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Published by
HealthCom Media
259 Veterans Lane, Doylestown, PA 18901
Telephone: 215-489-7000
www.healthcommedia.com

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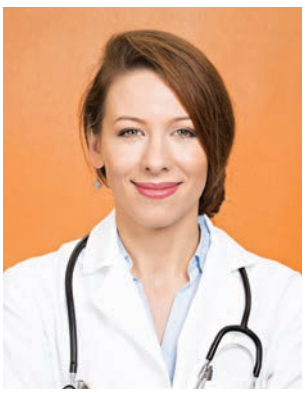
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The pressure is on: Why you should get your BSN

The opportunities for BSN-prepared nurses continue to grow.

By Catherine Spader, RN

Joan Clark

Ann Cary

Have you been thinking about going back to school to get your bachelor of science in nursing (BSN)? The good news is that nurses with BSNs or higher degrees are in greater demand than ever, and their opportunities will continue to expand. In addition, pressure is mounting to earn a BSN. If you're still on the fence, consider this:

- In 2010, the Institute of Medicine (IOM) released a report ("The future of nursing: Leading change, advancing health") calling for at least 80% of RNs to have a BSN by 2020.
- Hospitals wanting to qualify for American Nurses Credentialing Center Magnet Recognition® must provide proof of plans to increase their BSN workforce to 80% by 2020.
- Many healthcare systems across the country require nurses to earn a BSN, usually within 5 years of hire.
- New York has passed BSN in Ten legislation that requires nurses licensed after December 19, 2017, to obtain a BSN within 10 years.

"Nurses need to jump on the BSN bandwagon if they haven't already," says Joan Shinkus Clark, DNP, RN, NEA-BC, CENP, FACHE, FAONL, FAAN, executive vice president and system chief nurse executive at Texas Health Resources in Arlington. "Not only is it good for them to engage in lifelong learning, but it's becoming more compelling to get a BSN for employment." Clark also is past president of the American Organization for Nursing Leadership.

Providing better outcomes

The evidence-based IOM recommendation recognizes that patient needs have become more complicated, and that nurses must attain the requisite competencies to deliver high-quality care, says Ann H. Cary, PhD, MPH, RN, FNAP, FAAN, chair of the board of directors at the American Association of Colleges of Nursing (AACN). She's also dean and professor at the University of Missouri Kansas City School of Nursing and Health Studies. "Quality patient care hinges on having a well-educated nursing workforce," she says. "With patient care growing more complex, ensuring a sufficient RN workforce is not merely a matter of how many nurses are needed, but rather an issue of preparing an adequate number of nurses with the right education to meet healthcare demands."

Research shows that lower mortality rates, fewer medication errors, and positive outcomes are all linked to nurses prepared at the baccalaureate and graduate degree levels. The AACN position paper, "Academic progression in nursing: Moving together toward a highly educated nursing workforce," cites multiple studies that found BSN-prepared nurses have a positive impact on lowering patient mortality rates. For example, a classic study by Aiken and colleagues, published in 2003 in the *Journal of the American Medical Association*, found that a 10% increase in the proportion of nurses holding BSN degrees decreased the risk of surgical patient death and failure to rescue by 5%.

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BSN demand rising in home healthcare

Margery Harvey-Griffith

The knowledge and skills provided by a bachelor's education or higher is valued by employers in home healthcare, according to Margery Harvey-Griffith, MS, RN, senior consulting manager at McBee, a healthcare consulting firm headquartered in Wayne, Pennsylvania. "Today's home healthcare nurses are more than caregivers," she says. "They're clinical case managers who need a strong theoretical base and multifaceted skills to function efficiently and effectively."

In addition, demand for BSN-prepared nurses will continue to rise when the new payment system, the Home Health Patient-Driven Groupings Model (PDGM), is implemented in 2020, says Harvey-Griffith, who also is the former vice president of Medicare Operations.

BSN and advanced-degree programs provide intensive courses that develop critical home healthcare skills in assessment, the nursing process, leadership, and understanding outcomes. Home healthcare nurses must be able to effectively develop and coordinate complex care plans and collaborate with other team members. They need to know how to access and use literature, resources, tools, and best practices to improve teaching and outcomes and keep patients out of the hospital. They also must know how to measure teaching success, have the skills to assess for functional impairments, and ensure that their documentation complies with government regulations and reimbursement guidelines.

"Think about how nursing stacks up with other healthcare disciplines, such as pharmacy, physical therapy, and social work, in which the entry level is a master's or a doctorate," Clark says. "A minimum bachelor's education for nurses is important to create a well-educated interprofessional team that works well together to provide safe and reliable care."

Staying competitive in the marketplace

Michele Snider

BSN nurses are prized by employers for their critical thinking, leadership, case management, and health promotion skills, and for their ability to practice across a variety of inpatient and outpatient settings. "Employers are looking for highly skilled nurses able to translate the latest scientific evidence into practice," Cary says. "They're showing a strong preference for BSN-prepared nurses, particularly among new hires. AACN's most recent data show that 46% of employers now require a BSN, and 88% are expressing a strong preference for nurses with a baccalaureate degree."

Michele Snider, BSN, RN, CHCR, president of the National Association of Healthcare Recruitment, agrees. "BSN-prepared nurses are the top-tier candidates of choice of RN recruiters for bedside positions, especially for new graduate nurses."

Because of this trend, it's likely that nurses with less than a BSN will not have the same future career opportunities and mobility as those with a BSN. In addition, more education generally means higher salaries and more autonomy over nursing practice. "Nurses who have been on the frontlines for a few years are finding that they're limited in their career paths because they don't have a BSN," Clark says. "It opens up opportunities to advance toward becoming a manager, educator, researcher, and advanced practice nurse."

Metro vs rural settings: What's the employment forecast for BSN nurses?

Workforce experts believe that the demand for BSN nurses will continue to increase in both metropolitan and rural settings as health systems across the country align themselves with the IOM's goal of an 80% BSN-prepared nursing workforce by 2020. According to Clark, Texas Health Resources has required all RNs hired in the system since 2015 to have a BSN within 2 years of employment. The large system includes more than 350 points of access in urban, suburban, and rural settings.

Many health systems are following suit. For example, most health systems in Indiana require a BSN, usually within 5 years of hire, according to Snider. Eskenazi Health is on the Magnet journey, and since 2012 has required new nurses to complete their BSNs within 5 years of their hire date. The system includes a 350-bed level-one trauma center and 12 federally qualified healthcare centers and mental health centers. "Because of the nursing shortage, we still hire associate degree–prepared [ADN] nurses, but we offer a robust reimbursement program to support them in getting their required BSNs," says Snider, who also is an RN-talent acquisition consultant at Eskenazi Health.

Some large metropolitan hospital systems in Colorado also have a BSN requirement for hiring nurses. Others require ADN-prepared nurses to be enrolled in a BSN program within a year of hire with an end-date to completion, according to Audrey Snyder, PhD, RN, ACNP-BC, FAANP, FAEN, FAAN, AGACNP, program coordinator of the adult gerontology acute care nurse practitioner program at the University of Northern Colorado in Greeley. "In the future, ADN-prepared nurses in metro-

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BSN opportunities abound in post-acute care

JoAnne Reifsnyder

The opportunities for BSN-prepared nurses in post-acute care are abundant and exciting, according to JoAnne Reifsnyder, PhD, MSN, MBA, FAAN, executive vice president of clinical operations and chief nursing officer at Genesis HealthCare in Kennett Square, Pennsylvania.

Post-acute care includes long-term care, home healthcare, hospice, transitional short-term care and rehabilitation, and assisted/senior living. Genesis HealthCare, which operates more than 400 post-acute care facilities, has a clinical ladder that recognizes and rewards nurses with BSNs. These nurses also are groomed to advance their careers to become champions of practice areas, specialty-certified nurses, unit managers, and eventually move into administrative positions, such as senior nurse executives and beyond.

As healthcare continues to shift from hospital-centric to community-based and wellness care, the opportunities and demand for BSN-prepared nurses in post-acute care will continue to rise. "Our preference is to hire bachelor's-prepared nurses," Reifsnyder says. "Nurses with a BSN or higher are highly desired because of their significant critical thinking skills and leadership abilities."

In addition, post-acute care organizations will be looking for more nurses with BSNs and advanced degrees to qualify for the ANCC Pathway to Excellence® Program. This program recognizes a healthcare organization's commitment to creating a positive practice environment that empowers and engages staff. "We're currently pursuing Pathway to Excellence designation for more of our Genesis HealthCare locations, which will require more BSN nurses who are prepared to be leaders," Reifsnyder says.

politan areas may find most of their initial opportunities in long-term, transitional, and rehabilitation care," Snyder says.

Expanded educational expectations aren't limited to metropolitan organizations. Rural facilities are increasingly looking for BSN-prepared nurses. Although rural settings have traditionally relied on local ADN community college programs to supply nurses, they have had the same call to action to achieve the 80% BSN rate as their metropolitan cohorts.

"Nurses with a BSN or higher will find an abundance of opportunity in rural organizations because of the lack of local nursing schools that offer BSN education," says Snyder, who also is president of the Rural Nurses Association. "Rural hospitals need to fill positions, so they will hire associate-degree nurses, but employers see a great amount of value added when a nurse has a BSN."

Staff nurses in rural hospitals frequently have to work in multiple roles and specialties, and a BSN can better prepare them in the key skills they need, including accessing resources, self-educating, critical-thinking, improvising, and communicating and collaborating with healthcare professionals across the board. A huge demand exists for nurse practitioners, especially those who are acute-care and family certified to care for patients across the lifespan, Snyder says.

