radio USA & Asha radio in their Health and Wealth segment to increase awareness on various health topics. As we continued the battle against the pandemic, COVID-19 vaccines gave us new hope. Responding to the demands, we initiated community outreach programs to reach minority health organizations through various educational and informational sessions on facts and fears of COVID-19 vaccinations. These sessions were co-hosted by Dr. Jackie Michael and Dr. Solymole Kuruvilla. In addition, Molly Jacob provided stroke education on May 19, 2021, and Dr. Jackie Michael spoke on the preventive health of women across the lifespan in September 2021. NAINA President participated as a panelist at the VIACOMCBS panel discussion on the Impact of pandemics on the community.

On July 31, 2021, to commemorate the first death anniversary of our member, Merin Joy, NAINA, in partnership with Walden University, provided a webinar on the topic, "Preventing Domestic Violence." In addition, our chapters have continuously participated in various community activities such as blood donation drives, blanket distribution, food drives, health fairs, and screening camps, staying true to the mission of our organization of giving back to the community through partnership.

Media Summit
NAINA members Dr. Lydia Albuquerque, Dr. Jackie Michael, Mr. Missam Merchant, Ms. Tara Shajan, and Ms. Suja P. Thomas attended a media summit in partnership with Sigma Theta Tau International and George Washington University School of Nursing. The team discussed the importance of nurses being part of national and international media.

NAINA Representation at ANA Hill Day
On June 9, 2022, NAINA members Dr. Lydia Albuquerque, Dr. Munira Wells, and Ms. Umamaheswari Venugopal, representing NAINA, joined over 300 participants from across the country on ANA’s Hill Day.

Hill Day meetings are intended to strengthen relationships with elected lawmakers and their staff to ensure that nurses’ voices are heard, and that the nursing profession is given a well-deserved seat at the table.

The three key issues that Hill Day attendees called attention to were:

- Improving Seniors’ Timely Access to Care Act (H.R. 3018, 3173)
- Full practice authority for Advanced Practice Registered Nurses (APRNs)
- Valuing the Nursing Workforce – Workplace Violence Prevention for Health Care and Social Service Workers Act (H.R. 4182/1195)
Chief Nursing Officer (CNO) Academy
NAINA nurses had the opportunity to attend the three-day CNO Academy in Spring 2022 at the J.W. Marriott in San Antonio, Texas. In intimate and interactive sessions, the Academy covered a range of topics such as rebuilding trust; leading cultural changes; diversity, equity, and inclusion; health disparities; resilience; agility; the "new normal" in nursing; leading from the heart; emotional intelligence; and much more. The CNO Academy was attended by Dr. Lydia Albuquerque, Ms. Umanaheswari Venugopal, and Kavita Nair, Tara Shajain. In addition, Missam Merchant, Merlin Mendonca, and Viji George participated in the Executive Nurse retreat. All attendees received a scholarship from Johnson & Johnson.

PARTNERSHIPS

Alliance for Ethical International Recruitment Practices
The Alliance is a division of the Commission on Graduates of Foreign Nursing Schools (CGFNS) International, Inc. Its mission is to ensure fair, ethical, and transparent recruitment practices for health care and education professionals through educational outreach efforts by encouraging the adoption by stakeholders throughout the sector of its voluntary recruitment code. In 2015, the Alliance was absorbed by CGFNS, making the NAINA President a Board member of the CGFNS/Alliance Division of CGFNS. Since its inception, NAINA has been a part of the code development and advancement effort and is currently a member of the Alliance's Board of Governors. More information about the Alliance can be found at www.cgfnsalliance.org.

A town hall meeting was organized in collaboration with the CGFNS Alliance for Ethical International Recruitment to discuss the nursing recruitment landscape. The speaker for the event was Mukul Bakshi, J.D., Director of the Alliance for Ethical International Recruitment.

Magnet Workshop
"Excellence on the Virtual Road" is a three-day practical, virtual workshop for Pathway and Magnet journeys sponsored by Walden University and HealthLinx. This workshop was intended to bring together bright minds to give testimonials and share ideas-focused practices on a wide range of subjects, including transformational leadership, structural empowerment, the pathway to excellence training sessions, document submission coaching, magnet, pathway site visit guidance, etc. NAINA was invited to send one of its members to attend this three-day workshop. Dr. Elsy John from Houston, one of the NAINA members, was selected among 34 applicants through a nationwide survey to participate in this workshop from February 23-25, 2021.

Diseases Attacking the Immune System (DAISY) Foundation
The DAISY Foundation is a leading international organization focused on nursing recognition. NAINA started collaborating with the DAISY Foundation to help the nursing profession. We recognize and share the value of celebrating compassionate and extraordinary nursing care through meaningful recognition via these combined networks. As a result of this alliance, the DAISY Foundation instituted a Caring and Compassionate Award for one NAINA nurse and one NAINA chapter. Vidya Kanagaraj is the NAINA chair of this project. Chapters were encouraged to submit applications for individual and chapter awards online through the NAINA website. The winners were recognized during the 3rd Clinical Excellence and Leadership Conference held in New York City in October 2021.
Sigma Nursing  
Sigma Nursing partnered with the Johnson & Johnson Foundation on a study to provide free leadership and nursing courses to front-line clinical nurses. Some of the educational topics presented were, navigating challenging situations, collaborating with peers, and advocating for change in the workplace. Through this collaboration with Sigma, NAINA opened another gateway for our members to apply to this Nurse Empowerment Program to navigate the challenges and opportunities that early career nurses experience.

Academic Partnerships  
NAINA established academic partnerships with various universities such as Walden, Chamberlain, Post, Grand Canyon, and Excelsior. These partnerships gave members of state chapters and virtual members the opportunity to receive a tuition discount for higher studies at these institutions. In addition, spouses of NAINA members could also receive tuition discounts through Excelsior University. Excelsior University, Phoenix University, and American Sentinel University are the new partners in this already established academic partnership. Currently, NAINA is diversifying to create opportunities for our members to seek degrees in non-nursing courses through Emeritus, an online education platform. These discounts on courses are provided only to NAINA members. Please visit our website to learn more about the types of discounts.

EDUCATION  

Leadership Retreat  
NAINA organized a one-day Virtual Leadership Retreat on March 27, 2021, in collaboration with John Maxwell & Co., which was offered to all NAINA governing board members to help engage, empower, and enlighten them during their leadership term with the organization. Forty-nine participants from various chapters attended this virtual retreat.

Nurses' Month Celebration  
The Nurses' Month event was celebrated virtually on May 15, 2021. Activities included recognition of NAINA founding members, other cultural programs, and an hour-long relaxation session conducted by the Sky Breath Meditation Group. Chamberlain University sponsored the event.

NAINA celebrated Nurses Month 2022 on May 13. This event allowed NAINA members to get together for fun, entertainment, enjoyment and learning opportunities for two hours. In addition, one continuing education credit was offered on the topic "Emerging Insights on Obesity-Related Chronic Disease in South Asians" during the event.

Heart Failure Awareness Week  
NAINA observed Heart Failure Awareness week by providing an educational event with 1.5 contact hours on February 18, 2022. This year's theme of heart week was “Success is to Function Not Failure” intended to shed light on all that can be done to treat heart failure based on how a patient's heart is functioning.

RESEARCH  

Research & Grant Committee Update  
NAINA's Research team is headed by Dr. Anne Luckose and NAINA APN committee chair Dr. Anna George. The NAINA Research Committee formed various research interest groups. NAINA conducted
the first Research Interest Group (RIG) meeting on May 26, 2021. The inaugural launch of the RIG was held on June 23, 2021, with Veronica Feeg, PhD, RN, FAAN, Associate Dean of Barbara H. Hogan School of Nursing and Health Sciences at Molloy College and Director of the Center for Nursing Research and Evaluation (CNRE), as the main speaker. One of the main research activities was "Asian Indian Communities and COVID-19 Vaccine Hesitancy: A Cross-sectional Descriptive Study." The data collection has been completed and is being analyzed. Once the data analysis is complete, the plan is to submit the manuscript of the topic for publication in a peer-reviewed journal.

Project First Line Grant Proposal

Nurses are the nation's first line of defense against infectious diseases such as COVID-19. Therefore, NAINA partnered with American Nurses Association (ANA) and the Centers for Disease Control and Prevention (CDC) to present Project First Line, an interactive series of free online tools that give NAINA members training and information about infection prevention and control (IPC). Comprehensive education includes best practices to address COVID-19 and other pathogens and evidence-based strategies to improve outcomes.

Project First Line resources are designed to assist NAINA nurses. As part of this initiative, microsite 2021 was established on the main NAINA website. In addition, Dr. Anne Luckose and Dr. Nisha Mathew, along with the President of NAINA, Lydia Albuquerque, submitted a grant proposal to the ANA on the CDC project, "Project First Line." This proposal was accepted, and NAINA received a grant of $10,000 for its implementation. The kickoff of this project was initiated during the 3rd Clinical Excellence and Leadership Conference on October 30, 2021. A total of 31 facilitators signed up. Facilitators were given orientation in January. Chapter Presidents were encouraged to nominate members to be facilitators on this project, and incentives were offered to the facilitators.

All of Us Research

A proposal that utilizes NAINA as a platform to disseminate information about “All of Us”, an NIH-funded research project led by Dr. Anitha Saravanan, Assistant Professor in the School of Nursing at Northern Illinois University, was approved by the NAINA advisory board. As a result of this initiative, NAINA will receive $750 to conduct a 45-minute webinar on the topic via its social media networks.

Nurse obesity project

Obesity is a chronic disease impacting more than 2 in 5 Americans today, yet people living with obesity—nursing professionals included—often lack the health care they deserve. NAINA is a proud partner in the Nurses Obesity Network. Collectively, our nursing community will become role models for well-being, champions for change, and advocates for this program. The program leads are Dr. Maya Joseph and Dr. Solymore Kuruvilla. Visit https://nursesobesnetwork.org/ to learn more about this exciting campaign.

STORYTELLING

Storytelling and Writing

Nurses from Georgia Indian Nurses participated in storytelling sessions. In addition, these nurses shared their challenges and opportunities as immigrant nurses.
COMMITTEE UPDATES

Award and Scholarship Committee
Our new partnership with the DAISY Foundation enabled NAINA to recognize our members from different specialties for their dedication and patient-centered service. Dr. Vidya Kanagaraj, the Chair of the NAINA Awards and Scholarships, has spearheaded the recognition program and invited nominations for the Daisy Advancing Health Equity Award. The individual and chapter award recipients were announced and recognized at the 3rd Clinical Excellence conference.

NAINA Chapter Excellence Award
Dr. Jackie Michael leads the team, considering various NAINA chapters for the Chapter Excellence Award. In addition, NAINA will be creating a digital seal that will be awarded to the winning chapter. Sara Gabriel, Dr. Omana Simon, and Dr. Solymole Kuruvilla are the advisory board members involved with the committee discussing the award proceedings. Every year one chapter is selected to receive the award based on defined excellence standards. The award will consist of a plaque and a certificate for each chapter. Suja Thomas, NAINA secretary, will sponsor this year’s chapter excellence award.

Bylaws Committee Update
The NAINA bylaws committee led by Dr. Rachel Zachariah and Dr. Albuquerque revised NAINA Bylaws this year. The bylaws were initially circulated among the general body for comments and ratification. After discussing the comments received and including the general body recommendations, NAINA Bylaws were adopted and implemented on May 10, 2022.

Membership Committee Update
Dr. Nancy Fernandes, the chair of the NAINA membership committee, has been working tirelessly in initiating and establishing new chapters. As a result, forty virtual members joined NAINA. In addition, a website back-office space was created to centralize all virtual members; cross-tabulation and ascertaining data accuracy are in progress.

Editorial and Journal Committee Update
The NAINA Editorial Committee is committed to increasing the engagement and participation of members through publications and newsletters and to improving the standards and quality of NAINA publications by diversifying its content and keeping its members' educational and professional needs in mind. In addition, the newsletters and souvenirs serve as a platform for NAINA members to share their research, knowledge, and practice.

Ms. Liffy Cherian, the editorial chair, and her team have released several editions of "The PULSE" newsletter, as mentioned above. In addition, the editorial team released a souvenir at the 3rd Clinical Excellence and Leadership Conference. Currently, the editorial team is working on releasing another souvenir during the 8th Biennial Conference. Kudos to the editorial chair and team for doing such a commendable job.

Professional Development and Education Committee
NAINA remains an accredited provider unit for continuing professional development by the American Nurses Credentialing Center (ANCC). NAINA completed the re-accreditation survey on September 17, 2021, under the leadership of Ms. Sandra Emmanuel. The education committee conducted a needs assessment at the beginning of each term to plan the educational activities for the upcoming year. These
programs are offered through NAINA and individual chapter educational programs. The provider unit has provided more than 100 contact hours to date. Kudos to Sandra Immanuel and the education team for doing such a fabulous job.

**Election Committee**
Dr. Aney Abraham was selected as the election committee chair for the 2022 election. Accamma Kallel was chosen to be the co-chair of this committee. NAINA’s new leadership team for January 2023-December 2024 comprises five positions for Executive Board and eleven positions for National Committee Chairs. The deadline for nominations was on June 30, 2022. Election procedures were completed on Aug 21st and the announcement of the new team was made in September 2022.

In addition to the current nine committees, two additional committees were added, including the Advocacy and Policy Committee and Fundraising Committee.

**NATIONAL CONFERENCES**

**Clinical Excellence and Leadership Conference**
NAINA president Dr Lydia Albuquerque did the official kickoff for the Clinical Excellence and Leadership Conference. The overarching conference theme was "Reflect, Reinforce, and Rebuild." In addition, the conference also focused on the theme "Advancing Health Equity and Building Resilience." The Indian Nurses Association of New York (INA-NY) chapter hosted the conference on October 29 and 30, 2021. Dr. Anna George, the president of INA-NY, and Dr. Bobby Varughese, the Vice President of NAINA, were the conference conveners.

**Biennial Conference 2022**
NAINA's 8th Biennial Conference will be held on October 7th & 8th, 2022, in Edison, New Jersey. AAIN-
NJ2 will be the hosting chapter this year. Accamma Kallel, executive vice president and Uma Venugopal, New Jersey chapters president, were selected as conference convenors. The theme of the conference is, “From surviving to thriving Growth, wellbeing and Innovation”. Fifty-five abstracts, including thirty-five podium and fifteen poster abstracts, were received. The posters will be done electronically and will be provided with CE hours. This conference will also be an exciting venue for networking and fun while earning educational contact hours.