To address the need for more BSN-prepared nurses, some rural areas are developing innovative programs to increase accessibility to BSN programs. For example, Florida has a program in which community colleges can offer BSN degree programs. Several counties in Texas, which has a large rural footprint, are currently testing a similar idea, according to Clark. In 2018, Colorado passed legislation that allows community colleges offering ADN programs to develop BSN programs. Concurrent enrollment in an ADN and BSN program may be an option for rural nurses. For example, the University of Northern Colorado has relationships with some community colleges so that students can enroll concurrently in the ADN and BSN programs.

Audrey Snyder

Feel the nursing pride

Nurses who complete their BSNs find many benefits beyond simply getting a job. Clark says that she's seen the pride of the nurses in the Texas Health Resources system who've completed their BSNs. "Getting your BSN reactivates the student in you," she says. "It also creates a desire to continue learning because you're engaged and realize that you might want to do other things that require additional education. It helps nurses on the journey toward advancing their careers. Yes, there are nurses who are only getting their BSNs to maintain their jobs, but I see the pride in them when they achieve recognition for completing their degree. In the end, they're glad they did it for many reasons."

Catherine Spader is an author and healthcare writer/editor based in Littleton, Colorado.

Going back to school: How to make the leap successful

Follow an expert's tips for a successful school entry.

By Catherine Spader, RN

Debra A. Wolff

Debra A. Wolff, DNS, PCNP, RN, author of *Advancing Your Nursing Degree: The Experienced Nurse's Guide to Returning to School*, is president and CEO of Nurses Ready for the Next Step and adjunct faculty at Empire State College, Saratoga, New York.

As a faculty member, Wolff sees many nurses jump into and out of school after a couple of semesters. They frequently focus so intently on the financial and academic aspects of their experience that they overlook the big picture. They try to squeeze school into a small box and haven't arranged their lives to accommodate it. Thoughtful preparation before returning to school is critical to success. Here's how Wolff advises nurses to prepare themselves effectively before taking the leap.

Choose the right program

Take time to investigate all types of programs and assess which best fits your learning needs and lifestyle.

- **In-person programs** offer a live learning environment and face-to-face connection with teachers and other students and their ideas. However, they're less flexible, and the travel required can be time-consuming.
- **Online programs** are the most flexible and can be a good choice if you're computer savvy and have a heavy work schedule or work off shifts. You can do school work anywhere you can take your computer. It might be tempting to think that online programs are easier, but that's not true. You should also know that teachers often can monitor your online habits to ensure you're doing the work. There are two models of online learning:
  - **Independent study programs** are models in which students learn completely on their own. If you're self-disciplined and work best independently, then this might be for you. However, you'll have no interaction with other students; some people feel disconnected from their peers in these programs.
  - **Cohort models** are online programs in which students can meet each other through discussion boards. You also can see what your fellow students are writing, which can be a great learning opportunity. In some programs you might get to know the teachers as well. If that's important to you, ask about the teacher's availability. For example, some teachers might set up a phone call with every student at the beginning of the semester to help him or her get comfortable with the syllabus and course expectations.
  - **Hybrid programs** are a great compromise for some students. They're divided between in-person and online sessions, they're more flexible, and they don't require as much travel as in-person models. Hybrid programs provide opportunities for students to meet in person and share ideas and learning experiences with others.

Be cautious about jumping in feet-first

Some nurses are so excited—or want to get school over with as quickly as possible—that they sign up for the maximum number of classes right away. That may be fine for some students, such as those without families or full-time work commitments. However, for

most nurses, especially those who've been out of school for a long time, it's a good idea to start with one class at a time. This approach provides an opportunity to adjust to school and studying and to sharpen academic skills.

After you get comfortable with the demands of school, then you can consider adding one class at a time. Some schools might pressure you to take two to three classes concurrently, especially if you want to qualify for loans or financial aid. However, this can lead to burnout, and if you drop out, you're left with student loans—and no degree. To avoid burnout, consider paying out-of-pocket. Many people can swing it financially if they take one course at a time.

Some nurses who want to finish school quickly end up worrying about flunking out so much that they take unethical risks. Be warned: Schools use sophisticated plagiarism software programs to catch cheaters. You can get kicked out of school and lose all your credits—and still have loans to pay back.

Study effectively

Consider the most efficient and effective way to study and when you'll schedule it into your lifestyle.

- Commit a specific time and place to study. The kitchen table won't cut it. Your study area should be a quiet place where you focus and store books and papers without having to move them.
- Get a dedicated computer that you don't have to share with your family.
- Understand how you learn best and how to apply it effectively to your study habits. Are you an auditory, visual, or kinesthetic learner? For example, auditory learners might benefit more from downloading and playing audio textbooks than from reading them. Visual learners generally benefit from seeing information in writing. Kinesthetic learners may need to write out information. A combination of these learning styles might work for you, so take some time to consider what's most efficient and effective for you before dedicating a lot of time to study.

Adjust your attitude

Even if you're a well-seasoned nurse, you'll be critiqued by faculty. For some nurses, that's a hard pill to swallow, but the best way to grow and succeed is to embrace feedback. Some RN-to-BSN students may think they won't learn anything they don't already know. However, there's always something new to learn, and going back to school is an opportunity to learn from nurses with different expertise. Open your mind to a more global picture of healthcare. Nurses with the right attitude can overcome anything and will get the most out of their education.

Negate the naysayers

A support system is critical to your success. It can include fellow students, teachers, colleagues, friends, and peers. However, differentiate between people who are supportive and those who should be but aren't. Learn to spot the naysayers, the people who will ask you, "Why are you doing this to yourself?" or "Why are you bothering with a higher degree?" Surprisingly, this attitude may come from people who are supposed to be supportive, such as family and other nurses.

Prepare yourself to respond to those who don't have your best interests at heart. Think about why you're going back to school. For example, do you want to have better options for your family's financial future? Are you looking ahead for options that can take you all the way to retirement? Remember that you don't have to justify yourself or your education. A simple, effective response to naysayers is, "I'm not doing this for anyone but myself." How can anyone argue with that?

Catherine Spader is a medical and healthcare writer/editor in Littleton, Colorado.

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Nursing informatics: The EHR and beyond

Informatics nurses increase efficiency, reduce costs, and enhance patients' lives.

By Tanna L. Nelson, MSN, RN-BC, CPHIMS, and Cheryl D. Parker, PhD, RN-BC, CNE, FHIMSS

The American Nurses Association (ANA) defines informatics nursing as the integration of "nursing science with multiple information and analytical sciences to identify, define, manage, and communicate data, information, knowledge, and wisdom in nursing practice." That definition is accurate, but it doesn't fully explain the breadth of opportunity that exists for nurses considering an informatics career. This real-world story offers a concrete example:

In 2018, the CHRISTUS Trinity Mother Frances Health System in Tyler, Texas, received the Southwest Transplant Alliance (STA) with the Life Champion Partner Gold Award for its organ transplant conversion (88%) and effectiveness (81%) rates. The increased rates were the result of tools the informatics team developed and implemented within the hospital's electronic health record (EHR). The tools saved nurses about 30 minutes when inputting information and making referrals to STA, which provided them with time to provide better patient care and support.

Nursing informatics is broad, accommodates a diverse array of nursing strengths and interests, and impacts virtually every aspect of healthcare where technology integrates with clinical practice, no matter the setting. Nurses who choose informatics as a career expand their reach beyond direct patient care, but they still experience the rewards of helping people and advocating for their profession.

Background

The adoption of EHRs in 2004, under President George W. Bush's strategy and funding to improve patient safety, spurred significant growth in informatics nursing. In 2009, President Barack Obama further advanced the use of EHRs through Medicare and Medicaid incentive programs that reward hospitals and providers who demonstrate meaningful use of EHRs. As a result, implementations escalated across the nation, and informatics nurses have since been on the frontlines of EHR application and optimization to improve patient care and enhance clinician experience.

Since the adoption of EHRs, healthcare technology continues to advance, and informatics nurses' roles are evolving quickly. Organizations are moving past implementation-related strategies to focus on trimming documentation burdens, streamlining processes for high reliability, and identifying the EHRs' true value by generating new knowl-

edge and improving care through evidence-based practice.

Healthcare impact

Informatics nurses embrace the use of data generated from EHRs to support knowledge and wisdom development. Before digitization, data were extracted manually, an expensive and time-consuming process. Using EHRs and other clinical systems, informatics nurses can gather data rapidly, creating opportunities for innovation.

Because they are well positioned to recognize healthcare gaps and find transformative ways to guide practice, informatics nurses lead initiatives that improve patient well-being. At John Peter Smith Hospital in Fort Worth, Texas, informatics nurses developed and operationalized an algorithm for recognizing intimate partner violence and red flags for human trafficking. The algorithm fits seamlessly into the emergency department (ED) nurse workflow, provides step-by-step instructions to the nurse, and includes a narrative to use if the patient screens as positive. Patients are offered assistance immediately.

At the same organization, informatics nurses maximize the use of mobile technology to bring healthcare to the homeless. Clinicians bring the benefits of EHR technology into the field, where they create walk-in visits, provide treatments, prescribe and arrange for delivery of medications, offer education and follow-up care, and monitor health conditions. The program has reduced unnecessary ED visits and preventable complications.

Informatics nurses use advanced analytics skills to quantify the true value of the work clinicians do each day. At Texas Health Resources in Dallas-Fort Worth, informatics nurses show how sending vital signs from the machine directly into the EHR on medical/surgical and telemetry units saves hours of manual documentation each day. These same nurses are combining clinical expertise with advanced analytics strategies to develop predictive models. Their work with predictive modeling enhances and saves lives, identifying sepsis risk to readmission risk, and even helps recognize people who may benefit from palliative care.

Specialty insight

Every 3 years, the Healthcare Information and Management Systems Society (HIMSS) conducts a nursing informatics workforce survey to gain insight into the specialty. We've summarized the data gathered from the 2011, 2014, and 2017 surveys that will help with considering an informatics career.

Clinical experience

Clinical experience is integral for success in informatics nursing; 82% of respondents reported working in a clinical setting for more than 5 years before switching to informatics. The most commonly reported care settings were medical-surgical, critical care, emergency, pediatrics, and administration. Of the informatics nurses who responded, 80% are highly satisfied with their career choice.

Training and education

On-the-job training was common just a few years ago, but the current trend is toward master's and doctoral degrees and postgraduate certificates. The ANA classifies two formal roles for the specialty: informatics registered nurse (with experience working in health information technology [IT]) and informatics nurse specialist (with health IT experience and a master's or doctorate degree). Board certification through the American Nurses Credentialing Center, professional certification through HIMSS, and project management certifications are common. Informatics nurses perceive that these certifications benefit their careers.

Roles and responsibilities

Informatics provides a tremendous opportunity to advance nursing science. The initial boom in EHR implementation is winding down in acute care, but design and implementation responsibilities continue to grow, as does healthcare technology innovation. (See *Where can you work?*) In some cases, healthcare organizations are replacing their original EHRs with systems better suited to their needs. In other cases, healthcare organizations are searching

Where can you work?

The most common jobs for informatics nurses are within hospitals and healthcare delivery systems, but don't ignore the growing opportunities that span the entire healthcare industry, including:

- transitional and subacute care settings
- clinics and community health programs
- healthcare vendors
- consulting and staffing firms
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Building a strong professional network is your best bet to launching your informatics career.

- **American Nursing Informatics Association (ANIA).** This national organization has regional chapters throughout the United States. Membership expands beyond nursing and serves to advance informatics "through education, research, and practice in all roles and settings." www.ania.org
- **Healthcare Information and Management Systems Society (HIMSS).** HIMSS, a global organization with regional chapters, "supports the transformation of health through the application of information and technology." himss.org
- **American Medical Informatics Association (AMIA).** Some members of this multidisciplinary organization collaborate with ANIA on a nursing informatics subgroup, which serves as U.S. representative to the International Medical Informatics Association. amia.org
- **Alliance for Nursing Informatics (ANI).** ANI is a joint venture between HIMSS and AMIA. Its goal is to "represent a unified voice for nursing informatics and provide the synergy and structure needed to advance the efforts of nursing informatics professionals in improving the delivery of patient care." allianceni.org

for value, efficiency, a seamless experience for clinicians, and creative solutions to healthcare challenges within their existing EHRs. Informatics nurses will continue to spend significant time creating and implementing systems that maintain the clinician's voice within their design. Roles requiring data analysis, visualization, and presentation skills are in demand. In addition, informatics nurses will continue to play supportive and educator roles as processes change and improve.

Compensation

Base salaries for informatics nurses are on the rise. Nearly half of 2017 survey respondents reported earning a base annual salary over $100,000, an increase from the one-third who reported six-figure salaries in 2014. Informatics nurses who obtain certification or postgraduate education earn the highest salaries. Those who earn the most are consultants or work for healthcare vendors, positions that require significant travel and are considered high-stress.

Networking and membership

The best way to get involved in the nursing informatics community is through professional organizations. Employers want to see potential employees who are actively involved in local informatics projects within their current practice settings and who participate in local

or regional informatics chapters. Most professional organizations are politically active and need informatics nurses to advocate for legislation that improves healthcare technology interoperability. (See *Build a network.*)

The future of informatics nursing

Informatics nursing provides challenges and opportunities to transform healthcare in meaningful ways. The work of informatics nurses supports those who provide direct care by advocating for effective practice through appropriate technology. Opportunities are available to impact healthcare at local, state, national, and global levels. How will you choose to expand your practice? Is an informatics career in your future?

Tanna L. Nelson is a nursing informatics specialist at Texas Health Resources Dallas-Fort Worth and 2018 American Nursing Informatics Association (ANIA) Chapter President. Cheryl D. Parker is a clinical assistant professor and educational technology specialist at the University of Texas at Tyler School of Nursing and 2019 president-elect of the ANIA National Board of Directors.

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DNPs: Healthcare change agents

Find the right program to meet your professional goals.

By Rebecca Shipley, MSN, APRN, FNP-C; Barbara Chapman, MSN, APRN, FNP-C; Chiquesha Davis, MSN, CMSRN, RN-BC; Christian Garrett, MSN, APRN, FNP-C; Sonya Grigsby, MSN, APRN, AGACNP-BC; and Cyndi B. Kelley, MSN, RNC-LRN

After feeding your curiosity about the differences between the doctor of nursing practice (DNP) and doctor of philosophy (PhD) in nursing and how they complement each other (https://tinyurl.com/yyjpnhh3), you may be inspired to take the next step in your career and earn a DNP. When you start with an online search, you'll find many full- and part-time programs offered online or in traditional classroom settings. How do you decide which program is right for you? Are all DNP programs created equal? What should you take into consideration before you make your final choice?

Let us help you make this decision by exploring how to pick a school or program, what courses should be included, tips for success, and potential DNP roles. (See *DNP career paths*.)

Selecting the right school and program

In addition to considering your professional and personal preferences, choosing a DNP program requires assessing several scholastic characteristics, including program reputation. National accreditation, such as from the Commission on Collegiate Nursing Education (CCNE) or the Accreditation Commission for Education in Nursing (ACEN), ensures consistency and uniformity among degree requirements. Talk to alumni and other professionals familiar with the schools and programs you're interested in to validate their character. Appraise the professional development and career advancement of the program's graduates and ask former students about their role transition and overall preparedness. Also, review attrition rates across all the programs you're considering. Doctoral study is rigorous, so it's not uncommon for programs to experience drops in enrollment over time. However, high attrition rates (> 10%) should prompt further investigation.

Look for experienced faculty to guide and facilitate the learning experience. Many programs have PhD-prepared faculty teaching in their DNP programs. You want a program with a diverse collegiate teaching staff that includes DNP-prepared faculty.

DNP programs should be true to their clinical and evidence-based practice roots. They shouldn't be heavily grounded in research, as is the case with the PhD in nursing.

In addition to programs' academic attributes, think about what you personally need to succeed, including flexibility, length, track options, cost, and work/school balance. A variety of program lengths, semester requirements, and flexibility options exists in programs across the country. Finding a program to fit your personal and professional schedule is critical to success. You'll also want to find the learning option that's right for you—online, traditional classroom, or a mix of both.

Curriculum

The program you choose should have a curriculum built on the foundation of a bachelor's degree in nursing (BSN) and/or a master's degree in nursing (MSN), depending on the student's level of entry. A DNP program will prepare you to translate evidence into practice; at the completion of the program, you'll need to have accumulated a minimum of 1,000 practice hours.

Program entry pathways

DNP programs can be BSN-DNP or MSN-DNP, but they all incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (DNP Essentials) and any additional pro-

fessional standards and guidelines required by the university's bylaws. The CCNE requires that institutions seeking DNP program accreditation use the DNP Essentials, which outline the competencies that are core to all advanced nursing practice, including the four nationally recognized advanced practice RN roles: nurse practitioners, clinical nurse specialists, nurse anesthetists, and nurse midwives. DNP Essentials one through eight are the foundational outcome competencies necessary for all graduates of a DNP program regardless of specialty or focus.

Focus track

Students in a DNP program are required to have a bachelor's or master's in nursing. The core knowledge and competencies of BSN-prepared nurses are based on the *Essentials of Baccalaureate Education for Professional Nursing Practice;* MSN-prepared nurses' knowledge and competencies are based on the *Essentials of Master's Education in Nursing*.

With this base, the DNP core competencies (for example, scholarship writing, theory, health policy, organizational culture, and evidence-based practice) provide a foundation for advanced nursing practice in a focused specialty, such as healthcare finance, organizational leadership, healthcare administration, technology, healthcare policy, and advanced practice nursing. For instance, tracks concentrated on healthcare administration or organizational leadership will emphasize organizational and systems' leadership. (See *Sneak peek: Sample course curriculum*.

Curriculum length

Curriculum length is based on institution, state, and various accrediting bodies that may require a minimum or maximum number of credit hours for a DNP. AACN recommends 3 calendar years or 36 months of full-time study, including summers, or 4 years on a traditional academic calendar.

Final DNP project

The DNP program you choose should include a final DNP project. Assess the practicality of the program's DNP project requirements and review projects completed by alumni to determine the level of involvement and feasibility of the final evaluation. The following project examples from the *DNP Essentials* use the scholarly experience and application of evidence to affect healthcare policy, health systems, academia, and patient and practice outcomes:

- portfolio that addresses the impact or outcomes related to a practice change and documents the final synthesis and scholarship
- practice change initiative
- pilot study
- program evaluation
- quality improvement project
- evaluation of a new practice model
- consulting project
- integrated critical literature review.

DNP career paths

Nurses with a doctor of nursing practice (DNP) work in various nursing roles that impact healthcare directly and indirectly.

Advanced practice RN (APRN). The clinical, leadership, economic, and organizational skills of APRNs with DNPs can significantly enhance healthcare delivery and patient outcomes. The DNP degree emphasizes evidence-based practice and systems change. The role of APRNs with a DNP is different than their colleagues with a master's degree in nursing. This is attributed to additional training to influence clinical education, healthcare policy, and executive leadership. The four nationally recognized APRN roles are nurse practitioner, clinical nurse specialist, nurse anesthetist, and nurse midwife.

Clinical education. DNP-prepared nurses have roles within academia as clinical educators and organizational leaders who affect curriculum, educational costs, and program efficacy. Their didactic experience enables them to apply theoretical frameworks, translate nursing education research, and use information technology to influence educational institutions.