In summary, we have undertaken various projects and had a very successful term. Together we were able to bring NAINA to greater heights. It is truly a blessing to have such outstanding leaders and peers who help support and promote NAINA's activities with one heart and soul. As we celebrate NAINA's 16th anniversary, I take this opportunity to thank you all for your enthusiasm and vibrant spirit in steering the organization forward despite the unprecedented effects of the COVID-19 pandemic. It has been a pleasure to serve NAINA as the secretary, working with such an excellent and committed team. Thank you for all your service and dedication to NAINA!

Sincerely,

Suja Thomas, AGPCNP, MSN. Ed., RN, COCN, CWCN, CCCN
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COVID FACTS 4 Nurses (CVF4N) Project Impact Report

With support from Johnson & Johnson and the American Nurses Foundation, the American Nurses Association (ANA) formed a collaboration with 21 nursing organizations to share common and scientifically accurate messages about COVID-19 vaccinations. The digital campaign, COVID Vaccine Facts for Nurses (CVF4N), armed American nurses with the latest facts and information, empowering them to educate their vaccine-hesitant co-workers, patients, families, and communities about the importance of receiving a COVID-19 vaccine. National Association of Indian Nurses of America (NAINA) was one of the 21 organizations that participated in the campaign.

ANA held weekly meetings to craft the dissemination of the content and surveys to address issues related to the impact of COVID-19 on nurses' wellbeing. The effort slowly progressed towards educating and encouraging nurses to get vaccinated as frontline health care providers. NAINA embarked on this journey by building a microsite that linked to the ANA COVID Facts 4 Nurses site. The site was designed to provide NAINA nurses with critical information and expert perspectives about vaccines’ safety, efficacy, and importance to help nurses make decisions for themselves and inform and counsel their patients and the communities they serve. NAINA chapters actively participated by creating posters and conducting talk shows highlighting their vaccination message to nurses. Dr. Solymole Kuruvilla served as a content expert and represented NAINA along with Dr. Jackie Michael & Accamma Kallel at various events organized by NAINA and ANA to promote vaccination in the community. NAINA also recruited a paid student intern to complete and submit data to ANA weekly.

Project Impact

One of the main goals of the COVID Vaccine Facts for Nurses campaign was to reach Black, Indigenous, and People of Color (BIPOC). To this end, eight nursing organizations – representing 36,500 members – joined the collaboration. The campaign honored these organizations by hosting COVID in Color Conversations on how the pandemic affected their populations. Six of the eleven town hall events (55%) focused on diversity issues. Dr. Solymole Kuruvilla, Advisory Board member, and Accamma Kallel, Executive Vice President, represented NAINA during these town hall meetings.

ANA and collaborating organizations developed a campaign communications strategy, identifying universal themes that would connect and resonate with nurses, healthcare providers, and the larger community. These themes were validated and refined using a survey to determine the areas of most concern to the target audience related to the COVID-19 vaccines. Three overarching campaign topics were selected based on the survey results to ground the information and guide the content. These were: the science behind the vaccination, real stories from real nurses, and nurses for vaccination.
The science behind the vaccine

With the rise of misinformation about the COVID-19 vaccines and the desire for reliable sources, nurses sought accurate, expert vaccine information for themselves and their patients. As a result, "Science Behind Vaccines" content was developed to address concerns and dispel myths. In addition, to combat the vaccine misinformation on social media, a large majority of the content was shared through Facebook and Twitter. The topics discussed were the vaccine's side effects/allergic reactions, the impact of pre-existing allergies, vaccine and fertility, pregnancy and breastfeeding, and vaccine immunity.

Real Stories for real Nurses

Focus groups conducted with participating nurse organizations leading up to the launch of the CVF4N campaign clearly showed that other nurses' experiences compelled nurses. Nurses were enabled and empowered to connect with their communities by sharing personal stories. The campaign also shared these stories on Facebook and LinkedIn to facilitate greater engagement between those telling their stories and their online communities, empowering nurses on how to talk to patients about getting vaccinated, understanding variants and their impact on day-to-day work.

Nurses for vaccination

Nurses work hard to provide their colleagues, patients, and communities with the resources to make informed vaccination decisions. Highlighting the work of nurses within participating organizations and the nursing network at large provided inspiration and amplification for frontline nurses to address vaccine hesitancy within their communities. "Nurses for Vaccines" content was primarily shared on Twitter and LinkedIn, where there was space for intellectual discourse on social issues. The priority Topics: Vaccine equity, including access and historical atrocities that lead to hesitancy and vaccines, were used as a way to reconnect with the community.

Impact Analysis

Since the start of the CVF4N campaign, there has been a sharp rise in nurses receiving the COVID-19 vaccine. By arming nurses with the resources needed to make an educated decision about getting vaccinated and sharing their stories and knowledge with patients and colleagues, the "COVID Vaccine Facts for Nurses" campaign contributed to the greater movement to stop the spread of COVID-19.

Conclusion

The launch of COVID-19 vaccines started by the end of 2020, yet nurses in America faced more COVID-19 cases and deaths than anywhere else worldwide. However, CDC data (as of December 2021) shows nearly 78% of eligible Americans have received at least one vaccination shot, with nurse vaccinations increasing from 40% to 88% since the beginning of the "COVID Vaccine Facts for Nurses" campaign. Additionally, early data from the CVF4N survey in July 2020 told a promising story as Americans lined up for booster shots, and more than 67% of nurse-parents indicated plans to vaccinate their children ages five to 11 years.
Acknowledgment

This report was compiled by the COVID FACTS 4 NURSES project team. Dr. Lydia Albuquerque served as the project lead for the National Association of Indian Nurses of America. NAINA participated in the digital campaign and utilized social media handles, microsite, and webinars that impacted the increase in vaccination among nurses through collaboration with the ANA foundation and other organizations.

My reflection

This project provided NAINA to be a voice to impact and influence the increase in vaccination rate from 44% to 88%. Personally, I had the opportunity to meet and collaborate with many leaders from different organizations. In addition, NAINA leaders and members participated in activities that gave them a chance to be the voice of NAINA at the national level.
Nurses Obesity Network

The Nurses Obesity Network consists of a diverse group of nursing organizations committed to changing how we view, treat, and advance care for people living with obesity. The group led by American Nurses Association (ANA) is supported by Novo-Nordisk. National Association of Indian Nurses of America (NAINA) collaborated with ANA for this initiative in advancing obesity care. Dr. Maya Joseph and Dr. Solymole Kuruvilla spearheaded this initiative for NAINA with the support and guidance of NAINA President Dr. Lydia Albuquerque.

Obesity is a chronic disease requiring more than one weight management and treatment approach. Today, more than 2 in 5 Americans live with obesity, disproportionately prevalent in communities of color. Yet, people with obesity often do not receive the medical care they deserve. This partnership's goal was to become role models for well-being, champions for change, and advocates for better obesity care and treatment.

Nurses' Obesity Campaign uses a three-prong approach as noted below:

1. Nurses as Patients- Living with Obesity
2. Nurses as Caregivers- Paying it Forward in Practice
3. Nurses as Advocates for Better Obesity Care

The Nurses Obesity Network program, launched in February 2022, meets twice monthly to review, discuss policies, and evaluate legislative and action plans. As part of this initiative, NAINA conducted a webinar, 'Emerging insights on obesity-related chronic diseases in South Asians- A call to action,' during the Nurses Day celebration in May 2022. The webinar aimed to heighten the awareness about obesity among Asian Indians and equip them with culturally congruent tools to fight obesity. Ms. Shailja Mathur, a registered dietician at Rutgers Family and Community Health Services, was the invited speaker for the webinar.

Nurses Obesity Network reminds us that obesity is not the result of personal choices instead, it is a chronic and complex disease that has a continuum of treatment options. For more information and current discussions about obesity care and this collaborative partnership, please visit www.nursesobesinetwork.org. This website provides various tools for obesity care and management. As NAINA members, we must ensure that people with obesity are treated with respect and empathy, free of bias and stigma associated with body weight.

'There is more to weight than what we see'- Nurses Obesity Network
Elevator Pitch: Nurse Executive Certification Training: Impact on Leadership Competencies

San Antonio Indian Nurses Association (SAINA) is a minority nursing organization to unite all Indian nurses and nursing students of Indian origin and heritage in San Antonio and South Texas as a professional body under one umbrella. SAINA membership benefits include free national certification training as part of the membership. The education committee implemented the Nurse Executive certification training virtually over two days. This presentation reflects the impact of certification training on leadership competencies.

Learning outcome:
To illustrate the impact of executive certification training on leadership competencies.

Keywords: Nursing Association, Certification, Leadership, Virtual Learning, financial barriers, Leadership inventory, Workforce Engagement.

Background: A knowledge gap exists regarding the importance of certification and importance of the renewal of certification. During its annual needs assessment, members of the San Antonio Indian Nurses Association (SAINA) reported that 45% are currently in a formal leadership role. Still, only 5% have a national certification in nurse executive (NE) specialty. A recent literature review found a favorable relationship between nursing specialty certification and patient outcomes (Boyle, 2017 & Coelho, 2020). Nurses identifying as managers and leaders self-report a lack of in-depth knowledge and confidence to pass NE examinations (Spencer et al., 2018). There is a gap in evidence regarding the effectiveness of certification or certification training on actual leadership competencies.

Method: SAINA conducted a 2-day certification training for its members virtually using the Zoom platform. The nurse executive/leadership training curriculum was based on the content outline prescribed by the American Nurses Credentialing Center (ANCC) and the American Organization of Nursing Leadership – Credentialing Center (AONL-CC). In addition, a prospective study design was utilized for quality improvement project. Leadership Practice Inventory – Self (LPI-S) tool was used for evaluation (Kouzes & Posner, 2017). Members completed the tool with demographic questions four weeks before and six weeks after the training. A total of 40 participants completed pre and post-test. Participants also completed a post-event survey to evaluate the effectiveness of the training and barriers to certification.

Outcomes: Paired samples t-test mean LPI-S scores were used to identify statistical significance in self-reported improvements in five categories according to Kouzes and Posner’s (2017) leadership challenge framework. Findings demonstrated a statistically significant improvement in each of the five categories six weeks after the training. Data was compared based on self-perception with demographics like social
status, years of experience, education level and previous certification. Analysis revealed a statistically significant improvement regardless of the years of experience, education level and prior national certification. The majority (100%) of the participants who completed the evaluation survey reported improvement in knowledge, confidence, and likelihood of taking the test in 3 months.

**Implications:** There exists a gap in the literature regarding the executive certification and its impact on leadership outcomes. This study sheds light on the influence of knowledge regarding principles of healthcare and nursing management on the ability of the attendees to practice transformational leadership (Heuston et al., 2021) by modeling the way, inspiring a shared vision, challenge the status quo, empower others, and connect with people (Clavelle & Prado-Inzerillo, 2018). This study has implications for new leaders’ training, leadership development activities and chief nursing officer training to improve competencies. Challenges of measuring the impact of executive certification and the cost and value to individual nurses and healthcare organization's outcomes are needed (Whitehead et al., 2019).

**References:**
References will be provided on request. Please reach out to rainaeditorial@gmail.com for any questions.
A Memorable Survival Story

The last four decades of my nursing career have been enriched with countless survival stories and God's providence. Through different countries and in distinct roles, the depth and wealth of knowledge and experience I gained stands upon the foundation of education I received during my four years of training at the College of Nursing, Trivandrum, Kerala. I faced several situations and events that brought sadness, disappointment, fear, anxiety, frustrations, uncertainty and sometimes joy, compassion, and humility. I am happy to say that I developed an attitude of gratitude while dealing with these situations. This article is a humble attempt to unfold one of the many survival stories that stand out in my early nursing career.

In 1985 I got married and joined my husband in Kuwait. About ten months after arriving in Kuwait, battling visa issues and many sleepless, stressful nights, I was able to get a job in the MOH (Ministry of Health) hospital. After that, life went smoothly for about four years. My husband and I had decent-paying jobs, and we were looking forward to a great future in Kuwait, enjoying our little princess, who was about two years old, and expecting our second baby. We also had a live-in babysitter from Kerala to take care of our older daughter. So, we lived without many struggles and eagerly awaited our second baby.

August 2, 1990, early morning, the unthinkable happened. We woke to the terrible news that Iraq had invaded Kuwait. Our phone connections were lost within hours of confirming this news, and communication with the outside world was cut off. Iraqi soldiers surrounded the area around our flat within hours of the invasion. Our hearts were full of fear, uncertainty, and anxiety. As a nurse and essential worker, I needed to report to work. The hospital where I worked was under Iraqi supervision, surrounded by Iraqi soldiers! We were safe at work, but as the days and weeks passed by, the situation did not improve. Those were sleepless nights, as we worried about running out of food and going outside other than to report for work. People were trying to leave the country, but there were no flights. We could not communicate with family back home. As my due date neared, I worried I would have a safe delivery as I had heard stories of unsafe hospitalizations, deliveries, and post-partum care. Those were dark times, and we went to bed every day, thanking God for keeping us safe amidst the chaos.

During this time, a few Indian community leaders worked to identify high-priority refugees for evacuation, including the sick, the elderly, and pregnant women. Since I was 35 weeks pregnant, we were fortunately placed in the priority group. By September, all the lists were ready, and the plan was to send us in the first plane that would take off from Kuwait. We had already made an unsuccessful trip to Baghdad in two buses, traveling several hours through the desert at night, as instructed by the Indian embassy. We were told that there would be a flight from Baghdad to take us all to India, but when we got there, we found out that was false information. We returned to Kuwait physically and mentally exhausted, disappointed, and hopeless. We waited for further instructions and prepared to leave the country at any moment. We could only take a carry-on bag, so we had our bags ready with some valuables and jewelry, waiting anxiously for the call. Although I continued to work throughout this time, taking care of the wounded in the ICU, my anxiety and fear increased as my due date drew closer. Many of these realities are depicted in the famous movie Airlift.
On September 13: 42 days after the invasion, the long-awaited call came while I was at work. A flight would leave Kuwait airport that evening for refugees. The news about this potential flight spread quickly, and people rushed to the airport, hoping to get a seat. Amidst the chaos in the airport, my husband, daughter, babysitter, and I safely boarded with other sick, elderly, and pregnant women. This flight brought us to Bombay, from where we took the train to Trivandrum, finally escaping the chaos of the war and arriving in our motherland on September 16.

In the safety of Trivandrum, we decided to rent a small house where my husband’s family lived. We tried to move on with our lives and accept things as they came. We realized that going back to Kuwait soon was an unrealistic dream. We started looking for options to survive and feed the family as our savings ran out. This is where we experienced God’s providence. Before going to Kuwait, I worked as a staff nurse at Government Medical College Hospital, Trivandrum. I had taken five years of leave when I left for Kuwait. The possibility of returning to my government job as a staff nurse upon my return from Kuwait seemed hopeful. I had two more months to complete five years, so I planned to have the baby and join as a staff nurse after completing the leave. Someone shared an idea about canceling the leave and joining work so that I could get a salary while on maternity leave. We felt that was an excellent idea and started the process without wasting time. We did not have a land phone at our rental house, things were moving slowly, and communication was challenging. These things were time sensitive, and with my due date in sight, there was a possibility that I would lose the opportunity to start my job as we had hoped.