Healthcare policy. Because of their unique training to impact healthcare policy, DNP-prepared nurses can influence complex, universal change by becoming involved in politics. Their experience in using professional collaboration to achieve outcomes makes them ideal candidates for advancing nursing agendas through legislative venues. They can bring attention to healthcare concerns by collaborating with politicians at the local, national, or global level.

Administrative leadership. The DNP degree prepares nurse leaders to transition beyond traditional leadership responsibilities into more advanced areas of healthcare governance, including executive administrative positions. DNP training encourages the use of innovative, evidence-based management practices to achieve efficient, collaborative, and sustained healthcare advancements.

Tips for success

DNP programs have rigorous academic expectations. As you begin your DNP program, you may feel underprepared, frustrated, and overwhelmed. You'll need to navigate a new educational platform, research databases, and course assignments. You'll also need to maintain a healthy balance between family, work, and school. These tips will help you overcome some of these challenges and maintain balance for DNP success.

Uncover your passion. An essential prerequisite for any successful DNP student is a

Sneak peek: Sample course curriculum

The following course curriculum example gives you an opportunity to see what a 3-year MSN-DNP leadership/clinical focus track might look like.

Year	Course	Credit hours
1	Scholarship of writing	3
	Intro to DNP	3
	Advanced epidemiology	3
	Theory	3
	Evidence-based practice I	3
2	Population health with cultures	3
	Evidence-based practice II	3
	Advanced leadership or clinical I	3
	Healthcare informatics	3
	Advanced leadership or clinical II	3
3	Publishing scholarly papers	3
	Leadership or clinical scholar synthesis I	3
	Healthcare policy development	3
	Organization culture and leadership or clinical	3
	Leadership or clinical scholar synthesis II	3

Source: University of Texas at Tyler. Leadership DNP: Recommended 3-year curriculum (part time). 2018-2019. uttyler.edu/nursing/files/DNP-LdrshpPrttime18-19.pdf

genuine passion for your topic. Choose a specialty area that energizes you and stimulates your thinking. Your education will monopolize a big part of your life for 3 to 5 years, so you'll need serious and dedicated commitment to your chosen topic.

Read, learn, and network. Learn about the experts in your field of study and seek to collaborate with and be mentored by them. In addition, read about, watch, listen, and connect with leading authorities and researchers. These trailblazers, who apply innovative evidence into evidence-based clinical practice, will help you become a change agent.

Search the literature to establish what's been uncovered in your field of study, what hasn't been validated, and what's been suggested, successful, or ignored. If you don't know what already exists, you can't make a substantial contribution to improving healthcare quality and enhancing clinical practice.

Persevere. Remain tenacious in pursuit of your DNP. You'll face challenges but trust the process. The path to success requires a willingness to keep going. Relinquish perfectionist tendencies and anchor your mind to prioritize your work.

Transform patient care

Choosing a DNP program can be daunting, but you can find the right program to fit your financial, educational, personal, and professional needs. Your choice will ultimately increase your ability to transform patient care through the translation of evidence into practice and advocating for new approaches to cost-effective healthcare and improved patient outcomes.

All of the authors are DNP students at the University of Texas at Tyler. Rebecca Shipley is a family nurse practitioner at CHRISTUS Health System in Tyler, Texas. Barbara Chapman is a family nurse practitioner at The Community Health Clinic in McKinney, Texas, assistant clinical professor at Collin College, and clinical specialist at University of Texas at Tyler. Chiquesha Davis is manager of clinical faculty at West Coast University-Dallas Campus in Dallas, Texas. Christian Garrett is a family nurse practitioner at Medical Associates of Athens in Athens, Texas and an adjunct professor in the associate degree school of nursing at Tyler Junior College in Tyler, Texas. Sonya Grigsby is a critical care nurse practitioner at CHRISTUS Mother Frances Hospital in Tyler, Texas, and locum NP at OSF St. Francis Medical Center in Peoria, Illinois. Cyndi B. Kelley is a nurse manager in the special care nursery at Texas Health Presbyterian Hospital of Dallas. Chapman, Davis, Grigsby, and Kelley are fellows in the Texas Nursing Association's 2018 DNP Policy Fellowship.

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School skills: What successful nursing students do

Mastering these skills can help you reach your educational goals.

By Jennifer Chicca, MS, RN, and Teresa Shellenbarger, PhD, RN, CNE, ANEF

Congratulations on your decision to return to nursing school. Your continued pursuit of knowledge is important for the future of nursing, healthcare, education, and research. Whether you're returning as an undergraduate or graduate student, you'll likely face many challenges and competing responsibilities, such as family and work obligations, that can hinder degree completion. School can be overwhelming, but mastering certain skills—effective reading, good notetaking, smart studying, and self-testing—can help you succeed and attain your personal and professional goals.

Read effectively

Successful nursing students not only do their assigned readings, but they also read effectively and efficiently. Nothing is worse than spending hours reading only to realize you didn't understand what you read. You must actively read and engage with the material to enhance your understanding. So, how do you read effectively?

Try the SQ3R (or SQRRR) approach: *survey, question, read, recite,* and *review*. When you begin any reading, survey the assignment first. Skim the headings, tables, illustrations, charts, and other materials to get a broad overview. You also may want to determine how much time the assigned reading will take and then break it into manageable chunks. Smaller bursts of reading may be better than extended hours.

After the survey, ask questions about the reading to help you prepare to read it effectively. (See *Questions before reading*.)

Now you're ready to actively read thoroughly and slowly to understand the material. Look up unfamiliar words as necessary, and don't ignore tables, illustrations, charts, figures, and other materials such as glossaries and practice questions. They're designed to assist you and check your understanding. Difficult concepts may require you to read the material several times. Your first reading is intended to give you a broad overview of the topic while helping you create a framework

Questions before reading

Before you begin any reading assignment, ask yourself these questions:

- What do I know about this topic?
- What do I need to know about this topic?
- What can I expect to learn from this reading?
- How long will this reading assignment take?

for understanding, so don't read with a highlighter or pen. Later readings will allow you to gain more comprehensive knowledge and understanding; that's when you judiciously highlight or underline to identify key or critical concepts.

Next, recite what you read to check your understanding. In other words, try to summarize or rephrase the text in your own words. You can do this by writing your own notes, drawing figures or diagrams to show concept connections, or speaking out loud. Answer questions such as "What does it mean?" and "Why is it important?"

When you finish, briefly review what you read to help reinforce your learning and correct misunderstandings. As you review, reflect on what may still be unclear or confusing. You may need to repeat some of the steps in the SQ3R approach if you're struggling to understand and retain information.

Take good notes

Attend class, pay attention, and take notes that will facilitate recall. Successful students know not to write down everything the teacher says. Instead, they capture the main ideas and topics that are unfamiliar. Ask yourself, "Is this an important note to take?" or "Do I need to write this down to remember it?" As you listen to the teacher, connect what you're hearing with what you already know and have read. Abbreviations, symbols, and acronyms are good notetaking shortcuts but remember that they need to make sense to you later.

Technology use during class can be tempting but consider placing your phone out of sight with the ringer silenced and turning off electronic devices such as your laptop. Use paper and pencil or pen for notetaking. Research suggests that handwritten notes help students more effectively retain material than typed notes. (See *The pen is mightier than the keyboard*.) Also pay attention to teacher cues. Important information is often repeated and emphasized. And remember, if the information is unclear, ask questions.

The pen is mightier than the keyboard

Mueller and Oppenheimer studied handwriting versus laptop notetaking in their research. They focused solely on notetaking whereas previous studies had focused on students' capacities for multitasking and distractions when using laptops in class. The authors noted that students who took notes on laptops tended to copy down every word the teachers said, but that students who wrote notes by hand recited, reframed, and summarized the teachers' words. This led to deeper learning and improved scores.

Study smart

One of the first ways to study smart is to regularly review your notes, readings, and other materials. Study in short bursts, perhaps 45 to 90 minutes, before taking a 15- to 20-minute break. If your mind starts to wander, take a break. Try to physically walk away from the material and allow time to process the information so that it sinks in. Set goals for your study sessions. For example, you might plan to review three pages of your notes each day. Don't cram or procrastinate.

You also should carefully select a place to study. Whether your study space is at home or out of the house, you want to study without interruptions. Research suggests that learning is harder with background noise, so find a quiet location. Consider the library or campus study rooms. No matter your location, try to avoid distractions such as email, the Internet, or television.

When studying, focus on major concepts and applying knowledge rather than just recalling individual pieces of information. Ask yourself questions such as "Why is this important?" and "How will this help me in my current and/or future role?" Develop a real-life example, teach yourself the material, and link the topic to images or patient situations you've encountered in practice. You may want to consider studying with a partner or group, asking each other practice questions and teaching each other concepts. This also presents an opportunity to hear others discuss concepts so you can check your understanding. Group study time should remain focused; don't get sidetracked with discussions about personal activities.

Don't be afraid to experiment with study strategies that will work for you. For example, draw yourself a diagram, make a table, or create a concept map. Some successful students also develop mnemonics, abbreviations, or

other memory aids to help them remember content. (See *Mnemonics: A memory tool.*)

When reviewing materials, many students try to master one topic or concept before moving on to the next, but interleaving may help with long-term retention. Try studying one topic until you have a general understanding and then move onto the next topic. Continue in this manner for several topics. Then, return to the original topic and repeat the process. This interleaved or interspersed learning helps you permanently learn material by revisiting concepts over time.