Trusting in God, we waited patiently, trying to meet people daily who were responsible for processing our request and getting my appointment order ready before the delivery. Finally, after a few false alarms, we were told that the order would be ready to be picked up on my due date, October 8, at 11 am at the Department of Health Services (DHS). Since my first child was two weeks overdue, I hoped I would have a few days to work after joining the service before my delivery, but God had other plans. On the evening of October 7, I started having mild contractions. I tried to stay calm, delaying my labor by staying in bed and resting. That was a long night, but we made it to the next day by God’s grace.

October 8: We were told to report to DHS at 11 am to receive the order. Contractions were getting stronger and more frequent, so we packed bags and, accompanied by my sister-in-law, headed to DHS in the morning. By the grace of God, the order was ready, and thankfully I was posted in Trivandrum Medical College Hospital. Quickly, we headed there so I could join work before noon by signing the necessary papers, even though I knew I needed to head to the labor room soon. We made it to the nursing superintendent and handed over the order. We tried to explain the situation to her, but I could not control my pain and discomfort. She gave me a staring look and asked why I had waited until now. I wished I had an answer for her. Trying to explain the situation to her in my agony and pain was not successful. She had two options: either allow me to sign the book as proof that I joined the service and get my next three months’ salary or witness a delivery in her office. She chose the first option, let me sign the book, and told me to go quickly to the hospital on the same campus to deliver the baby. Minutes were like hours, and my contractions were getting stronger. We made it to the hospital, and within two hours of arriving in the labor room, I delivered a beautiful, healthy baby girl! Through God’s providence, I was able to get my three months salary and could support my family. The following year, in August 1991, I was able to migrate to the US on an H1 visa (since I had passed my CGFNS while in Kuwait) - another survival story to unfold at another time!
Ready, Set, Go! Using a modified PDSA approach to create chapter engagement in ANA Hill Day

Advocacy can take many forms and is an increasingly effective way to impact patients, fellow nurses, and the community. The term “nursing advocacy” has expanded to include the political engagement of nurses for societal change and healthcare reform. However, many nurses are intimidated by the thought of “becoming political” or unsure where to begin. One way to get started is by attending ANA Hill Day. ANA Hill day occurs once a year, providing nurses from across the US the opportunity to visit Capitol Hill, interact directly with members of Congress and discuss issues focused on nursing and healthcare.

I had the pleasure of attending ANA Hill day in Washington DC with NAINA President Dr. Albuquerque and AAIN NJ2 President Ms. Venugopal. This experience was rewarding, exciting and a lot of fun! We were able to blend heavy-duty advocacy with networking and R&R. As NAINA matures as an organization and Indian nurses become more visible in the US healthcare landscape, it is vital that we move from policy followers to policymakers. Active participation in events such as ANA Hill day brings our nurses to the forefront. I have used a modified PDSA approach to provide simple strategies to encourage all NAINA chapters to participate in this enriching event.

**PLAN:** Start the discussion early within your Chapter. Include attendance at ANA Hill Day in chapter meetings. Consider making a visit to the Hill, the scheduled chapter activity for that month. ANA Hill Day typically takes place in June, making it the perfect summer service activity.

Although Hill Day itself is a one-day event, plan to stay at least overnight. Use the time as a mini (working) getaway and discuss chapter business or treat yourself to the many sights that DC offers. If you can, spend an extra day or two. The AAIN NJ2 team squeezed in a Segway tour of the national mall and some delicious meals in DC restaurants, in addition to networking with colleagues and your local, state, and national representatives!

Consider defraying member costs through a fundraiser and cost-sharing. While some expenses include breakfast and transport to and back from the Capitol on Hill Day, other travel expenses can be minimized through a bit of advance planning.

**DO:** Register, and book your hotel and transportation as soon as possible! Booking early will guarantee space at the “official” hotel, providing maximum opportunities for networking and team building.

**STUDY:** “What if I have never done this? What do I say? I am not even sure what the big issues are.” You may wonder what you can offer to the conversation. However, your stories are the most important thing you bring to ANA Hill Day. Your experiences with patients and their families will transform “Act XYZ” from a run-of-the-mill Congress work into real-life issues front-line nurses face.
You will get plenty of guidance. ANA Hill day begins with a comprehensive briefing on the issues at stake - bill number, what it addresses, cosponsors and important talking points. Strategies to help you leverage your stories for maximum impact are discussed. Take a few minutes to develop your “script”. Discuss outcomes tied to the bill under discussion. Your time with members of Congress and their staff is limited, so make your words count.

**ACT:** Make the most of your time. Attend all possible events and connect with nurses outside of your immediate circle. This is an excellent opportunity to bring visibility to NAINA and your local Chapter. Casual conversations could unearth hidden connections or initiate new relationships. Meet with state leaders. They are at the forefront of legislative action, and their knowledge and experience will significantly help you.

Stay on point. You will have a tight schedule and limited time to move from one part of the Capitol to another. You will meet with congressmen/women and/or their aides. They are knowledgeable about the bills but often not about how these can affect the daily lives of their constituents. Your job is to make it real, powerful and compelling. Use your clinical experiences to connect the dots for them. As one of our speakers stated, “Facts make you credible. Stories make you memorable.”

Finally, don’t forget to relax and enjoy yourself. Did I mention the Segway tour already? We visited the Vietnam Women’s Memorial – a must-see for nurses, the Botanical Gardens – lovely on a warm day- and sampled DC’s beautiful restaurants.

I urge all chapters to put this event on their bucket list. Walking the corridors of power adds perspective to the work we do. The New Jersey team balanced work with play and left DC feeling energized and ready to do more. Next year, let’s have Indian nurses from every state! We are among the largest group of non-Caucasian nurses in the US. We are here, not just to stay but to play. See you on the Hill in 2023.
ANA HILL DAY 2022

The phrases “nursing voice...nursing advocacy...be the change...” have been ringing in my ears for many years and motivated the beginning of professional advocacy in my nursing career. Nurses are experts who advocate for patients and communities every day. However, we must also be advocates for policies and practices that impact our professional practice. For the first time in our history, the American Association of Indian Nurses of New Jersey Chapter 2 (AAIN-NJ2) President Umamaheswari (Uma) Venugopal and Dr Munira Wells, AAIN-NJ2 Newsletter Chair along with NAINA President, Dr. Lydia Albuquerque, made a dream come true as first time attendees to ANA Hill Day. This important day serves as an annual opportunity for nurses from across the US to gather at our nation’s capital and interact with lawmakers in congress. We were fortunate to be part of the New Jersey team consisting of several state leaders including Judy Schmidt, CEO, Dr. Mary Ellen Levine, President, and Dr. Sandy Foley, President-Elect of the New Jersey State Nurses Association (NJSNA). It was our chance to be heard along with more than 300 nurses from all around the country. Most importantly, it allowed AAIN-NJ2 to be at the table with our NAINA President and with state leaders.

ANA Hill day was a beautiful, sunny day which began with uplifting remarks from ANA President, Dr. Ernest Grant, who cheered, sang, and welcomed nurses back to an in-person Hill Day. Keynote speaker, Representative Roybal-Allard from California, shared her personal experience in creating change. Following this, we received a federal legislative overview from S. Hewitt and K.Weger, who introduced the talking points for the day; nurses call-to-action update from J. Ory, President and Chief Strategy Officer, Capitol Canary; and Logistics for Capitol Hill meetings from B. Davis, Grassroots Advocacy Coordinator, ANA & C. Kush, CEO, Soapbox Consulting, to help us plan our day.

By 9:30 a.m. we were well briefed on legislative issues. The NJ team met to discuss how we would approach the day and identified the critical issues that must be raised on behalf of NJ nurses. Then off we went to the Hill to meet the lawmakers. An ANA provided metro pass made our commute easy. Our agenda was packed with back-to-back meetings with senators, congressmen and women and representatives. This year, three key issues were on the action item list:

- Improving Seniors’ Timely Access to Care Act (H.R. 3173)
- Full practice authority for Advanced Practice Registered Nurses (APRNs)
- Valuing the Nursing Workforce – Workplace Violence Prevention for Health Care and Social Service Workers Act (H.R. 1195)
The New Jersey leadership team divided into groups so we could maximize our impact. We met in smaller
groups with Senator Booker’s Chief of staff Gloria Nunez, Senator Menendez’s Chief of staff Harshitha
Teppala, Representative Kim and his chief of staff Hillary Caron, Representative Coleman’s Chief of staff
Alex Huang, and Representative van Drew’s Chief of staff, Blake Thelander. We had been forewarned
that in many instances we would be speaking with congressional aides, and for most part, this was true.
We were very lucky that Congressman Kim was available to meet with us in person. Everyone we spoke
to was well briefed on healthcare issues and interested in hearing the real-life experiences of nurses. They
listened, asked questions, and took notes.

It was a great experience. We got to navigate the maze that is the Capitol, moving through the corridors
of power to visit the lawmakers in their respective offices. Thanks to the interns, we managed to get
places without getting lost! In the midst of this, we had to run through the streets of Washington D.C.,
trying to find the designated spot for the group picture!

This was an important day in my life. The statement “having a seat at the table”, was actualized for me
as our team discussed our concerns face-to-face with Congressman Andy Kim. I learned that engaging
with local legislative leaders matters. Nurses bring evidence-based expertise and professional credibility
to the table. Our insights allow policy makers to support and create policies with the input of front-line
nurses. Our stories have power. Sharing our human encounters and emotions, backed with science, has
an impact. As leaders and advocates, we must speak up. There is no better time than now for us to be
engaged in professional advocacy as we go through the staffing crisis and widespread burn-out within our
ranks. I believe that it is a disservice if we do not speak today to make a change for a better tomorrow.

I am proud that I made my voice heard at the HILL this year. Nursing advocacy has been my favorite
phrase for many years, but this year it became much more meaningful. Having the opportunity to speak
on behalf of nurses, our patients and families and our community, to tell our stories, to those who are in a
position to make these changes happen, was a sobering and empowering experience. ANA Hill day
allowed me to take my nursing advocacy to the next level. I hope you will join me there next year!
Prevalence of Diabetes Mellitus and Cardiovascular Disease among South Asians in the US: Current evidence on Contributing Factors

A Literature Review

Background/Significance
Type 2 diabetes (T2D) is a global pandemic, spreading from affluent industrialized nations to the emerging economies of Asia, Latin America, and Africa. There is significant global variation in susceptibility to T2D, with Pacific Islanders, Asian Indians, and Native Americans being considerably more prone to develop the disorder. Although genetic factors may play a part, the rapidity with which diabetes prevalence has risen among these populations reflects the far-ranging and rapid socioeconomic changes to which they have been exposed over the past few decades (Unnikrishnan et al., 2017). Coronary heart disease (CHD) is another major cause of mortality and morbidity globally. The burgeoning burden of CHD in Asian Indians can be explained by the alarming rise in the prevalence of coronary risk factors like diabetes, hypertension, atherogenic dyslipidemia, smoking, central obesity and physical inactivity (Krishnan, 2012). The enormity of the problems caused by these diseases calls for an investigation into the reasons for increased susceptibility and early, aggressive and culturally sensitive preventative efforts at both the individual and population level (Gujral et al., 2013).

Purpose
The purpose of conducting this literature review was to attain a deeper understanding of the current evidence around the prevalence of T2D and CHD among South Asians in the US.

Search Strategy
A search for peer-reviewed articles from January 2009 to December 2020 was conducted. Several databases were included. The key search terms used were diabetes mellitus and South Asians in the US, cardiovascular disease and South Asians in the US, and diabetes mellitus and cardiovascular disease and South Asians in the US.

Results of Literature Search
The search yielded over one hundred thousand citations, but ten studies were selected among other studies that met inclusion and exclusion criteria.

Synthesis of Evidence
T2D in South Asians living in the US continues to rise, matching a similar trend in India. The literature review indicates two focus areas: modifiable and non-modifiable risk factors that disproportionately place South Asians at a higher risk for morbidity and mortality from T2D. South Asians are more insulin resistant than other ethnic groups even at similar levels of BMI (body mass index) and total body fat percent. They demonstrate early impairments in β-cell function, exhibit greater tendencies toward visceral fat deposition, and have lower levels of circulating plasma adiponectin and higher levels of plasma leptin. A higher level of protein intake was associated with increased odds of diabetes in South Asian Indians. Ethnic differences in ectopic fat, lean mass and adipokine profiles of South Asians help explain their increased predisposition to cardiometabolic disease. South Asians have a higher proportional mortality rate from ischemic heart disease compared with other Asian ethnic groups in the US. Higher cardiometabolic risk starting at an early age might partly explain the increased risk of AMI (acute
myocardial infarction) in South Asian patients with high waist-to-hip ratio. A comparison of South Asians living in India with those living in the US reveals that the latter have higher plasma levels of triglycerides, total cholesterol, and LDL-C (low-density lipoprotein cholesterol) and lower levels of HDL-C (high-density lipoprotein cholesterol). Ultimately South Asians display more severe coronary artery disease (increased stenosis and higher numbers of patients with multiple vessel disease) on computed tomography regardless of whether they live in India or the US. Furthermore, a longer duration of residence in the United States has been associated with higher levels of coronary artery calcium (CAC) in South Asians (MASALA study-Mediators of Atherosclerosis in South Asians Living in America, 2010).

Nicotine and diet are major modifiable risk factors of T2D and CHD in this population. Although smoking prevalence is relatively low among US residents of Asian Indian descent, the use of culturally specific tobacco products (chewing tobacco) is prevalent in these communities. The tendency to maintain traditional diets high in refined carbohydrates and saturated fat and, low in fruits and vegetables (despite common vegetarianism) compound the risk for T2D and CHD.

Implications for Practice
Several modifiable risk factors associated with prediabetes and diabetes were identified that may help guide diabetes prevention interventions for South Asian immigrants living in the US. Population-wide prevention strategies in South Asians should focus on an increased awareness of risk factors and how to prevent them. CHD education should target the knowledge gaps that may affect risk factor control, thus causing adoption of behavioral interventions at an early age for healthier outcomes. Ethnic-specific care guidelines and prevention strategies should be applied by clinicians in the long-term management of South Asian patients. Further research, not limited to case control/cohort studies, is needed to study the genetic and ethnic predisposition, etiology, and pathophysiology of disease progression in South Asians, compared with other ethnic groups. Mechanisms related to early T2DM onset and variations in genetic polymorphisms and epigenetic processes require further investigation.

References

References will be provided on request. Please reach out to rainaeditorial@gmail.com for any questions.
Complex Regional Pain Syndrome (CRPS)

Complex regional pain syndrome (CRPS) is a disorder of a body region, usually of the distal limbs, characterized by pain, swelling, limited range of motion, vasomotor instability, skin changes, and patchy bone demineralization. CRPS usually happens after soft tissue damage, fractures, or surgery. "CRPS describes an array of painful conditions characterized by continuing (spontaneous and/or evoked) regional pain seemingly disproportionate in time or degree to the usual course of any known trauma or other lesions. The pain is regional (not limited to a single nerve area or dermatome) and generally has a distal prevalence of aberrant sensory, motor, sudomotor, vasomotor, and/or trophic abnormalities. The syndrome shows variable progression over time." 

In the United States and the Netherlands, the incidence of CRPS has been reported to be 5.5-25.2 cases per 100,000 person-years, respectively. Females are three times more likely to be diagnosed with CRPS, with incidence most frequent in women aged 61 to 70 years. The upper extremity is more commonly affected than the lower extremities, and approximately half of those afflicted describe a fracture as the triggering event. CRPS is uncommon in children and adolescents, while the precise incidence is unclear. Pediatric CRPS primarily affects females (85%) and is mainly seen in the lower extremities (71%).

Although the pathophysiology is not fully understood, a constellation of factors has been proposed, including neurogenic inflammation, maladaptive plasticity, and sensitization of nociceptors. Two subtypes of CRPS have been recognized. Type I (also known as reflex sympathetic dystrophy) individuals have CRPS without signs of peripheral nerve damage and account for roughly 90% of clinical presentations. Type II, formerly known as "causalgia," relates to occurrences of peripheral nerve damage.

Terminology and diagnostic criteria for CRPS have evolved. During the American Civil War, causalgia was used to describe the scorching agony experienced by injured troops following nerve damage, which was accompanied by allodynia (pain caused by things that usually do not cause pain), color changes, and trophic changes. It was later described as reflex sympathetic dystrophy in 1943. Other terms to describe similar physiological phenomena include shoulder-hand syndrome, ageostrophic, and Subdeck atrophy. The International Association for the Study of Pain (IASP) changed its taxonomy in 1993 and coined the acronym CRPS.

Therapeutic Management of CRPS

The objectives of pain management in CRPS patients are to allow active involvement in a rehabilitation program while also restoring mobility and strength to the afflicted limb. There are several therapeutic options available for CRPS patients seeking pain alleviation. The key to success is employing analgesics to minimize pain so patients can endure physical therapy while carefully balancing efficacy and safety.

Both pharmacologic and interventional techniques for pain management are used to manage pain. It is better to begin with simple strategies and move to more intense interventions if a desirable response is not attained after a few weeks of therapy trial.
- Nonsteroidal anti-inflammatory medications (NSAID such as Ibuprofen 400 to 800 mg three times a day or Naproxen 250 to 500 mg twice a day) is a standard first-line treatment.
- A neuropathic pain supplement, such as gabapentin, pregabalin, or a tricyclic antidepressant, can also be used.
- A course of bisphosphonate medication in individuals with CRPS and abnormal bone scan uptake can help alleviate pain.
- Topical lidocaine (2–5%) or capsaicin cream (0.025–0.075%) are also medications of choice.

The length of therapy is tailored to the person. Except for bisphosphonates (given as a distinct course if used), treatment is continued if the patient has a considerable symptom burden, benefits are visible, and side effects are manageable. Medications are tapered off as symptoms improve.

Amidst all therapeutic interventions, comprehensive research published in 2014 found inconsistent results in explaining the prognosis of CRPS. The authors observed that certain symptoms (pain, swelling, discoloration, and temperature changes) fade within 6 to 13 months of symptom start, but others (function and motor impairments) are likely to be chronic (lasting more than a year).

References

References will be provided on request. Please reach out to rainaeditorial@gmail.com for any questions.
Intimate Partner Violence and Sexual Assaults Among Women Veterans

Women veterans with partners experience high rates of intimate partner violence (IPV) and non-partner sexual assault (Kwan et al., 2020). Thus, they have a disproportionally high prevalence of health issues and suicidal ideation (Iverson et al., 2019). Research by Kwan et al. (2020) found a 5% increase in sexual assault (SA) reports among women compared to men. Two additional pieces of research identified that 33% of women who served in the military experienced lifetime IPV compared to 24% of women who never served in the military (Brignone et al., 2018, Iverson et al., 2019). Physical, psychological, or sexual aggression and related depression, post-traumatic stress disorder, anxiety, substance use disorder, and income problems strongly elevate the risk of suicidal ideation among women veterans (Brignone et al., 2018).

As the military owns a solid system for serving and non-serving personnel (Ditcher et al., 2018), they should create a holistic treatment protocol to address the aggravating IPV and SA challenges. As the fastest-growing segment of the veteran population, housing instability among women Veterans is causing increases in IPV and SA (Ditcher et al., 2018). There are gaps and barriers to the real-world implementation of clinical practices in screening and treating IPV (Iverson et al., 2021). This gap widens further because of the limited social interaction programs, designs, and resources in Veterans Hospital settings compared to medication and provider visits.

A study conducted by Ditcher et al. (2018) intended to understand women veterans' experiences of IPV and SA and their impacts on their personal lives as well as military lives. Initially, for a larger sample, 249 women veteran patients of a Woman Health Clinic (under Veterans Affairs) aged 22 to 64 were selected for the study. Later, the researchers limited the number to 25 using the purposive sampling methodology to include demographic diversity and self-reported lifetime experiences of violence. The study group falls in the age group of 22 to 58, with an average age of 44.6. Most women (56%) self-identified as Black or African American, 20% as White, 16% as Latinos or Hispanic, and the remaining 8% as "other". The researchers conducted personal, face-to-face interviews with structured questions for precise results.

Research conducted by Brignone et al. (2018) on "Suicidal ideation and behaviors among women veterans with recent exposure to intimate partner violence" assessed the relationship between intimate partner violence and suicidal or self-harm behaviors among women veterans. It also examined the variations in the risk in different IPV variations and characterized the timing of the documentation of suicide-related ICD codes in relation to IPV screening. Examining 8,427 electronic health records from the veteran's health system identified a strong relationship between positive IPV screening and suicidal ideation and self-harm temptations among women veterans (Brignone et al., 2018). The research pinpointed the need to assess an at-risk patient and supported the patient with interactions.

Intimate partner violence and sexual assault are very prevalent among women veterans. Suicidal ideation and other psychological imbalances have resulted from the inadequate or lack of interventions and resources. Social interactive programs include developing, adapting, and enabling personal interactions with treatment will sustain the treatment result along with medicine.

References
References will be provided on request. Please reach out to rainapress@rookie.com for any questions.
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Nurse-Led Clinics: Making Differences in the Community

A nurse-managed health clinic for homeless people was established in Houston, Texas, in 2021. The purpose of the establishment of this clinic aligns with the theme of this conference, *From Surviving to Thriving: Growth, Wellbeing, and Innovations*. This article aims to describe the rationale for the clinic, the design of the clinic, and our experience to date.

**Rationale**
People under the bridge or on the side of the road, carrying a backpack or rolling a cart, sometimes even with their pet animals, is a common sight in many major cities. Homelessness is one of the tragedies someone can face. There are many contributors to the problem, such as being born into homelessness, poverty, mental illness, and chronic drug use. According to the 2021 Homeless Count and Survey, one in seven people is experiencing unsheltered homelessness in Houston, Texas, due to COVID-19 (Zedaker, 2021).

Beyond not having a home, homelessness has devastating consequences for our society and economy, including health consequences. The homeless population has higher rates of physical and mental illness than others. Yet, they may prioritize food and shelter over proper healthcare. Barriers to healthcare among homeless people include a lack of insurance coverage, unreliable transportation, and limited healthcare resources. In addition, the geographical maldistribution of primary care providers worsens the deficit.

Moreover, homeless people are often migratory, making it challenging to have a medical home. Limited access to preventive care leads to unnecessary emergency room visits. Given the challenges outlined above, providing episodic and preventive care where homeless people gather to obtain necessities such as food or clothing may be the best way to provide preventive care to the homeless population.

The literature shows that Nurse Practitioners (NPs) are a viable solution for the existing primary care provider shortage (Poghosyan, Liu, & Norful, 2017). Patient satisfaction with NPs is well documented (Kippenbrock, Emory, Lee, Odell, Buron, & Morrison, 2019). Evidence also suggests that community-based clinics led by Advanced Practice Registered Nurses (APRNs) positively impact health outcomes, patient satisfaction, and access to care in various healthcare settings (Randall et al., 2017, Kleinpell et al., 2022). However, there are barriers for APRNs to practice to the full extent of their education and licensure. As the NPs await the policy changes for full prescriptive authority, it is imperative to take bold steps to establish nurse-led initiatives and analyze the community impact to add to the existing evidence.

**Design**
To meet the needs of the homeless population in midtown Houston, the University of Houston College of Nursing, collaborating with St. Paul's United Methodist Church and the Emergency Aid Coalition (a feeding center for the homeless), started a nurse-managed health clinic in September 2021. In contrast to the existing system, which expects patients to travel to the healthcare facility, this nurse-led clinic shifts the paradigm by taking the interprofessional healthcare team to the community. This clinic aims to reduce the morbidity and mortality rates of the homeless people residing in Houston by providing health care in a convenient location, training the next generation of healthcare professionals in an interprofessional environment, and analyzing the clinic’s impact on the community. This project exemplifies uniquely
created public-private partnerships to improve access to care for at-risk populations. With the help of many foundations and private donors, the clinic provides services at no out-of-pocket cost to the patients served.

**Our Experience**
This clinic was started during the COVID-19 pandemic. We survived and are thriving, expanding the services from one day to two days a week. The clinic's primary purpose is achieved by making a difference in the lives of people who come by. The clinic being part of the strategic plan of the University of Houston College of Nursing, we are encouraging the next generation of nurses to be entrepreneurs, researchers, and employers; thus, be part of the solution. Apart from providing healthcare, we are active listeners for the patients while they share their stories. Seeing the light in their eyes when we treat them with dignity is the greatest reward for working here. Every day we touch lives, we become part of their story.

**References:**
References will be provided on request. Please reach out to rainaeditorial@gmail.com for any questions.

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Idiopathic granulomatous mastitis: a case report of a rare autoimmune breast disorder

Introduction
Breast abscesses can be caused by multiple conditions, which can delay diagnosis and appropriate care. This case report describes the presentation, diagnosis, and treatment of a patient with a rare autoimmune breast disorder, granulomatous mastitis.

Case Description
A 39-year-old woman with a history of pituitary gland tumor and elevated prolactin presented with a mass in her right breast with intermittent pain of 1-month duration. She also reported bilateral nipple discharge. After a previous bilateral diagnostic mammogram and ultrasound showed abnormal results, she sought a second opinion at our institution.

The right breast diagnostic mammogram showed global asymmetry with associated skin thickening and trabecular thickening in the right upper breast at the 10:00 to 1:00 o’clock position. The nipple appeared flattened with peri-areolar thickening up to 0.6 cm. A discrete irregular mass measuring 3.5 cm with spiculated margins was present in the upper outer quadrant of the right breast at the 11 o’clock position, 7 cm from the nipple. Right axillary adenopathy was observed, and the largest visible lymph node was 1.9 cm, suggesting cortical thickening. Ultrasound showed a 6.7-cm palpable mass at the 10:00 position, 4.8 cm from the nipple. Ultrasound-guided biopsy showed benign findings, and the parenchyma was extensively involved with dense lymphoplasmacytic infiltrate with focally necrotizing granulomas. Given the discordant benign pathologic findings, the patient underwent a stereotactic biopsy of a different lesion.

The stereotactic biopsy showed dense lymphoplasmacytic infiltrate with focal necrotizing granulomas and micro abscesses, stromal fibrosis, and pseudo angiomatosus stromal hyperplasia. Due to the patient’s progressive inflammation, the case was presented in a clinical conference meeting, and she was referred to a rheumatologist to rule out autoimmune granulomatous mastitis. During this time, the patient received a course of antibiotics and steroids. Rheumatologic examination revealed positive antinuclear antibodies, so treatment with tapering doses of prednisone was initiated. In addition, a proton pump inhibitor was added to her medication regimen to prevent potential acid reflux secondary to steroids. Follow-up examination with ultrasound of her right breast showed considerable improvement with steroids. Still, two months later, she developed intense right breast pain, necessitating a prednisone dose increase to 20 mg daily. She was also started on oral methotrexate at a dose of 10 mg/week, which was later increased by 20 mg/week with folic acid. After one month of this, along with 20 mg/day of prednisone, the extant lesions had shrunk, and no new lesions or erythema were present, so the prednisone dose was tapered down to 10 mg daily.

One month later, ultrasound showed new, palpable, painful focal nodular, superficial skin with the underlying superficial complex fluid collection, with track communicating with the deeper fluid collections. Given the risk of abscesses, the prednisone dose was increased to 20 mg daily and 20 mg/week of methotrexate. The patient may visit a dermatologist to consider intralesional steroids. Still, because the lesions have improved with the current regimen, she plans to continue receiving 20 mg/week of
methotrexate and 20 mg/day of prednisone for six weeks until her follow-up visit with a rheumatologist and right breast ultrasound.

**Discussion**

Idiopathic granulomatous mastitis, a rare inflammatory breast lesion of unknown etiology, occurs in women of childbearing age, predominantly in Hispanic, Asian, and Middle Eastern women (Grover et al., 2021). Incidence is higher during the five years following pregnancy and lactation. High prolactinemia, as our patient reported, is considered a risk factor for this condition (Shin et al., 2021).

Granulomatous mastitis may first appear as breast abscesses, but it can mimic other inflammatory, infectious, or neoplastic disorders on imaging, making the diagnosis challenging. The clinical manifestations usually overlap with symptoms of inflammatory breast cancer or infectious mastitis. A palpable mass in the breast with inflammatory features such as pain, tenderness, erythema, skin thickening, sinus formation, nipple retraction, nipple discharge, and axillary adenopathy can also be associated with granulomatous mastitis (Barreto et al., 2018).

In basic imaging studies, a mammogram shows irregular masses or focal symmetries, and ultrasound most often shows an irregular mass with hypoechoic echotexture. Ultrasound may also show heterogeneous echotexture, circumscribed margins, and architectural distortion. Magnetic resonance imaging cannot distinguish between granulomatous mastitis and other causes of mastitis or breast cancer and therefore is not a helpful imaging modality.

A histopathologic diagnosis is needed for a definitive diagnosis obtained by core biopsy or surgical excision. Histopathologic characteristics include noncaseating lobulocentric granulomatous inflammation, often revealing chronic inflammation and, occasionally, neutrophil micro abscesses. Stains for bacteria and fungi on these micro abscesses are negative, thus excluding infectious granulomas (Shin et al., 2020).