Test yourself and others

Your active engagement in learning as an adult student will help ensure your success, so test yourself to determine what you know and what you don't. (see *Quizzing yourself: Sample question stems*). You also may benefit from repetition through drill and practice activities. You can make paper or digital flashcards to practice. With computer applications like StudyBlue or Quizlet, you can create electronic flashcards for use with your phone or other digital devices. Though flashcards are a good way to learn terminology, memorize facts, or recall data, don't forget to focus on understanding and practice application.

Mnemonics: A memory tool

Study strategies and memory tools can help you retain the information you learn in class and reading assignments. Mnemonics, for example, can help you memorize a variety of concepts, including disease processes, by creating word clues. The mnemonics below can aid in learning the symptoms of left-sided (FORCED) vs. right-sided (BACONED) heart failure.

Left-Sided	Right-Sided
Fatigue	**B**loating
Orthopnea	**A**norexia
Rales/restlessness	**C**yanosis
Cyanosis/confusion	**O**liguria
Extreme weakness	**N**ausea
Dyspnea	**E**dema
	Distended neck veins

In addition to testing yourself, quizzing others can be helpful. Study group members can take turns asking each other questions and helping each other understand important concepts. Exchange phone numbers and e-mail addresses with your peers so you can provide each other with insights and explanations when you need help.

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Quizzing yourself: Sample question stems

Quizzing yourself (and others) can aid in uncovering what you understand and what needs clarification. Use these stems to form questions on specific topics.

- What if _____ happens?
- What are the consequences/effects of _____?
- Which _____ is most important?
- Why would we do _____ intervention?
- How does _____ apply to my current and/or future role?
- What other reasons are there for _____?
- What would likely happen after _____?
- What data are there to support _____?
- What are some alternatives to _____? What would be the advantages and disadvantages to each alternative?
- Why would I do _____?
- When would _____ occur?
- What would happen if _____?

Ask for help

Don't forget to tap into faculty for help. Visit them during office hours or schedule a meeting if you're having difficulty understanding material. Attend any review sessions and be sure to review faculty-provided materials. Handouts and other supplements are provided to support your learning, so use them.

Mastering skills

Attending nursing school offers many advantages to you and the profession, but it can be challenging. The best way to overcome those challenges is to master the school skills most likely to help you succeed.

The authors work at Indiana University of Pennsylvania in Indiana, Pennsylvania. Jennifer Chicca is a doctoral (PhD) candidate and graduate assistant. Teresa Shellenbarger is a distinguished university professor and doctoral program coordinator.

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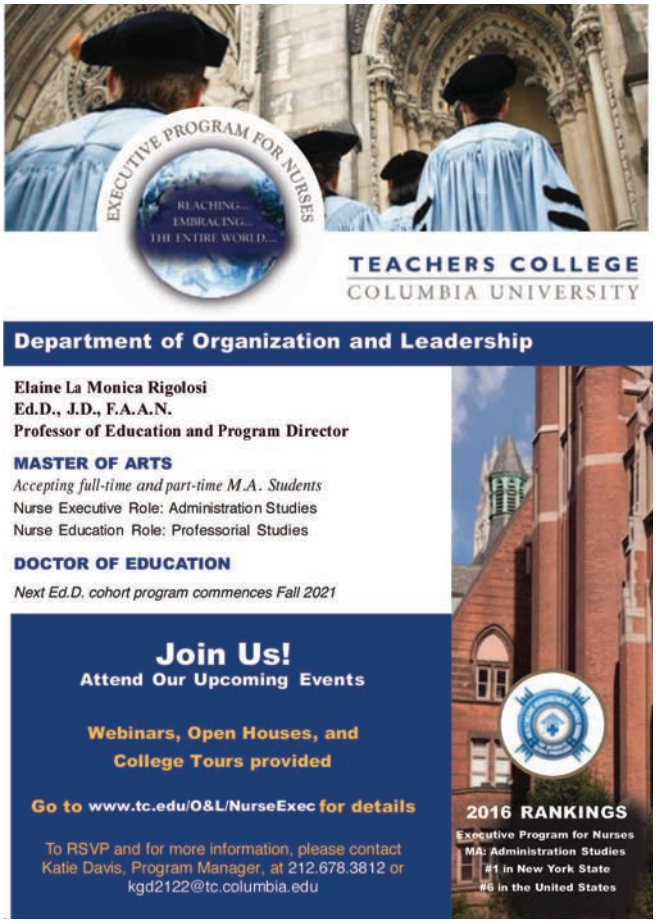


Is becoming a nurse practitioner right for me?

This advice will help you make an informed decision.

By Deborah Becker, PhD, ACNP, BC, CHSE, FAAN

When I ask nurses why they want to be a nurse practitioner (NP), many struggle to find an answer. Before applying to graduate school, do your homework. Research the knowledge and skills needed, the role activities, and the level of responsibility required to perform the essentials of the position. Start by understanding the basics, review the answers to the following frequently asked questions, and then ask yourself if this role is for you and whether you have the attributes for success. (See *NP basics*.)

What does an NP do?

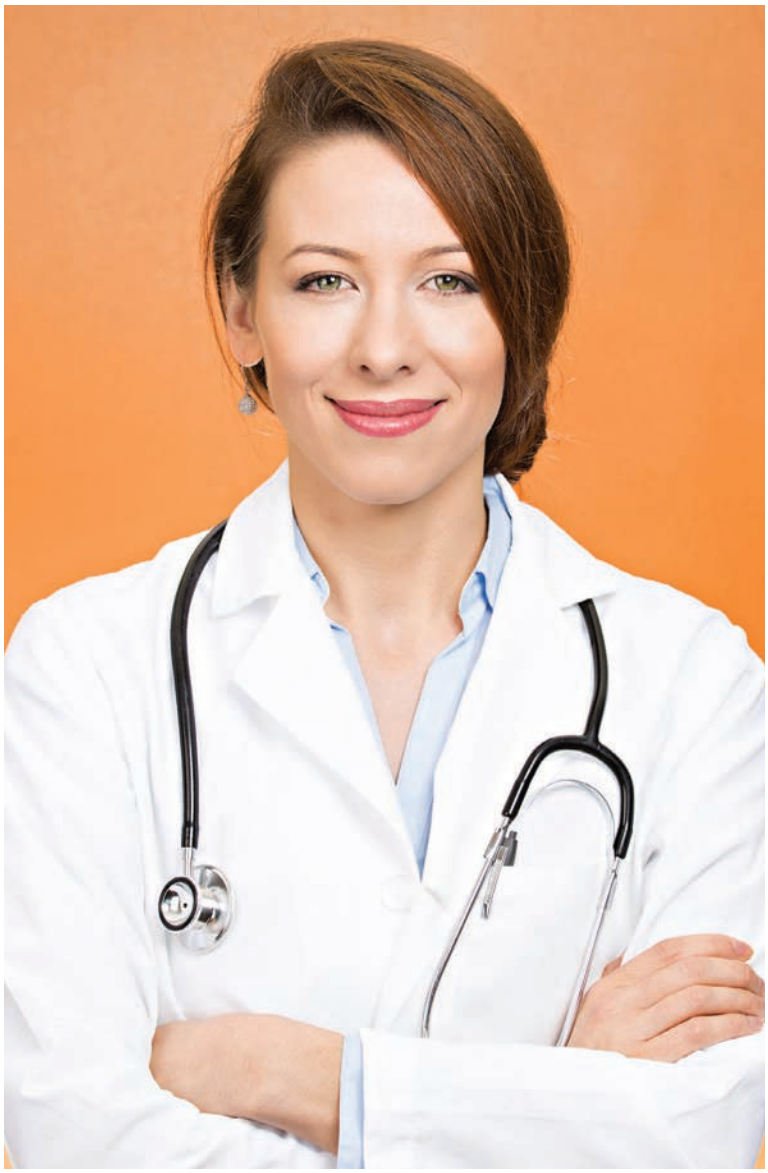
NPs obtain patient histories, perform physical examinations, and order and interpret diagnostic tests, including laboratory studies, 12-lead electrocardiograms, and x-rays. They analyze the data collected, create a list of potential diagnoses, and then make a diagnosis and develop a treatment plan (including pharmacologic and nonpharmacologic therapies) in collaboration with the patient. NPs also provide patient education and counseling.

Where do NPs work and with what types of patients?

NP work settings include primary care offices or clinics, specialty care offices, small and medium-sized community and urban hospitals, and large academic health centers. NPs must choose a specific patient population for their practice. Population choices are pediatrics, adult gerontology, women and individuals with gender-related issues, neonates, patients with psychiatric issues, and patients and families across the lifespan. The pediatric and adult gerontology populations are further divided by the level of care they require—primary or acute care.

How do I decide which NP I want to be?

This decision is yours to make. Ask yourself what patient age group you're interested in caring for. Patients from birth to 21 are within the pediatric NP's purview. Patients ranging from age 13 through death can be cared for by adult-gerontology NPs. If you see yourself treating newborns up to 1 year old and premature babies, you may enjoy being a neonatal NP.



NP basics

Nurse practitioners (NPs) are licensed healthcare providers who work independently or as part of a team to:

- diagnose and treat patients with acute, episodic, and chronic illnesses
- promote healthy behaviors and prevention
- prescribe pharmacologic and nonpharmacologic therapies
- order, perform, and interpret diagnostic tests
- develop treatment plans and evaluate progress.

A significant shortage of psychiatric providers exists, so if you're interested in helping individuals across the age continuum manage mental health issues and disorders, this role may be for you. If you're interested in treating women and individuals with gender-related issues (and their partners), then consider a women's health and gender-related role. If you like the idea of managing patients and their families across the lifespan, then family practice NP may speak to you.