There is no clear algorithm for the management of granulomatous mastitis. A multidisciplinary approach is used with a combination of medical and surgical treatment depending on the clinical manifestation, followed by imaging. Systemic corticosteroids are used as the first line of treatment. Antibiotics are not needed unless a superimposed infection is suspected, as in our patient. Surgical management is invasive and may cause cosmetic disfigurement; therefore, it is usually reserved for refractory or recurrent granulomatous mastitis. Some surgeons combine steroid therapy with excision (Barreto et al., 2018)(Dierickx et al., 2021)(Shin et al., 2020). Immunosuppressive treatment with methotrexate or azathioprine is reserved for steroid-resistant cases, as occurred in our patient. Bromocriptine is also administered in patients with hyperprolactinemia (Shin et al., 2020).

In summary, given the overlapping symptoms with breast cancer or infectious mastitis, the characteristics of granulomatous mastitis are worth recognizing to avoid diagnosis delays.

**References:**

References will be provided on request. Please reach out to rainaeeditorial@gmail.com for any questions.
What we need to know about Monkeypox

Monkeypox is a viral zoonosis (a virus transmitted to humans from animals). It is caused by the monkeypox virus belonging to the Orthopox virus genus of the Poxviridae family (WHO, 2022). It is a type of DNA virus where mutations promote its spread take longer. There are two known viral clades. The Congo basin clade (up to 10% mortality) is more virulent than the West African clade (up to 1% mortality). The May 2022 outbreak has been tied to the West African Clade. It is usually a self-limited disease endemic to Central and West Africa. Monkeypox was first discovered in 1958 in monkeys kept for research in the Democratic Republic of Congo (DRC). The first human case was reported in 1970. It is considered a re-emerging infection, and the outbreak is seen in a few other countries (WHO, 2022).

Pathogenesis and diagnosis:

The virus mainly resides in rodents, including squirrels and rats. The monkeypox virus transmission occurs between humans when an individual comes into direct contact with an infected animal or person or contaminated material. The main spread is by face-to-face and skin-to-skin contact. The virus travels through broken skin wounds and respiratory droplets through the mouth, eyes, and nose. Fomites such as bedding and other articles harboring infectious matter also play a role in transmission. Prolonged contact is needed for human-to-human spread. The incubation period ranges between 5 and 21 days, while the symptoms last 2-4 weeks. The diagnosis is confirmed with polymerase chain reaction-based serologic testing, electron microscopy, immunohistochemistry, and gene sequencing. During the 2022 outbreak, cases of Monkeypox were prevalent in homosexual men (CDC, 2022).

Signs, symptoms, and diagnosis:

Monkeypox is a self-limiting disease that typically resolves within 2-4 weeks. However, patients may experience fever, headache, muscle aches and swollen lymph nodes. A rash appears after a few days, starting on the face and spreading to other regions such as the palms of the hands and soles of the feet. It begins as macules (flat lesions), then turns into pustules (filled with yellowish fluid) and ends in scabs. The scabs may fall off. It can be identified with a sample of fluid swabbed from the rash (CDC, 2022).

Severity:

The Congo Basin type of monkeypox virus has a fatality rate of around 10%. Severity depends on the viral strain, access to medical care, the extent of exposure, and the individual's health status (CDC, 2022).

Prevention and Vaccination:

CDC (2022) recommends the following important preventive measures:

The key to prevention is to limit the chances of contacting the pathogen. Therefore, avoid contact with animals, dead or alive and limit exposure. Isolate infected individuals. Use personal protective equipment and wash hands thoroughly after touching an infected or potentially infected person or animal.
The smallpox vaccine is 85% effective in preventing Monkeypox. Live-attenuated vaccine trademarked as JYNNEOS protects against infection from smallpox and Monkeypox in adults 18 years of age or older when given early enough after exposure (within four days).

**Treatment:**

According to CDC (2022), there is no specific treatment for the monkeypox virus. The treatment is conservative to alleviate symptoms of discomfort and pain and to provide comfort. Antiviral agents may be used for immunocompromised patients, children, and pregnant women with the CDC consultation. Treatment with tecovirimat (TPOXX™), approved to treat smallpox in the U.S., Canada, and Europe, has been recommended for Monkeypox. It is administered via both oral and intravenous routes.

**Nursing care:**

Nursing care should be symptom-specific and supportive care given as necessary; for example, to reduce fever, headache, muscle aches, etc. Keep the client in a negative-pressure room (preferably) or a private room. Initiate precautions to avoid contact, droplet and airborne infection. Use a face shield or goggles as needed. Follow strict hand hygiene and proper procedure for equipment disposal and fomites (Snow, 2005).

CDC (2022) provides the following suggestions to family members/caregivers to prevent the spread of Monkeypox:

- Avoid shaking/dusting bedding, towels, or clothing
- Launder bed linen and clothing with warm water in the washing machine and dryer
- Keep separate eating utensils for clients; wash crockery, cutlery etc. thoroughly by hand with soap and warm water, or use the dishwasher
- Use a standard household disinfectant to clean all contaminated surfaces
- Double bag the soiled dressing and disposable medical equipment before disposal.

As per Johns Hopkins Medicine (2022), if exposed to Monkeypox:

- Check temperature twice daily
- If fever, chills, swollen lymph nodes, and rash occurs, immediately self-isolate and contact the local or state health department for further advice
- If only chills and swollen glands without fever; isolate for 24 hours
- If fever occurs, contact the health department

**References:**

References will be provided on request. Please reach out to rainaeditorial@gmail.com for any questions.
Ethical Decision-Making in Healthcare

Ethical decision-making is often a challenging situation in healthcare. Some of the issues the clinicians face in their practice are life and death decision-making in complex situations, identifying the right options for decision-making, negotiating a solution when there is no consensus, and maintaining sensitivity to the patient and family member's personal values. Ethics guides healthcare professionals make informed professional decisions. Ethics is considered as the summation of morals, values, and codified laws of professional behavior (Concannon, et al., 2019). The purpose of this paper is to discuss a common healthcare ethical dilemma, describe a situational dilemma and discuss different viewpoints in an ethical decision-making situation.

Healthcare Dilemma

Healthcare professionals face various types of dilemmas in their healthcare profession and patient relationship (truth-telling, informed consent, confidentiality), the question around a right to life (abortion, euthanasia), human subject research (rights of subjects, vulnerable populations), reproductive and genetic technologies (reproductive opportunities, genetic opportunities), allocation of healthcare resources (organ transplantation, eligibility of care) (Pozgar, 2018). Often nurses are faced with ethical situations around life and death, such as do-not-resuscitate orders and end-of-life situations where the patient is not considered living in situations such as brain dead (Haley et al, 2021).

Healthcare dilemma of life and death

To understand the decision-making process in the healthcare dilemma of life and death, let's examine a situation that occurred around the issue of sustaining life for a 24-week premature baby. The baby was placed on a ventilator for more than one month for a level IV intra-ventricular hemorrhage and with the diagnosis of severe Periventricular leukomalacia (PVL). PVL is a softening of white brain tissue near the ventricles, and severe cases lead to cerebral palsy. In this situation, when clinicians told parents that the baby was not medically viable without the ventilator, the parents had a different reaction. The father agreed to take the baby off the ventilator, whereas the mother did not. She said that it was like killing her baby. The hospital ethics committee met and gathered all information from available data and created a factual report.

A family conference was called with parents, close relatives, their clergy, and the interprofessional team caring for the baby. The ethics committee leader compassionately explained the facts about brain death. The baby's body will continue to survive if oxygen and nutrition via the intravenous route are provided. Without a ventilator, the baby would not survive. The presence of clergy and supporting family members,
along with all experts from different healthcare disciplines, helped everyone understand the situation's seriousness. The mother was notified that she did not have to decide immediately and was allowed enough time to come to a decision. The supportive environment and compassionate approach eventually made the mom choose to provide the baby with comfort care and not to prolong the suffering of being on a ventilator. All parties involved identified the facts based on data and shared the information in a compassionate manner. Ethics is one of the essential foundations of nursing practice. A Code of ethics provides a good framework for decision-making when faced with the end of life, especially quality life situations (Mallari and Tallyman, 2017).

Conclusion

Healthcare dilemmas arise frequently and require decision-making around providing the best healthcare. In various healthcare situations, hospitals often deal with end-of-life situations. These situations require decision-making guided by elements and principles of ethics. An ethical framework such as the code of ethics guides decision-making for all involved parties. Often the outcomes are not favorable, but these help with a closure that is deemed best for the patient.

References:

References will be provided on request. Please reach out to rainaeditorial@gmail.com for any questions.
Independence Day

India’s 75th Independence Day at Freedom Tower, NYC, a building which is the resurrection of the old-World Trade Center - Twin Towers.

Every Indian must be so happy to see our Indian tri-color flag with the 24 spokes of the Ashoka-Chakra on top of a 104-story building. Asoka Chakra also known as the wheel of time has 24 spokes which represent 24 hours of the day and is a symbol of the movement of time that every Indian work hard round the clock to fulfill their dreams. It was a mind-blowing experience with tears of joy when we saw this in New York City.

When I was a Boy Scout in India and received a President Scout Award from President Giani Zail Singh, I never thought I would come across and witness a sight of our Ashoka-Chakra in the greatest Nation on earth. The Freedom Tower building became more iconic when it touched the hearts of 1.4 billion people in India.

Our First IIT (Indian Institute of Technology) was established under the leadership of Prime Minister Nehru in 1954 in Calcutta, where there was no computer. Vision is an art of seeing things which does not exist. Later on Prime Ministers Indra Gandhi, Rajeev Gandhi, Atal Bihari Vajpayee, and many other leaders focused on education that started more IIT’s and AIIMS’s (All India Institute Of Medical Science) to build the foundation to inspire and taught today’s Indian Computer engineers, Doctors, Nurses, and all other medical professionals. That vision has finally paid off. Indian doctors and nurses have become an integral part of the American health system and Worldwide, Indian IT professionals have conquered that industry globally. If we didn’t have that foundation, we would be like any other country. Indian Nurses, Doctors, Respiratory, and Physical Therapists were the heroes during the Covid 19 pandemic. Additionally, the hard work of Indian CEOs, Accountants, Programmers, Engineers, Police officers, NYC employees, Hotel Motels owners, small News stand businesses, and Taxi drivers also have made this possible.

Indians in the US are not just a vote bank. It may reflect only 1% of the American population which is just about 3.5 million. That’s not a determining factor to see the flag on an iconic building like Freedom Tower, but each and every Indian-American’s enormous contribution to this great nation. With our foreign policy, our current leaders have connected the power of the Indians in America to make this possible. Thanks to our honorable Prime Minister Narendra Modi for bridging the gap between New Delhi and Washington DC. Thanks to American President Joe Biden, Vice President Kamala Harris, NY State Governor Kathy Hochul, NYC Mayor Eric Adams, NYS Senator Kevin Thomas, other Indian politicians Nikki Healy, Dilip Chouhan, Dr. Aney Paul, Shibu Nair, Hon. Judge Biju Koshy, CEO Sundar Pichai, Indira Nooyi, Dr. Manoj Knight Shyamalan, Judge Juli Mathew, Judge KP George, Mayor Robin Ellakad, Dan Mathews, Sunil Hali, etc… and all the hardworking Indians and the Americans who welcomed us to this great nation as an extended family.
Let’s focus further on having higher dreams and be that driving force to build a stronger relationship between India and The United States of America.
Jai Hind and In God we trust!!

I would like to extend our best wishes on behalf of Keltron Tax team and myself to all the Nightingales of NAINA. Keep touching much more lives of people and be that change. Proud of you all.

You may reach Keltron Tax & Wealth Management Corp for your Income Tax, Auditing, Financial Planning, Setup New LLC, Estate & Trust at (212) 466-6001 or visit www.KeltronTax.com

As always sincerely,
-Tom George Kolath
www.TomGeorge.com
NAINA 2022

Chapter Reports
American Association of Indian Nurses – New Jersey Chapter 2 (AAIN-NJ2)

Chapter activities 2021-2022

Professional Development / Education

- **Educational activities**
  - *Role of the APN: Visions and beyond* – Dr. Rachel Koshy/ Dr. Varsha Singh/ Dr. Amita Avadhani April 2021
  - *Crisis Response for Frontline Workers: Sasha Singh*
  - *Cultivating a healthy workforce: Dr. Renee Thompson from Healthy Workforce Institute*
  - *Risk Management for Nurses and Mitigation strategies for safe nursing practice: Uma Venugopal and Julie Clarke*

- **Workshops and seminars**
  - Chai & Charcha Quarterly
  - Cooking with Sizzle and Drizzle (fundraiser and cooking class)
  - A Walk in the Park – Nurses’ Day Walkathon
  - In-lightment Mindfulness Workshop at Nurses Day event
  - Create with Canva

Charity and Philanthropy

- **Volunteer work as chapter**
  - Beach cleanup
  - ANA Hill Day

- **Charity contributions to local and national organizations**
  - Social Entrepreneurship during COVID-19: Making Masks – Merlin and daughter
  - COVID-19 India relief fund: raised a total of $16522.67/-
  - Donations - Blanket drive to Rescue Mission in Trenton – Cleaning supplies to Missionaries of Charity; Baby supplies to Center for Great Expectation; Domestic Violence Shelters; Somerset Food bank; Halloween candy to troops at the JOINT BASE-McGuire Airforce Base; Ukraine relief

Member awards and accomplishments

- New AAIN-NJ2 website launched by website team April 9, 2021
- Numerous awards and honors (CARES award, Healthcare Hero Award, Daisy, Lifetime Achievement, Fellowships in professional organizations etc.); local, national, and international presentations; and publications in peer reviewed journals.
- Leadership in state, national and international organizations
Arizona Indian Nurses Association (AZINA)

Chapter Activities 2021-2022

Educational /Professional Development

- Understanding COVID-19 Vaccines -Dr. Thomas Chattathil, MD
- You are okay but am I?” -- Conversation on self-care - Dr. Rose Mary Xavier,
- “Covid - 19 Care of acutely ill and complications -Dr. Manju Krishnan menon and Ms. Linnett Sebastian, ACNP-C
- Sleep Apnea -The basics and current trends in Management - Dr. Manjit Bhamra, MD
- International Webinar-Saksham- Ms. Lakshmi Nair, PMHNP-BC. and Ms. Elizabeth Sunil Sam, FNP-C
- Clinical Pearls in 12 Lead EKG interpretation - Ms. Aneela Sajan, FNP-C
- IBS: A Clinical update - Dr. Simi J Joseph
- Nurses Day celebration 2022
  - Nursing Student Scholarship 2022 - Arya Bindu BSN
  - Nursing Student Scholarship 2022 - Jolly Thomas RN, BSN, FNP
  - Nurses Day proclamation by Honorable Mayor Kevin Hartke in City Council

Charity and Philanthropy

- AZINA CARES- Ongoing visitation project in long-term care residences in Arizona
- Blood drive through Vitalant
- Winter Blanket Drive
- Covid Community Education
- Vaccination Effort
- Symphony of AZINA- Music night

1st Newsletter- 5/30/2022
Georgia Indian Nurses Association (GINA)

Chapter activities 2021-2022

Professional Development / Education
- Educational activities, Workshops and Seminars
  - Heart Disease in Women and South Asians 2/2021
  - International Women’s Day Collaboration: COVID 19 Facts and Fears 3/2021
  - Hyperlipidemia 4/2021
  - Stroke Awareness 6/2021
  - Mental Health and Alcoholism 8/2021
  - Pulmonary Hypertension and Heart Failure 10/2021
  - Colorectal Cancer Awareness 3/2022
  - Overview of Leadership Levels 5/2021
  - Cardiology Symposium: The Heart of the Matter 9/2021
  - Breast Cancer Awareness Interviews 10/2021
  - Nurse Practitioner Week: Interviewing Experts 11/2021

Charity and Philanthropy
- Volunteer work as chapter
  - Thanksgiving Food Drive 11/2021
  - Holiday Hope- Donated toiletries to Sisters of Charity 12/2021
  - Georgia Association of Physicians of Indian Heritage Clinic 1/2021- Present
- Charity contributions to local and national organizations
  - COVID Relief Fundraiser - NAINA’s campaign, CMC Gujarat, Mother’s Meal, Father Chiramel, Community Health Center in Ernakulam, Kerala
  - 25 Scholarship Donations to Nursing Students in India
  - Underserved Community assistance through UDAAN Society, Rajasthan, India
  - Assistance to Cancer patients through Navajeevan Trust, Kottayam Medical College Hospital

Awards and Accolades
- Chapter member accomplishments and Member awards
  - Bisney Benny, BSN, Clinical Nurse III EDH ICU
  - Lejay Mathew, MSN, MPH, RN, Clinical Research Nurse III, Research Department Cardiology and General Medicine, Emory University School of Medicine
  - Felcy Tauro, MSN, Education Coordinator
  - Cini Thomas, MBA, MSN, Progressive Care Adult Nursing
  - Beena Jojo, BSN, American Board of Peri anesthesia Nursing Certification
  - Annie Mathew, BSN, Certified Nurse Operating Room
  - GINA Nurse of the Year: Shirley Parayil, Jecy Mathew, Deepthy Varghese,
  - Daisy Award: Sherly John, Lincy Joseph
  - March of Dimes Finalist: Priya George, Betsy Augusthy, Felcy Tauro
Indian American Nurses Association of Albany (IANA-A)

Chapter activities 2021-2022

Professional Development / Education: Educational activities

- Participated in NAINA -COVID Vaccine Facts and Fear Webinar by Dr. Solymole Kuruvilla. The year started with promotion and encouragement for Health Care Workers and the community for COVID-19 vaccinations by creating and sharing vaccine awareness in February 2021.
- Organized a webinar on March 28th about Covid Vaccine facts and fears by Dr. Ronnie Oommen.

Charity and Philanthropy:

- **Volunteer work as a chapter:**
  - Covid Vaccine Participation – April 2021
  - The IANA-A members actively participated in the Vaccine administration to the public in affiliation with the Hindu Temple, and managed to reach out using flyers, webinars, and participated in Vaccine administration.
  - Health and Wellness Fair at Hindu Temple, Albany

- **Charity contributions to local and national organizations**
  - Food Donation Drive-01/01/2022 to 01/05/2022

- **Chapter member awards and accomplishments**
  - Nurses Day Celebration -05/01/2021, 05/24/2022 - During this event, awarding ceremony took place to celebrate graduation and achievements.
  - Recognized the Covid warriors.
  - **Memorial Service – 12/14/2021:** Held to remember and honor service for our members and families who have lost their loved ones during the last months.

- **Future Planned activities:**
  - Educational Webinar about Monkey Pox
  - Friends and Family CPR
Indian American Nurses Association of Greater Houston (IANAGH)

Chapter activities 2021-2022

- IANAGH conducted several radio talk shows in collaboration with the NAINA throughout the years through Asha Radio. The most important ones are about the Omicron Variant & what you need to know with Dr. Suneesh Nair, MD from Methodist Hospital, and the prevention and management of heart disease in the South Asian community by Dr. Praveen Khanna MD (RWJMS).
- Conducted an educational conference on 4/23/22 and 3 CE credits were provided. The topics covered were Current perspectives in Nursing and clinical pearls, a panel discussion on writing for publications.
- Nurses Day was celebrated on 5/21/22. Five nursing student scholarships of $500 each was distributed to four students in India and one from the US. In addition, we recognized all our members who advanced their careers and graduated in 2022.
- A GoFundMe account was created and $600 was donated to the United help Ukraine organization to help Ukraine war disaster refugees.
- In March 2022, one of our member Ms. Claramma Mathews collaborated with the CNO of Escort Hospital New Delhi and distributed food to the needy at the outskirts of Delhi.
- Collaborated with the FOKANA for their blood donation activities to benefit the Texas Gulf Coast center to combat shortages of blood and platelets.
- On 6/6/2022, under the leadership of Dr. Shainy Varghese we volunteered to provide back-to-school physicals for underserved community in Houston.
- IANAGH received the Star of Hope and Miles Ministry Outstanding service award in recognition of our outstanding work and dedication to the star of hope shelter.
- Publications, Awards and Accolades:
  Ms. Molly Mathew published “Beacon of spirituality in Nursing: Nursing and Spirituality” in Azchavattom Online USA: Ms. Accamma Kallel and Dr. Alice Saji presented through NAINA CE offerings: Dr. Anumol Thomas presented on the topic “Advanced Nurse Practitioner: Paving the way in India.
  Dr. Ramaswamy - Shine Academy Grant Award: Dr. Doney Eapen -The Rockefeller University Heilbrunn Nurse Scholar Award: Dr. Shainy Varghese, Ms. Molly Mathew, and Mr. Reji Mani - Houston Chronicle’s Top 100 Nurses: Dr. Alice Saji - TWU Alumni outstanding student award: Dr. Reenu Varghese - 2022-2023 Environmental Health Nurse fellow: Dr. Anumol Thomas - TNA’s outstanding nurse award and ANA Public Health leadership Award
Indian American Nurses Association of North Dallas – IANANT
Chapter Highlights for the term 2021-2022

Professional Development and Education
- "Learn with IANANT" a platform for members to present on educational topics relevant to clinical practice. CE credit was offered for each educational activity in collaboration with NAINA.
- Partnered with various organizations, including local radio stations and churches, to provide education on clinically relevant and current topics to dispel fears and educate the community.

Charity and Philanthropy
- IANANT partners monthly with Northwest Community Center (NCC) for distribution of food and sanitary supplies.
- Conducted garage sale on 5/7/22 to provide household furniture, utensils, clothes, and car seats for the underserved immigrant communities.
- IANANT partners with Sacred Hands of Hope Indian Ministries (SHHIM) to provide health education, hot breakfast, and sanitation supplies for the homeless under the bridge community quarterly.
- During the APRN week, members of IANANT conducted a blanket drive for the homeless and distributed 110 sanitation kits.
- Encourage high school and undergraduate students of IANANT members and the community to participate in the above volunteer activities and provide volunteer hours as credits for their participation.

Scholarships
IANANT awarded scholarships to four nursing students in India in 2021 and three nursing students from India and one from the US in 2022.

Awards and Accolades
- Lifetime Achievement Award – Ann Varghese (2021) Shantha Pillai RN (2022)
- DFW Great 100 Nurses - 2021 – Jaya Mathai
- D Magazine Nurses Excellence Award 2021-- Beena Varghese, Daisy Mathai, Shona Zachariah
- DFW Great 100 Nurses 2022 -- Dr Amy McCarthy, Molly Iype
- "Nurse Spotlight"-- A column to recognize members and their achievements through our website and editorials
Professional Development / Education

- We conducted a “Meet & Greet” event on April 9th, 2022, from 06:00 – 09:00 pm for the Indian nursing community in Austin/Temple to get to know the association better and to build team spirit – it was a wonderful evening with almost 100-125 people attended, including cultural programs from our nurses and their kids. We also gave away a “Certificate of Appreciation” for the nurses with 30 years or more experience in our community. Our keynote speaker was Mrs. Accamma Kallel, MSN, APRN, FNP-C, Executive Vice President, NAINA, who inspired us all with her motivational speech about teamwork, and the importance of an association like this for nurses.

Charity and Philanthropy

- Our nurses donated toys, gently used clothing and food items for the underserved people of our community through the Round Rock Area Serving Center at the beginning of 2022 as a charitable project.
- This summer, we also volunteered for the Inter Parish Sports Festival conducted in Austin, TX, staffed the first aid booth and provided breakfast for the participants.

Awards and Accolades

- Lilly Lukose RN CNOR was awarded the “Nurse of the Year” by Ascension Seton, Williamson, Round Rock, TX.
Indian Nurses Association of Connecticut (INAC)

Chapter Activities 2021-2022

Professional Development/ Education

A webinar on Culturally Competent Care was held on 05/10/2022. Aisha Chahal, MSN, CMRN, Ed. D was the speaker for this educational session. A total of 18 INAC members attended this session and gave positive feedback regarding this webinar.

Awards and Accolades

Two INAC members received Nurse of the Year Award 2022,

- Jolly Mathew, Head Nurse
- Niji Joseph, RN

INAC Lifetime achievement Award:

- Dr Lydia Albuquerque presented the Lifetime Achievement Award to Mrs. Ann Abraham on 05/21/2022 in recognition of her 42 years of dedicated nursing.
Greetings to you all from Indian Nurses Association of Central Florida

INACF is a not for profit 501 (C) 3 organization, established in 2009.

INACF celebrated four major events during the year 2021-2022

- INACF celebrated Nurses Day celebration on May 15 the, 2021 at Desi Flavors and on May 7th, 2022, at Sacred Heart Church Hall. Dr Ivonne Hernandez & Dr Naina Sebastian were the chief guests for our nurse’s day celebration. Several of our Nurses with new achievements were recognized and awarded. All the nurses who attended the ceremony were recognized by giving flowers and cut the cake together to top off our celebration.

- As a part of the community outreach program, to spread awareness regarding healthy living and preventing diseases INACF hosted a health seminar & health screening on Sept 19, 2021 @ Sacred heart catholic Church. Services included blood pressure, blood sugar and cholesterol checking, Flu shots, blood donation and health seminars. Dr Venkit Iyer was our guest speaker and delivered talk about Aging well & Reaching Beyond. Mrs. Simi Pothen did presentation on Sync your body -mind & soul. Everyone who participated benefited from the seminar and had a great day of education and enrichment.

- INACF Conducted inaugural ceremony on March 5th, 2022, at Sacred heart catholic Church, INACF new board members had their oath ceremony during our inaugural meeting. our chief guest of the event and keynote speaker was Mrs. Laveena Meriga. We had a great day with education and entertainment.

- INACF donated $ 200 towards India Covid Relief Fund in 2021.
Indian Nurses Association of Illinois (INAI)

Chapter Report 2022

Professional Development/ education

- INAI CE virtual conference conducted on 04/09/202 - Interdisciplinary care for Health and Wellness. Conference included presentation from multidisciplinary team and INAI members
- Fall CE conference is in planning
- Mentor/ Mentee resources provided for advancing in profession
- Informed Job opportunities to the member group

Charity and Philanthropy

- INAI members Volunteered at Feed my starving Children
- Scholarship and Financial aid planned to distribute with next Holiday celebration
- Raising money for charity through raffle, T-shirt, Membership and individual donations

Awards

- Nurses’ week 2022 celebration conducted May 7th, with Keynote speaker Mrs. Yolande Wilson- Stubbs
- Presented Nursing Excellence award in 4 categories including Clinical Nurse, Nurse Leader, Advanced Practice Nurse, and Student Nurse, during Nurses week celebration
- Awards provided to members for educational / certification achievements
Indian American Nurses Association of North Carolina (IANA –NC)

Chapter activities 2021-2022

- **Professional development/ Education:**
  - Workshops and Seminars
  - Panel discussion on Mastering the art of Interview for Career achievement - Dr. Usha Cherian and Ms. Sampoorna Adalam
  - Mindfulness - Ms. Krishnammal Venugopal Pillai
  - Poster Presentation - Dr. Regimol George
  - North Carolina Nurses Association event on May 6, 2022 at Marriott Raleigh Crabtree Valley
  - Dr. Sujaya Devarayasamudram presented on Mental health and alcoholism awareness a collaboration with Georgia Indian Association and Indian Nurses Association of South Florida presentation
  - Mathew, what’s on your insta(gram)? Talking to your Indian American teenager - Dr. Rose Mary Xavier

- **Charity and Philanthropy:** Volunteer work as chapter and Charity contributions to local and national organizations
  - Supported NAMI NC in planning, organizing and implementing NAMI NC walks
  - Collaborated with North Carolina Nurses Association (NCNA) & collected 192 Lbs of food, $2275 and donated to North Carolina Food Bank.
  - IANA NC collected and contributed $1700 to India COVID relief fund sent through “Women of compassion International Inc”
  - IANA NC contributed $1600 to Mrs. Jaimol Jins family members
  - Participated in the resource fair organized by NCCU nursing students at Durham

- **Awards and Accolades:** Chapter member awards and accomplishment
  - Dr. Letha Joseph inducted as a Fellow of American Association of Nurse Practitioners (FAANP)
  - Dr. Rose Mary Xavier appointed as the Director of Biobehavioral lab at UNC school of Nursing
  - Dr. Nancy Dias received recognition as outstanding faculty in 2021 from ECU. She also received Daisy Award for the graduate faculty category
  - Dr. Sujaya Devarayasamudram received Great 100 Nurses of North Carolina for 2021, and The Daisy Individual Award 2021 from NAINA
  - Ms. Liza Abison, Ms. Anju Dileep and Ms. Baby Joy John received The Daisy Team Award 2021 from VA Durham Hospital
Indian American Nurses Association of New York (INANY)

Chapter activities 2021-2022

- **Professional Development / Education:**
  - Conducted multiple educational seminars/events with CE hours
    - Panel discussion - COVID-19: Psychological Impact on Mental Health & Well-being
    - Practice with Evidence: Improve Health Outcomes.
    - March to Health, Wellness & Recovery: A Panel Discussion.
    - Developing Your Personal Brand: The Power of LinkedIn

- **Charity and Philanthropy:**
  - Donation for Alex Kailasam Trust - A shelter home for the aged
  - Donation to NAINA towards its COVID-19 relief fund - $2000.00.
  - Donated masks, rapid covid test kits, and sanitizers to the needy during our many charity events.
  - INA-NY conducted monthly food drives
  - Regular Coat drives / Cloth drives / Toy drives
  - Donation of $700 for COVID-19 victims in Kerala through Fr. Davis Chiramel
  - Donation of $1000 to Hemkunt Foundation, a charity organization in Delhi that worked actively for relief efforts during the 2021 COVID surge.
  - Donated $500.00 to Prof. Gopinath Muthukkad to assist the differently abled.