If you're considering focusing on either pediatric or adult through gerontology patients, you'll need to choose between acute

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- Post Master's Certificate Nurse Administrator
- Post Master's Certificate Nurse Educator
- Post Baccalaureate School Nurse Certificate

or primary care. If you're drawn to patients who have acute or critical illnesses, want to restore their health or help them obtain the highest level of independence possible after recovery, then acute care is for you. If you want to focus on preventing illness, encouraging healthy behaviors, delivering preventive care, and managing chronic illness and lower acuity episodic issues, then choose primary care.

Whichever population you choose, you'll need to review your personal attributes, learn about the NP program requirements, and how to choose the best program for you.

What personal attributes do NPs need?

NP responsibility, accountability, and autonomy are greater than that of a nurse. You want to make sure you have the attributes that will help you succeed and provide the best patient care possible. (See *Do you have what it takes?*).

What are the NP program application requirements?

Candidates applying to NP programs must be BSN-prepared or have completed a second-degree program that meets the requirements for licensure. You must have an active nursing license in the state where you're employed or where your graduate school is located so that you can participate in clinical rotations. You'll be required to submit official transcripts from your undergraduate program; if your grade point average doesn't meet the programs' requirement, you may need to take an entrance exam such as the Graduate Record Examination. Performance on this exam provides an objective parameter for determining admission eligibility.

Most applications also require an essay to evaluate writing ability and letters of recommendation from previous instructors and supervisors.

How do I decide whether to apply to a master of nursing or a doctor of nursing practice program?

NP programs are offered at both the master's and doctorate level. Master's programs, which typically are 2 to 3 years, focus on providing the required coursework and the number of clinical experiences and hours needed to meet the NP competencies and the certification exam eligibility criteria. Completing a doctor of nursing practice (DNP) program frequently requires additional years of study. The curriculum provides advanced coursework on leadership, quality and safety, infor-

Do you have what it takes?

Nurse practitioner (NP) success requires certain characteristics and attributes. Do you already have them, or do you need to develop them before embarking on your NP education?

Caring and compassionate. Patients are coming to you for answers, and they'll share more if you are authentic with them.

Attentive. Patients want you to listen to their concerns and offer solutions. If you let phone calls, staff and provider interruptions, and documentation requirements distract you, patients won't feel heard or valued.

Positive. Provide a positive attitude about patient concerns and options for reducing or eliminating them. Equally important is maintaining emotional equanimity—being appropriately empathetic, but not criticizing or joining in the anger a patient feels about another provider's decisions.

Critical thinking. NPs must sift through information that the patient provides, uncover what's relevant, and critically analyze exam and test results to develop a diagnosis and treatment plan. Healthcare is always evolving, so you must commit to life-long learning and professional development.

Responsible. NPs are responsible for a wide range of tasks. You'll need to provide accurate and timely information to the patient, follow-up on pending diagnostic tests, review consulting reports, and evaluate patient treatment response. That requires being organized, detail-oriented, and willing to admit when you don't know something (but reassure the patient that you'll get answers as quickly as possible).

Able to prioritize. Patients usually have several co-morbidities along with their current complaint. You must be able to recognize which problems require immediate attention and which can wait. You'll also need to reassure the patient by clearly communicating your reasoning.

Communication skills. Communication is essential to your success and good patient care. Translating medical jargon into language that your patient can understand helps the patient participate in care and understand the reasons behind prescribed treatment. You'll also need to communicate with other providers involved in your patient's care, with staff who are collecting samples and performing diagnostic tests, and with nurses who implement the plan of care, assess patient responses, and relay their findings back to you.

Physical endurance. Many NPs work 50 to 60 hours per week, and most of those hours are spent standing and walking. Depending on your employment agreement, you may be required to do on-call hours or work night shifts. The longer hours and the change in routine may put more strain on your health.

Stress management. Being an NP can be highly stressful. You must have effective ways to deal with and diffuse stress.

matics, healthcare economics and policy, and evidence-based practice (EBP). Many DNP programs have an EBP project as a graduation requirement. The American Association of Colleges of Nursing has recommended that NPs be prepared at the doctorate level, and the National Organization of Nurse Practitioner Faculties has committed to move entry-level NP education to the DNP level by 2025. One option could be to obtain a master's degree with the plan to return to school later to pursue a DNP.

Make an informed decision

Determining what you want to do for the next phase of your career is an important decision. Take the time to explore your options and do the research so that you're fully informed about NP role responsibilities and expectations. You also want to understand the educational requirements, how long it will take to complete your education and training, and what the financial implications are. Your road to success as an NP should be paved with all the information you need to make the right decision for you.

Deborah Becker is a practice professor of nursing and director of the adult gerontology acute care nurse practitioner and streamlined post-MSN certificate adult gerontology acute care NP programs at the University of Pennsylvania School of Nursing in Philadelphia.

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The role of adult gerontology acute care nurse practitioners

This growing field offers opportunities in a variety of settings.

By Heidi Elgart, MSN, RN, ACNP-BC

Your perspective of the nurse practitioner (NP) role may be shaped by the NPs you encounter at work. Perhaps you think that adult-gerontology acute care NPs (AG-ACNPs) are limited to the hospital. But the truth is, AG-ACNPs manage patients based on their acuity and needs, not the setting. They care for adolescent, adult, and geriatric patients in a variety of inpatient and outpatient settings.

Knowing about the educational preparation required for AG-ACNPs, as well as the settings, roles, scope of practice, and job outlook, will help you decide if this is the right career step for you.

Education

Many AG-ACNP graduate programs (masters, post-masters, or doctor of nursing practice) require 1 to 3 years of experience working as an RN in an acute care setting. An understanding or familiarity with acute care diag-

Certification and consensus

After developing the Consensus Model in 2008, the American Nurses Credentialing Center (ANCC) certification exam was changed from adult acute care to adult gerontology acute care to reflect the population focus outlined in the Consensus Model (see bit.ly/2JKWklb). Adult gerontology acute care nurse practitioner (AG-ACNP) students now choose to take one of the two national certification exams:

- AG-ACNP certification exam offered by ANCC
- ACNPC-AG certification exam offered by the American Association of Critical-Care Nurses.

Implementation of the Consensus Model and its adoption by the state boards of nursing requires that NPs work with the patient population for which they received a formal education, were nationally certified, and received licensure. For example, if you're a nurse with several years of experience working in an ICU and you complete and graduate from a family nurse practitioner or other primary care NP program, you don't have the formal education and training to manage acute diseases and conditions. You would have to complete an AG-ACNP program and pass the certification exam before being permitted to care for acutely ill patients.

noses and interventions provides a baseline for learning advanced assessment and diagnosis skills and how to manage acute diseases or acute exacerbations of chronic conditions. NP students often draw from previous clinical situations or patient encounters while learning in the classroom and participating in NP clinical rotations.

Core curricula vary across AG-ACNP programs but they all must include advanced physiology/pathophysiology, pharmacology, and physical assessment (the "Three Ps"). AG-ACNP programs also focus on epidemiology, assessment, diagnosis, and treatment for a range of acute and chronic illnesses and injuries. Technology courses teach advanced diagnostics, including electrocardiogram (ECG) and x-ray interpretation, central venous catheter insertion, lumbar puncture, chest tube insertion, and lab result interpretation.

Simulation frequently is used to teach and evaluate clinical decision-making and critical-thinking skills. AG-ACNP students complete a minimum of 500 hours in faculty-supervised clinical rotations, which usually include different acute care settings and patient populations, giving students the opportunity to apply concepts learned in didactic classes and simulation to gain real life experience. A variety of clinical rotations allows students to explore specialty areas, network with other providers, and observe practicing AG-ACNPs.

Transition to practice

Learning doesn't stop after graduation and certification. (See *Certification and consensus*.) Orientation and onboarding for new AG-ACNPs vary by institution, individual provider, and role. Differences in AG-ACNP programs and previous nurse experience mean that orientation should be individualized. For example, an RN who has spent several years working in an epilepsy unit and is then hired into the neurology practice as an AG-ACNP to manage the same population with the same providers might need less orientation time than an AG-ACNP who worked on a surgical unit as an RN but is hired onto a hospitalist team to manage patients with acute medical issues.

Many hospitals and outpatient practices have established onboarding processes and competency-based orientations to help provide a smooth transition. Some organizations offer fellowships or additional training. Post-graduate fellowship programs can help ease transitions and increase knowledge and clinical experiences, especially in high acuity settings like critical care. The duration and design of post-graduate fellowships vary.

Settings and roles

The National Organization of Nurse Practitioner Faculties describes AG-ACNPs as providers who care for "patients with unstable chronic, complex acute and critical conditions." This broad definition means that the AG-ACNP role isn't limited to the hospital; instead, it's defined by patient need. For example, a patient might present to the emergency department (ED) with chest pain where an AG-ACNP performs an examination, orders an ECG and serum troponin level, interprets the ECG, and diagnoses the patient with an ST-elevation myocardial infarction (STEMI). This prompts a STEMI alert and an AG-ACNP on the cardiology service works with the cardiologist to transition the patient to the cardiac catheterization lab for an interventional procedure. After the procedure, a cardiology AG-ACNP manages the patient and then after discharge, he or she receives follow-up care with another AG-ACNP in the outpatient cardiology office.

The results of a 2016 American Association of Nurse Practitioners (AANP) survey looking at the practice settings of AG-ACNPs show that more are working in outpatient areas, urgent care centers, and group practices compared to results of the 2012 survey. These results demonstrate an expansion of the AG-ACNP role beyond inpatient settings where most AG-ACNPs initially practiced.

In addition to role expansion outside of the hospital, roles within the hospital have expanded as well. For example, a hospitalist AG-ACNP might admit a medical patient from the ED, manage the acute and chronic healthcare issues while the patient is hospitalized, and help with communication back to the patient's primary care provider on discharge. Palliative care is another relatively new role for AG-ACNPs, either as part of an inpatient

Where do AG-ACNPs work?