- **Awards and Accolades:**
  - INANY is proud recipient of Daisy award in 2021 at the 3rd Clinical Excellence and Leadership conference in October
  - INANY received proclamation in 2022 from Hon. Senator. Kevin Thomas for its dedicated service to the community.
Pennsylvania Indian American Nurses’ Organization (PIANO)

Chapter Report for 2021-2022

Professional Development / Education

- Monthly Webinars
- CPR Training

Charity and Philanthropy

- PIANO and friends’ picnic to Lake Galena
- PIANO members day out to Longwood Gardens
- Onam Celebration in association with Tristate Forum
- Covid Relief Donations
- Donations for health care

Awards and Accolades

- Bridget Vincent served as jury for Kuwait Nursing Excellence Award
- Launched PIANO website
- Secured 501 (C) 3 status
PROFESSIONAL DEVELOPMENT/EDUCATION COMMITTEE REPORT

The Education Committee is pleased to report to the membership on the various activities in which it was engaged for the period January to December 2021 and YTD 2022.

Focus: Educational initiatives at the national level. The biennial national conference is under the purview of this committee as well.

Accomplishments of the Professional Development/Education Committee

- Penned the ANCC accreditation self study for NAINA’s accreditation as a Provider of Nursing Continuing Professional Development. The document outlined the process with examples for the approval process of contact hours
- Successful face to face ANCC evaluation
- Achieved Accreditation for NAINA as a Provider of Nursing Continuing Professional Development for October 2021 to March 2026
- In 2021 - Conducted 25 Nursing Continuing Professional Development Programs
- A total of 1237 participants participated in the Nursing Continuing Professional Development Programs and collectively 6035.5 contact hours were provided to the participants
- Nursing Continuing Professional Development Program presentations held via zoom platform making it easily accessible to the members despite of the geographically distance of the presenters
- Contact hour Certificates were automated and distributed electronically upon completion of each program
- Assisted with preparing brochure for Clinical Excellence Conference
- Evaluated all abstracts for the Clinical Excellence Conference electronically for the first time by NAINA
- Development of five Nurse Planners
- YTD 15 Nursing Continuing Professional Development Programs conducted
- Total of 504 participants participated in Nursing Continuing Professional Development Programs and collectively 1,087.25 contact hours have been given in the first half of the year.
- Evaluated 55 abstracts for the 8th Biennial Conference
• Creation of electronic platform for viewing of posters - stay tuned

The Committee expresses its gratitude to our President Lydia Albuquerque for her support and playing an integral role in decision making particularly in enhancing the abstract evaluation process and during the ANCC accreditation.

Peter Thomas, for his hard work and innovative ideas. He made an impressive impact in the way the contact hour certificates were distributed, electronic evaluation of abstracts and presentation of posters in an electronic format for the upcoming conference to name a few. The committee is grateful for the time he has given to help us achieve the various accomplishments.

Viji George and Nancy Dias for their significant assistance in putting together the accreditation document.

The Nurse Planners who have been instrumental in completion of the paperwork for Nursing Continuing Professional Development

• Viji George
• Maya Joseph
• Reenu Varghese
• Kavita Nair
• Umanaheshwari Venugopal
• Dr. Jackie Michael
Awards and Scholarship Committee Report
2021-2022

- NAINA Daisy Health Equity Award for individual and Team awarded at NAINA's 3rd Clinical, and Leadership Conference held in New York on Oct 29, 2021
  - Team Award – Indian Nurses Association of New York (INANY)
  - Individual Daisy Award – Sujaya Devarayasamudram, Indian American Nurses Association, North Carolina (IANA-NC)

- Nurse excellence awards to be presented in the following categories during the 8th Biennial Conference to be held in New Jersey on Oct 7 & 8, 2022
  - Clinical Nurse RN Bedside
  - Advance Practice Registered Nurse
  - Nurse Faculty
  - Nursing Administrator
  - Nightingale Award for the years of Nursing Service
  - NAINA Founders Legacy of Caring Award
  - Chapter Excellence Awards

- The following Scholarships are to be awarded during the 8th Biennial Conference
  - Seven $500 Financial Scholarships for Undergraduate Nursing students in India
  - Three $500.00 Scholarships for Nursing students in the USA
NAINA Research Committee Updates

1. Our abstract, *Predictors of COVID-19 Vaccine Hesitancy in Asian Indian Communities in the United States: A Cross-sectional Descriptive Study*, has been accepted for a poster presentation at NAINA’s 8th BIENNIAL CONFERENCE 2022 in New Jersey. In addition, the manuscript is ready for publication. We are currently looking into different journals for submission.

2. PROJECT Firstline (C.D.C.’s National Training Collaborative for Healthcare Infection Control): mainly led by Dr. Nisha Mathews and Dr. Lydia Albuquerque.

   Communications include subgrant partner updates and audience updates, upcoming dates to remember, feedback solicitation, new module releases for education, ANA PROJECT Firstline news, ANA CNE modules and additional resources posted daily on social media websites, namely Facebook, Twitter, Instagram, and YouTube. The project is nearing completion.

3. Graduate student research: student reached out to NAINA Secretary and research chair and is looking to work with NAINA in terms of subject recruitment for the study. If NAINA grants permission for this study, procedures and protocols will be in place, and NAINA members could participate in this study. A student is currently working on the next steps with NAINA Secretary.

4. All of Us Research study: Dr. Anitha Saravanan (I.N.A.I. member) is spearheading this study, and Northern Illinois University, IL, will collaborate with NAINA as a partner. This is a N.I.H. grant-funded project. More details to follow as the next steps unfold.

   The program is building a dataset to help transform the future of health research by equipping researchers with comprehensive health data from diverse populations, especially those underrepresented in biomedical research. More than 1,000 health researchers are leveraging this one-of-a-kind dataset to improve understanding of health and disease, identify opportunities to reduce disparities, and enable more precise approaches to care.

5. Dr. Omane Simon Graduate Student Research Award: applications are received and evaluated for this award.
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Learning Outcomes

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- Cultivate and leverage external relationships at the local and national level on healthcare policy, value-based care and trends in healthcare delivery
- Provide strategic and executive leadership for the healthcare system which addresses current and anticipated organizational, population and patient needs
- Create and innovate new healthcare delivery models combining medical, financial and business expertise to promote equity, access and quality in healthcare services
- Advance technical knowledge of clinical data and analytics to drive strategic growth decisions
- Empower confidence for effective decision-making by clinical staff
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Patricia S. Yoder-Wise  
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Barry Donfeld  
PhD

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Claramma Mathews, Joint Treasurer
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Dr. Alice Saji, APRN Chair
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CONFERENCE OVERVIEW

Purpose:
The purpose of the conference is to enhance and expand the professional growth of nurses by offering the latest in nursing science, practice, and education while providing opportunities to collaborate and network with nurse leaders and peers.

Conference Outcomes:

Conference attendees will be able to:
1. Innovate, lead, and incorporate new knowledge into their practice.
2. Perform at the edge of their competence.
3. Express Institute for Healthcare Improvement (IHI) quintuple aim.
4. Cultivate and role model diversity of thought, participation, and experience.

Contact Hours
Attendees may receive up to 10.25 Contact Hours

National Association of Indian Nurses of America is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center’s Commission on Accreditation.

The National Association of Indian Nurses of America (NAINA): (i) reserves the right to modify the conference schedule without advance notice; (ii) assumes no responsibility for personal injury; (iii) hereby notifies all attendees that the registration fee does not include personal travel insurance of any kind, which is the sole responsibility of each attendee.
SPEAKERS

KEYNOTE SPEAKER
Dr. Ernest Grant

Dr. Franklin Shaffer
Dr. Vinctya Pandian
Dr. Gaurav Gupta

Dr. Leo-Felix Jurado
Dr. Judith Schmidt
Dr. Raj Kumar

Dr. Karen Cox
Dr. Margaret Ames
Ms. Deepthy Varghese
ABOUT SPEAKERS

Ernest Grant, Ph.D., RN, FAAN
President, American Nurses Association

Franklin Shaffer, Ed.D., RN, FAAN, FFNMRCSI
Chief Executive Officer, CGFNS International, Inc.

Vinciya Pandian, Ph.D., RN, MBA, CRNP, ACNP-BC, FAANP, FAAN, FFNMRCSI
Associate Professor, Assistant Dean for Immersive Learning and Digital Innovation
John Hopkins, School of Nursing, Baltimore

Gaurav Gupta, MD, FAANS, FACS
Associate Professor and Director of Cerebrovascular and Endovascular Neurosurgery
Rutgers, RBHS, Neurological Surgery, NJ

Leo Felix Jurado, Ph.D., RN, APN, NE-BC, CNE, FAAN
Dean & Professor, College of Health Professions, Commonwealth University of Pennsylvania

Judith Schmidt, DHA, MSN, RN
Chief Executive Officer, New Jersey State Nurses Association

Brigadier Raj Kumar, MD, Ph.D., DCM, PGDM
Director Academics, KEM Hospital, Pune, India

Margaret Ames, DNP, MPA, RN, NEA-BC
Chief Nursing Officer & Vice President, Patient Care Services, Jersey City Medical Center, RWJ Barnabas Health

Karen Cox, Ph.D., RN, FACHE, FAAN
President, Chamberlain University

Deepthy Varghese, MSN, FNP-C, AGACNP-BC
Cardiology- Electrophysiology Nurse Practitioner, Northside Hospital, Georgia
CONFERENCE SCHEDULE: DAY 1, 10/07/2022

2:00pm - 3:00pm: Registration/Vendor Sponsor Booth

3:00pm - 3:10pm: Welcome/Conference Overview

Accamma Kallel, MSN, APRN, ANP-C
Executive Vice President, Conference Convener, NAINA

Umamaheswari Venugopal, MSN, RN, CCRN-K
President, AAIN-NJ2, Conference Convener, Local Chapter

3:10pm - 3:15pm: ANCC Statement/Contact Hour/Evaluation

Sandra Emmanuel, MA, RN, NPD-BC
Education Committee Chair

ANCC Accredited Program Director, NAINA

3:15pm - 4:00pm: Forging forward while fighting imposter syndrome

Vinciya Pandian, Ph.D., RN, MBA, CRNP, ACNP-BC, FAANP, FAAN, FFNMRCSI

4:00pm - 4:45pm: Is Time really Brain?
New Frontiers in the management of Ischemic and Hemorrhagic stroke

Gaurav Gupta, MD, FAANS, FACS

4:45pm - 5:15pm: Landscape of COVID-19 in India

Brigadier Raj Kumar, MD, Ph.D., DCM, PGDMLS, MIPHA

5:15pm - 5:45pm: Recent advances in coronary disease, heart failure and arrhythmias

Deepthy Varghese, MSN, FNP-C, AGACNP-BC

5:45pm - 9:30pm: Vendor Sponsor Booth

6:30pm - 9:30pm: Networking Dinner
**CONFERENCE SCHEDULE: DAY 2.  10/08/2022**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>6:30am-8:00am</td>
<td>Breakfast</td>
</tr>
<tr>
<td>7:50am-8:05am</td>
<td>Welcome/Conference Overview</td>
</tr>
</tbody>
</table>
| Accamma Kallel, MSN, APRN, ANP-C  
Executive Vice President, Conference Convenor, NAINA  
Umamaheswari Venugopal, MSN, RN, CCRN-K  
President, AAIN-NJ2, Conference Convener, Local |
| 8:05am-8:10am | Opening Remarks                                                    |
| Lydia Albuquerque, DNP, RN, ACNP-BC, CCRN, FNAP  
President, NAINA |
| 8:10am-9:15am | Keynote Address                                                    |
| Nurturing the strengths in our differences: How can your nursing organization help?  
Ernest Grant, Ph.D., RN, FAAN |
| 9:15am-10:00am | Immigration Landscape and Global impact on the Nursing shortage    |
| Franklin Shaffer, Ed.D., RN, FAAN, FFNMRCSI |
| 10:00am-10:30am | Break/Exhibits                                                    |
| 10:30 am-11:00 am | Resilience in Education: The intersection of Challenge and Opportunity |
| Leo-Felix M. Jurado, Ph.D., RN, APN, NE-BC, CNE, FAAN |
| 11:00am-11:30am | From Frontline to the Policy table                                 |
| Judith Schmidt, DHA, RN, MSN |
| 11:30am-12:00pm | Emerging from the COVID Pandemic: Approaches across the nursing workforce |
| Margaret Ames, DNP, MPA, RN, NEA-BC |
| 12:00pm-12:30pm | Innovative approach to support Clinical partners                   |
| Karen Cox, Ph.D., RN, FACHE, FAAN |
| 12:30pm-1:30pm | Lunch/ Exhibits                                                    |
| 1:30pm-4:15pm | Breakout sessions                                                  |
| 6:30pm-10:30pm | Gala/Awards and Scholarships Night                                 |
BREAKOUT SESSIONS

ROOM 1 (Talmadge Ballroom)

CLINICALLY FOCUSED EVIDENCE-BASED PRACTICE (EBP)

1:30pm-2:00pm: Clinically Integrated Practice Model: An innovative interprofessional collaborative approach for the management of Gastroesophageal Reflux Disease
Simi Joseph, Ph.D. (C), DNP, FPA-APRN, NP-C, NEA-BC

2:00pm-2:30pm: Pelvic Floor Rehabilitation in Cancer Patients
Anumol Thomas, DNP, FNP-C, CCRN, TTS

2:30pm-3:00pm: Improving sleep during hospitalization: Innovating a workflow
Cristen Mackwell, DNP, RN, CMSRN, NPD-BC
Laura DeKleine Davis, BSN, RN, SCRN
Maria Bessie Ziegenfuss, DNP, RN, NE-BC
Mildred Kowalski, Ph.D., RN, NE-BC, CCRP
Christina Ryan, Ph.D., DNP, RN
Shelley Strowman, Ph.D.