Adult gerontology acute care NPs (AG-ACNPs) have the opportunity to work in a variety of roles and settings.

Hospital and outpatient roles

Critical care:

- Surgical
- Trauma
- Neurosurgery
- Heart and vascular
- Medical
- Pulmonary intensive care unit (ICU)
- Coronary care unit
- Step-down ICU

Inpatient/outpatient:

- Cardiology
- Infectious disease
- Hospitalist
- Internal medicine
- Endocrinology
- Oncology and chemotherapy infusion
- Neurology
- Urology
- Hematology
- Gastroenterology
- Hepatology
- Palliative care
- Surgery (plastic, vascular, neuro, bariatric, trauma, thoracic and cardiac, transplant)
- Electrophysiology and interventional cardiology
- Interventional radiology

Outpatient specialty practice roles

- Long-term ventilator unit
- Long-term acute care hospital
- Acute rehabilitation
- Dialysis unit
- High-tech medically complex home care
- Emergency department (ED) observation
- ED resuscitation
- Hospice and palliative care
- Tele-health and virtual ICU
- Advanced air and ground transport

My experience as a trauma AG-ACNP

I've been practicing as a trauma adult gerontology acute care nurse practitioner (AG-ACNP) for over 20 years. When I first started, few AG-ACNPs worked in the hospital and I relied on mentoring from my trauma surgeon colleagues to learn my role and how to manage our patients. Now I work with a team of five NPs and we cover all the trauma patients on the primary trauma floor from 7:00 AM until 5:00 PM, 7 days a week, including holidays and weekends.

My day begins with receiving sign-out from the resident who covers patients overnight. We discuss patient issues and review patients who were admitted overnight. Next, I start morning rounds, which includes "therapy rounds" to review patients who are physical and occupational therapy priorities to assess their progress and determine their needs upon discharge. I also participate in bedside "care team rounds" with staff nurses, the charge nurse, social workers, the unit-based pharmacist, and RN case managers to discuss daily patient plans and discharge plans and to answer any questions nurses, patients, families, or care team members might have. I round daily with the trauma attending; the attending and other members of the trauma team are available if I have questions or need help.

As a trauma AG-ACNP, I:

- perform daily physical assessments
- order and interpret labs and diagnostic studies (including chest X-rays, abdominal X-rays, and computed tomography scans)
- write daily progress notes
- adjust or initiate medications
- communicate with consultants
- determine patient readiness for discharge
- prepare discharge documents and prescriptions.

In addition, I frequently perform:

- chest tube and surgical drain removal
- simple suturing
- suture or staple removal
- tracheostomy downsizing or removal
- complex wound (gunshot, fasciotomy, enterocutaneous fistula, skin graft) management.

Throughout the day I receive phone calls from nurses, consultants, and lab and radiology technicians who have patient care questions or information. I respond to and treat urgent and emergent patient issues, including:

- vital sign changes
- fever
- tachycardia
- worsening pulmonary status
- mental status change or new agitation
- new bleeding
- worsening pain
- substance withdrawal.

The days can be busy, and I frequently finish charting, follow up on a study result, return a patient phone call, or talk to a patient or family after I've signed out, but I love my NP role. Coordinating and managing care for complex trauma patients and assisting with successful transitions to home or rehabilitation is truly rewarding.

team or in the outpatient setting. AG-ACNPs on palliative care services manage patients with life-threatening illnesses; treat symptoms like pain, dyspnea, or nausea; lead goals of care discussions; and coordinate complex care by collaborating with other members of the patient's healthcare team. (See *Where do AG-ACNPs work?*)

Scope of practice

AG-ACNP scope of practice are defined and described in *AACN Scope and Standards for the Acute Care Nurse Practitioner 2017*. Additionally, scope of practice can be narrowed or limited by the state where the NP is licensed or the hiring institution, service, or practice.

AG-ACNPs are prepared to diagnose and treat patients with acute or critical issues, or acute exacerbations of chronic health conditions. Specifically, they're qualified to obtain health histories, perform physical assessments, develop differential diagnoses, order and interpret diagnostic studies, determine management plans, order pharmacology therapies and other therapeutic interventions, collaborate and communicate with other members of the healthcare team, and facilitate transitions across different levels of care.

AG-ACNPs are hired into a variety of roles with different staffing models. Some are hired onto "NP services" and provide 24/7 coverage for a unit or service. Some AG-ACNPs manage a caseload of patients for a particular specialty practice, while others function as members of existing multidisciplinary teams (see *My experience as a trauma AG-ACNP*.

Job outlook and satisfaction

Currently, a high demand for AG-ACNPs exists, and that trend is likely to continue. The U.S. Department of Labor estimates that from 2016 to 2026, the demand for NPs will grow by 36%. This statistic encompasses the projected demand for all NPs; the National Center for Health Work Force Analysis estimates that the need for AG-ACNPs in critical care settings will grow by 16% from 2013 to 2025. Initially, the high demand for AG-ACNPs in hospitals was triggered by the Accreditation Council for Graduate Medical Education 2011 limitation on residency work hours. The continued and projected demand for AG-ACNPs is due to many factors: An aging population and longer life expectancies, improved disease detection and treatments, physician shortages, and changing insurer payments have driven organizations to respond to the challenge of delivering high-quality, cost-effective care by employing AG-ACNPs.

US News and World Report, citing salary and projected growth, ranked NP as number

7 out of the 100 best jobs in 2019. Kleinpell and colleagues report findings from the 2016 AANP survey that 88% of acute care NP respondents said that they feel satisfied or very satisfied with their main NP practice site and that many (31%) intend to continue practicing at their current location for the next 10 years or more.

Exciting times

The AG-ACNP role can be professionally challenging and diverse. Projected demand for and continued growth make it an exciting time to take this next step in your career.

Heidi Elgart is a trauma nurse practitioner at Penn Presbyterian Medical Center in Philadelphia, Pennsylvania, and a course director in the adult-gerontology acute care nurse practitioner program at the University of Pennsylvania School of Nursing in Philadelphia.

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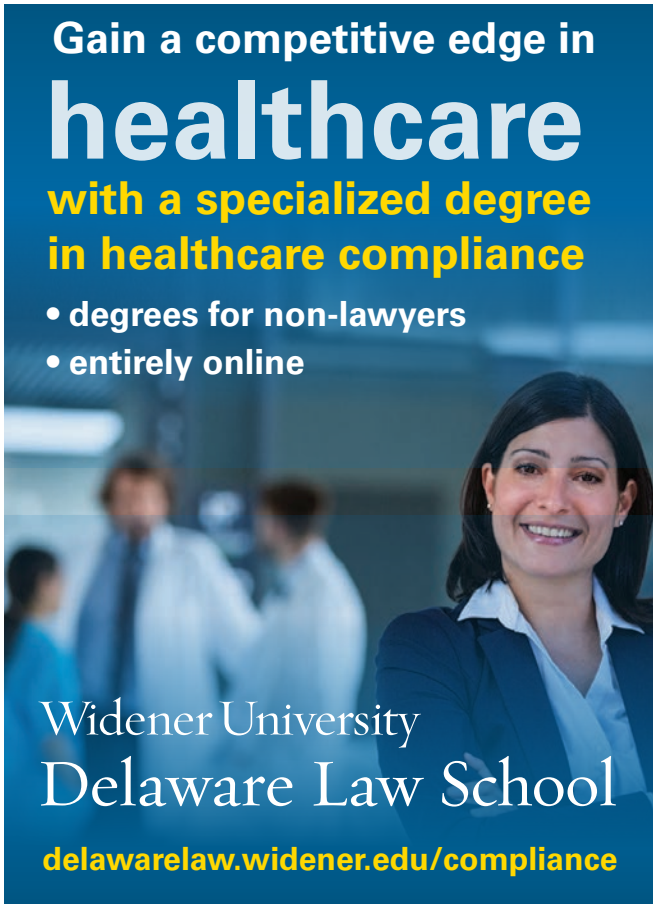

Power up your education with innovative technology

Tools for organizing, studying, and learning

By Lisa Shustack, EdD, MSN, MSEd, RN

Whether you're a traditional student or returning to school to further your education, finding the best online tools and apps can help make studying and life easier and more fun. Who has time to write out stacks of flash cards or scour through piles of research articles? The right apps and easy-to-use web-based programs can help with time management, organization, and studying, and even spark creativity.

You probably already use apps on your smart phone, tablet, or laptop for entertainment, so using technology to help manage your education will be an easy transition. Both Apple and Android have dozens of programs and apps that can help boost your studying process. You may have some go-to favorites, but let's explore the top five must-have technologies to power up your education.

iAnnotate 4

The days of going to the library and pulling a journal off the shelf to flip through, find the perfect article, and make a photocopy to keep and highlight just doesn't happen anymore. Instead, online libraries provide PDF research documents, which can be downloaded and saved electronically. iAnnotate allows you to highlight, bookmark, take notes, make verbal recorded notes, and review those PDFs in a simple format. It's almost like notetaking on paper but without the paper. Just import and annotate Microsoft Word, PowerPoint, and e-book documents that have been converted to PDFs (you can import photos and audio clips, too). With iAnnotate you can take notes in your e-textbooks or insert a verbal note to yourself on a specific page referenced from class. It's also an option for keeping important parts of research articles organized when preparing citations.