3:00pm-3:15pm: Break

3:15pm-3:45pm: Specialized expertise of IOTox GI service can improve the quality of clinical care and outcomes of immune-mediated diarrhea/colicitis among inpatients: A retrospective review and quality improvement project
Alice Saji, DNP, APRN, FNP-C, Jake Jacob, MD, Andrew Kwang, MD, Yinhong Wang, MD, Ph.D., Anusha Thomas, MD

3:45pm-4:15pm: Lung screening: Who and How?
Simi Varghese, DNP, APRN, FNP-BC

ROOM 2 (Windsor Ballroom)

DIVERSITY, EQUITY, INCLUSION & BELONGING (DEIB)

1:30pm-2:00pm: Using the Autism Healthcare Accommodations Tool to improve patient-provider interactions in adults with an autism spectrum disorder
Munira Wells, Ph.D., RN
Connie Kartoz, Ph.D., RN, FNP-BC
Sara Munoz, Student nurse

2:00pm-2:30pm: The impact of social determinants of health and Type 2 Diabetes Mellitus among Asian Indians in New Jersey
Maya E. Joseph, Ph.D., RN, CCRN-K

2:30pm -3:00pm: Impact of sunshine vitamin across the life span
Shainy Varghese, Ph.D., APRN, CPNP, CGNC
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>3:00pm-3:15pm</td>
<td>Break</td>
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<tr>
<td>3:15pm-3:45pm</td>
<td>Role of nurses in violence prevention: A multicultural perspective</td>
</tr>
</tbody>
</table>
| Munira Wells, Ph.D., RN  
Umamaheswari Venugopal, MSN, RN, CCRN-K  
Megan Chan, BSN, RN-BC  
Mary Ellen Levine, DNP MSN RN |                                                                                             |
| 3:45pm-4:15pm   | A randomized controlled trial to compare the efficacy of mobile app vs conventional        |
|                 | prescription of analgesics and adjuvants’ adherence on selected variables among Cancer     |
|                 | patients receiving palliative care at a tertiary care center.                               |
| Gopichandran Lakshmanan, Ph.D., (N), FCRM EBM (AIIMS) |                                                                                             |

**ROOM 3 (Lincoln A)**

**HEALTHY WORK ENVIRONMENT (HWE)/RESEARCH**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>1:30pm-2:00pm</td>
<td>Application of Clifton Strengths Finder: Influence on recruitment.</td>
</tr>
<tr>
<td>2:00pm-2:30pm</td>
<td>The impact of the patient flow nurse role in an acute care setting</td>
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<tr>
<td>Esther Devadoss, MSN, RN</td>
<td></td>
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<tr>
<td>2:30pm-3:00pm</td>
<td>Exposure to Blood Borne Pathogens: Surviving to thriving in the workplace</td>
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<tr>
<td>Solymole Kuruvilla, Ph.D., RN, MASN, ANP, ACNP-BC</td>
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<tr>
<td>3:00pm-3:15pm</td>
<td>Break</td>
</tr>
<tr>
<td>3:15pm-3:45pm</td>
<td>Direct Oral Anticoagulants: Are they living up to the expectation?</td>
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<tr>
<td>Harilal Nair, DNP, APRN, CCRN, CMC-CSC</td>
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<tr>
<td>3:45pm-4:15pm</td>
<td>An individually matched pair case-control study using retrospective chart review to</td>
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<td>identify the risk factors, clinical characteristics, and outcomes of adult oncology</td>
</tr>
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<td>patients hospitalized with COVID-19: Pilot Study</td>
</tr>
</tbody>
</table>
| Bilja Sajith, Ph.D., MSN, APRN, FNP-C  
Sandra K. Cesario, Ph.D., RNC-OB, FAAN  
Anecita Fadol, Ph.D., APRN, FAANP, FAAN  
Nina M. Fredland, Ph.D., RN, FNP  
Rita A. Dello Stritto, Ph.D., APRN, CNS, ENP, ACNP- BC, FAANP |                                                                                             |
# Leadership/Education

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speakers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:30pm-2:00pm</td>
<td>Tackling Moral Distress in Nursing: Role of nurse leaders</td>
<td>Jolly Punchamannil, DNP, RN, CMSRN, NE-BC</td>
</tr>
<tr>
<td>2:00pm-2:30pm</td>
<td>Professional Development - A path for surviving and thriving in a challenging healthcare environment</td>
<td>Viji George, MA, BSN, RN, RNC-NIC</td>
</tr>
<tr>
<td>2:30pm-3:00pm</td>
<td>Nursing students’ perspective on pain hygiene: An innovative approach to study pain</td>
<td>Anitha Saravanan, Ph.D., APRN, ANP-BC</td>
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<tr>
<td>3:00pm-3:15pm</td>
<td>Break</td>
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<tr>
<td>3:15pm-3:45pm</td>
<td>The impact of reliability rounds in creating a highly reliable culture in healthcare: A tale of two teams</td>
<td>Kavitha Nair, MSN, RN, OCN, NEA-BC</td>
</tr>
<tr>
<td>3:45pm-4:15pm</td>
<td>Mental Health Clinical Simulation: Therapeutic communication</td>
<td>Sujayalakshmi Devarayasamudram, Ph.D., M. Phil, RN</td>
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<tr>
<td></td>
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<td>Tina Scott, MSN, RN, CHSE</td>
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<td>Carla Cozar, DNP, RN, ONC, PMH-BC</td>
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<td>Subha Jyothi Kukkala, DNP, RN</td>
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<tr>
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<td>Yolanda M. VanReil, Ph.D., RN, MEDSURG-BC, OCN, CNE, Gail Pruett, MSN, RN</td>
</tr>
</tbody>
</table>
NAINA CONFERENCE PLANNING COMMITTEE

CONFERENCE CHAIR PERSON
Lydia Albuquerque, DNP, RN, ACNP-BC, CCRN, FNAP

CONFERENCE CONVENERS
Accamma Kallel, MSN, APRN, ANP-C, (NAINA)
Umamaheswari Venugopal, MSN, RN, CCRN-K (AAIN-NJ2)

NURSE PLANNERS
Sandra Emmanuel, MA, RN, NPD-BC
Maya Joseph, Ph.D., RN, CCRN-K

COMMITTEE MEMBERS
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Anne Luckose Ph.D., PM-ANP, APRN, NP-C
Aney Abraham DNP, RN, NE-BC
Deepthy Varghese, MSN, FNP-C, AGACNP-BC
Jackie L. Michael, Ph.D., APRN, WHNP-BC, Chair
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Nargita Arora, MSN-Ed, RN
Omana Simon, DNP, FNP
Pressanna, Parackal, DNP, RN, RN-BC, CCRN, CNRN, CRRN
Renee John MSN, RN, OCN
Santhosh Sunny MSN, RN, CEN
Sujayalakshmi Devarayashamudram, Ph.D., RN, ACUE
Sara Gabriel, MSN, MBA, RN
Solymole Kuruvilla, Ph.D., RN, ANP, ACNP-BC
Suja Thomas, MSN.Ed., RN, CWOCN
Tara Shajan, MSN, MBA, RN, PMHN-BC
Vidhya Kanagaraj, MSN, RN
Vijaya Ramakrishnan, DNP, RN, CMSRN, CBN
# NAINA Conference Planning Committee

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<table>
<thead>
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<tbody>
<tr>
<td>Dr. Lydia Albuquerque</td>
<td>Ms. Accamma Kallel</td>
<td>Ms. Suja Thomas</td>
<td>Ms. Tara Shajan</td>
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<td>Dr. Sotymole Kuruvilla</td>
<td>Dr. Jackie Michael</td>
<td>Ms. Sara Gabriel</td>
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<td>Dr. Anna G.</td>
<td>Ms. Sandra E.</td>
<td>Ms. Vidiya K.</td>
<td>Dr. Pressanna P.</td>
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<td>Dr. Aney A.</td>
<td>Dr. Anne L.</td>
<td>Ms. Nargita A.</td>
<td>Ms. Deepthi V.</td>
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<td>Ms. Elsy J.</td>
<td>Ms. Asha S.</td>
<td>Ms. Renee J.</td>
<td>Dr. Ampili U.</td>
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<td>Dr. Santhosh</td>
<td>Mr. Sujaya</td>
<td>Mr. Sumith</td>
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*Image of committee members.*
AAIN-NJ2 CONFERENCE PLANNING COMMITTEE
AAIN-NJ2 CONFERENCE PLANNING COMMITTEE

Umamaheswari Venugopal, MSN, RN, CCRN-K
Molly Jacob, MSN, ANP-C, CCRN
Siby Varughese MBA, MA, BSc (Hons). Nsg., RN, OCN, CCRP
Kavita Natarajan, BSN, RN
Niti Patel, BSN, RN, CCRN-K
Sandra Emmanuel, MA, RN, NPD-BC
Rachel Koshy, DNP, RN, APN-C
Varsha Singh, DNP, APN, CT-CP, NEA-BC, FAHA, FAANP
Munira Wells, Ph.D., RN
Maya E. Joseph, Ph.D., RN, CCRN-K
Premilla Mendonca, MSN, APN-C
Smitha Paul, MSN, RN
Violet Monis, MSN, RN, FNP-BC, NP-C
Tasneem Mohammed Shah, BSN, RN
Kanan Bhatt, MSN, RN, FNP
Grace Varghese, MSN, RN, FNP-C
Rashmi Aggarwal, MSN, APN
Grace Samuel, MSN, RN, FNP-C, APN-C
Merlin Mendonca, MSA-HI, RN
Marcy Kunnipparampil MSN, FNP-C, GEN, APN, RN
NETWORKING NIGHT
PROGRAM
Friday, October 7, 2022

6:15PM - 7:30PM: Dinner & Welcome (TALMADGE BALL ROOM)

WINDSOR BALLROOM OPENS FOR ENTERTAINMENT NIGHT

7:30PM - 7:40PM: Dance (Thiruvathira) performance
American Association of Indian Nurses
New Jersey 2 (AAIN-NJ2)

7:40PM - 7:45PM: Release of Souvenir
Brigadier Mala Singh
Lifty Cherian, Editorial Chair, NAINA

7:45PM - 7:50PM: Song Duet
Missam Merchant & Regina Karakkatt
San Antonio Indian Nurses Association (AINA)

7:50PM - 8:10PM: Recognition Awards
Dr. Lydia Albuquerque, President, NAINA
Accamma Kallel, Executive Vice President, NAINA

8:10PM - 8:20PM: Dance Performance
Indian Nurses Association of New York (INANY)

8:20PM - 8:25PM: Song
Brigadier Raj Kumar

8:25PM - 8:35PM: Dance Performance
Indian Nurses Association of Greater Houston
(INAGHI)

8:35PM - 8:45PM: Dance Performance
Pennsylvania Indian American Nurses Organization
(PIANO)

8:45PM - 8:55PM: Song: Moly Mathew

8:55PM - 9:00PM: Dance: Premilla Mendonca, Merlin Mendonca
Niti Patel, Namrata Jani

9:00PM - 10:00PM: DJ & Opening of Dance Floor

Master of Ceremony: Merlin Mendonca & Deepthy Varghese

Dress Code: Business Formal / Indian Traditional Attire
# Gala Night
Saturday, October 8, 2022

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Person/Role</th>
</tr>
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<tbody>
<tr>
<td>6:15PM</td>
<td>All Guests to be Seated (Windsor Ballroom)</td>
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<tr>
<td>6:30PM</td>
<td>National Anthem</td>
<td>Krystal Shajan</td>
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<td>6:30PM</td>
<td>American Indian Song</td>
<td>Martin Mendonca</td>
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<tr>
<td>6:40PM</td>
<td>Lighting of Lamp</td>
<td>Invited Dignitaries</td>
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<tr>
<td>7:00PM</td>
<td>Prayer</td>
<td>Pastor &amp; Sister Bechtel</td>
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<tr>
<td>7:00PM</td>
<td>Felicitation</td>
<td>Kovita Natarajan, Treasurer, AAIN-NJ2</td>
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<tr>
<td>7:05PM</td>
<td>Welcome Address</td>
<td>UmaMaheshwari Venugopal, President, AAIN-NJ2</td>
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<tr>
<td>7:10PM</td>
<td>Dance</td>
<td>Kalasari School of Arts, New Jersey</td>
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<tr>
<td>7:20PM</td>
<td>Chief Guest</td>
<td>Sam Joshi, Mayor, Edison</td>
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<tr>
<td>7:30PM</td>
<td>Felicitation</td>
<td>Niti Patel, Joint Treasurer, AAIN-NJ2</td>
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<tr>
<td>7:35PM</td>
<td>Dance</td>
<td>American Association of Indian Nurses, New Jersey</td>
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<td>7:45PM</td>
<td>Guest of Honor</td>
<td>Dr. Ernest Grant</td>
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<td>8:00PM</td>
<td>Felicitation</td>
<td>Suja Thomas, Secretary, NAINA</td>
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<tr>
<td>8:00PM</td>
<td>Guest of Honor</td>
<td>Dr. Franklin Shaffer</td>
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<td>8:00PM</td>
<td>Felicitation</td>
<td>Tara Shahin, Treasurer, NAINA</td>
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<tr>
<td>8:00PM</td>
<td>Clinical Excellence Awards</td>
<td>Vidy Kangarej, Awards &amp; Scholarship Committee Chair</td>
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<tr>
<td>8:30PM</td>
<td>Research Award</td>
<td>Dr. Anne Lockee, Research Award Committee Chair</td>
</tr>
<tr>
<td>8:30PM</td>
<td>Lifetime Achievement Award</td>
<td>Accamma Kallel, Executive Vice President, NAINA</td>
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<tr>
<td>8:30PM</td>
<td>Dance</td>
<td>Indian Nurses Association of New York (INANY)</td>
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<tr>
<td>8:40PM</td>
<td>Outgoing President Address</td>
<td>Dr. Lydia Albuquerque, President, NAINA</td>
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<tr>
<td>8:40PM</td>
<td>Recognition Awards</td>
<td>Dr. Lydia Albuquerque, President, NAINA</td>
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<tr>
<td>8:40PM</td>
<td>Induction of Officers</td>
<td>Accamma Kallel, Executive Vice President, NAINA</td>
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<tr>
<td>9:00PM</td>
<td>Chapter Excellence Award</td>
<td>Dr. Jackie Michael, Advisory Board Chair</td>
</tr>
<tr>
<td>9:00PM</td>
<td>Incoming President Address</td>
<td>Dr. Aney Abraham / Accamma Kallel</td>
</tr>
<tr>
<td>9:15PM</td>
<td>Closing Remarks</td>
<td>Suja Thomas, MSN, ED, RN, AGPCNP, CWOCN</td>
</tr>
<tr>
<td>10:15PM</td>
<td>Closing Remarks</td>
<td>Molly Jacob, Vice President, AAIN-NJ2</td>
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</tbody>
</table>

**Master of Ceremonies:** Siby Varughese & Archana Philip

**Dress Code:** Business Formal / Indian Traditional Attire
Best wishes to NAINA for your eighth Biennial Conference!

-The Monis Family
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