Cost: $9.99 (only from Apple)

StudyBlue

The StudyBlue app is an alternative to writing out hundreds of flashcards for studying. It allows you to create online flashcards that are saved in the app and available for review whenever you want. You can pull out your smartphone or tablet and study at the coffee shop, while waiting in long grocery store lines, or whenever you have a minute to spare. You can create flashcards using text or pictures, which can be used offline when the Internet isn't available. In addition, you can share your flashcards or message with other students who are taking the same course to create a virtual study group. The app also has a reminder feature so you don't forget to view flashcards before an upcoming exam.

Cost: Free (Apple and Android)

iStudiez

The iStudiez planning tool integrates your schedule via Google Calendar and synchs daily and weekly tasks, homework assignments, and specific class details. Trying to remember all the specific details about an assignment? iStudiez keeps those details linked to assignments from specific courses. Need to contact your professor? iStudiez allows you to input professor contact information or specific details into the app for quick reference. The app also keeps track of your grades and GPA throughout the semester.

Cost: Basic version is free (Apple and Android)

EasyBib

One of the most daunting tasks when writing

a paper is setting up the correct format for the bibliography, especially when you have professors requiring different citation styles. EasyBib helps you generate accurate citations in multiple formats, and you can switch the style with one click. Using an ISBN, URL, or source title, you can automatically generate a citation in the correct format. The EasyBib Add-In for Office 365 allows you to create citations directly into your papers without leaving the document. If you're working on a group project, EasyBib permits users to share citations with just one click.

Cost: Basic version is free

Smore

It may sound like a delicious chocolatey snack, but Smore (not to be confused with the S'more app) is an innovative online presentation tool. Rather than creating PowerPoints for every classroom presentation, Smore.com allows users to design single-page posters or flyers in a user-friendly format. You can add videos, text, images, links to external websites, and track how many views the poster receives. Imagine presenting your next assignment with a visually stimulating and interactive poster that engages your classmates and impresses your professors.

Cost: Free

Plug in and power up

Many web-based tools are available to help you stay organized, save time, stimulate creativity, and increase academic performance. Using technology as part of our everyday lives has revolutionized the way information is communicated and can help us learn more efficiently. Take a few minutes to explore these innovative tools to re-energize your education and put you in control of your learning and productivity.

The right tools and technologies have the potential to help you achieve academic success. After you become an expert at using them, you may even find that they're essential to your lifelong learning and career. Plug in to power up your education.

Lisa Shustack is an assistant professor at Misericordia University in Dallas, Pennsylvania.

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Presentations: From commitment to call to action

Making a connection between your opening and closing engages the audience and enhances learning.

By Tresa Kaur, PhD, RN-BC, CNE, CHSE, CTN-A

As a nurse, teaching includes sharing your expertise. Typically, you're teaching to small audiences, such as an individual patient and a family member or a group of students if you're in school, which may make professional presentations to a larger audience more intimidating. Successful content delivery requires setting the right tone and ending with recommendations.

Presentation openings consist of four elements: commitment, experience, rules, and summary. Likewise, presentation closings have four elements: questions, referrals, summary, and call to action. In this article, I'll share ways to start your opening with a commitment to your audience and end with a call to action.

Opening elements

The opening sets the stage for the meat of your presentation. You want to get audience members' attention, let them know who you are, and set their expectation.

Commitment

Start your presentation with a commitment to your audience members by defining your purpose and offering a conclusion. Then draw a road map to the presentation conclusion. Provide stops and detours by carefully explaining how you'll present the content and reach your goal. Keep your goals or objectives concise, specific, and measurable; use action verbs to engage the audience.

Experience

Nursing changes rapidly, so state your topic's broader professional impact to underscore the importance of the presentation's purpose.

Next, your audience should understand why you were chosen as the presenter on this topic. Ask yourself the following questions when designing this section:

- Why were you asked to present on this topic?
- Are you an expert in this field?
- What was the latest research that you reviewed?
- How else can you build trust with your audience?

Share personal anecdotes to help connect you with audience members, and provide visual aids, such as handouts, charts, posters, or slides with images, tables, and videos, to help them retain information. Refer to your anecdotes during the presentation to tie the discussion into a real-world setting. Some presenters use humor, quotes, and pictures as adjuncts to their anecdotes.

After presenting the global and personal perspective, you must tie them together. In many cases, offering a brief history lesson of the past and what's coming in the future can help. Then conclude with a statement tying together how your personal perspective meets your professional obligations or standards of practice.

To keep the audience members engaged, ask for their perspectives on the topic. If it's a newer topic, share a video, image, or a list, give them time to process, and then ask them to share their reactions with one another in pairs or small groups. Collect reactions and responses to show the audience members that you value their feedback, and refer to this list during the presentation. A poll is another way to share experiences, especially with an audience with whom you're unfamiliar.

Rules

Lay out the rules of your presentation in the opening:

- presentation length
- audience participation requirements
- how you'll handle questions (throughout or at the end).

Maintain eye contact with your audience throughout the presentation. This also is a good time check that all audience members

(continued on page 36)

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Presentation skills in action

Here's an example of how to apply principles for great openings and closings.

Carolyn Thomas, a nurse with expertise using an electronic health record (EHR) to design effective care plans, is developing her presentation to her colleagues who recently started using a new EHR. Her opening begins with a ***commitment*** to the audience: "By the end of this presentation, you'll know how to adopt a care plan for your patient using technology."

Carolyn then creates a ***road map*** that includes a list of the steps for selecting a care plan in the EHR. Her specific and measurable objectives concisely state what she expects the audience to learn: "Select the most appropriate care plan for a patient with asthma using the EHR."

Next, Carolyn develops the ***experience*** section of her presentation, which includes placing the topic into a broader historical context ("Nurses used to document on individual paper patient charts. Now, they document on computers, tablets, and mobile devices.") and professional nursing context ("Technology has improved patient safety and care related to asthma. Care plans are designed to effectively manage patients in the acute care setting and can be customized to meet individual patient needs.") Carolyn decides she'll engage the audience members using a poll to gather information about their EHR experiences.

Carolyn's ***opening summary*** restates the problem and the solution: "Selecting the best care plan for a patient with respiratory issues can be difficult. I'll serve as a guide to help you understand how to choose and individualize the correct care plan using an EHR."

In Carolyn's ***closing***, after answering ***questions***, she'll ***refer*** back to her opening: "In the beginning of this presentation, we talked about selecting the best care plan for your patient. We walked through five steps for creating an individualized patient care plan."

Carolyn will finish the presentation with audience ***action items***: "Here's a list of the items to remember when selecting a care plan. Next time you're using the EHR, view other care plans that you can use for your patients."

can hear you, especially those in the back of the room.

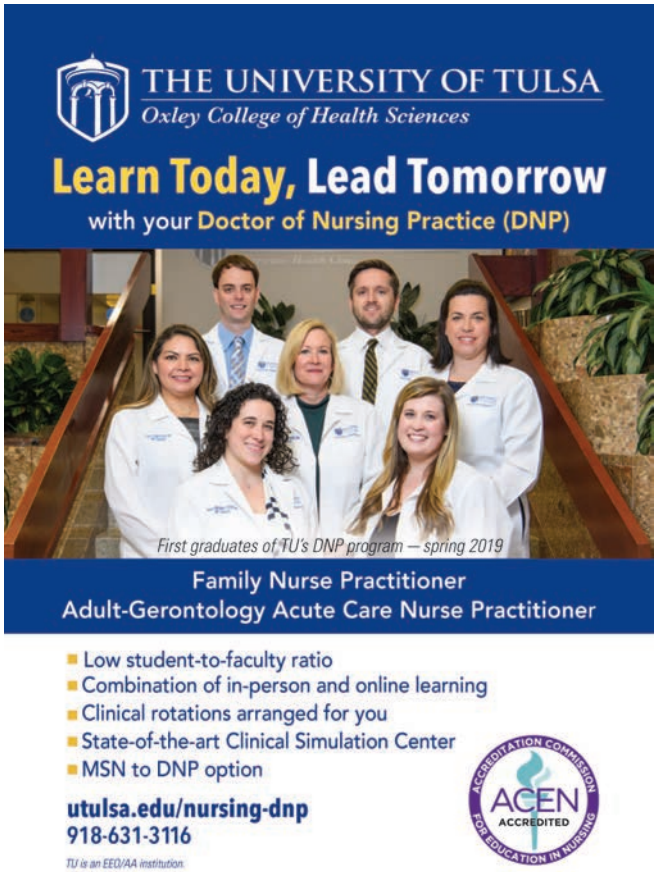
Summary

Conclude your presentation opening by restating the problem and solution. Show an image or even a blank slide so the focus is on you. Remind the audience members about the purpose of the presentation and how you'll help facilitate their growth and development in this content area.

Closing elements

The closing of your presentation should take

(continued on page 38)



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your audience full circle, reminding them of the problem and the road map to the solution. In addition, you want to send audience members away with action items that will place what they learned in the real world of nursing.

Questions
Start your closing with audience member questions. However, be mindful of the time you'll need to summarize your presentation and draw your audience's attention to their action items.

Referrals
Refer to the beginning of your presentation, restating your goals and the steps for achieving them. Repetition helps with memory and content recall.

Summary
In the preceding step, you referred to the opening. Now is the time for a formal summary of the road map. A bulleted list or a one-sentence summary will do. You also should offer recommendations for further resources and learning opportunities.

Call to action
The last and most important part of your closing is the list of action items for participants. Give them a specific call to action and assign them "homework." You might consider offering audience members a final "hands-on" task or assignment before they leave the presentation that gives them the opportunity to use the skills they learned. You want them to use cognitive and motor skills to help them better remember the information you presented.

Tying it all together

Your presentation should tie the opening and closing together. Carefully planning the content and using appropriate teaching strategies—such as slides, images, videos, lists, polls, and other interactive tools—will give your audience a meaningful learning experience. At the end of your presentation, gather feedback from your audience using a brief evaluation instrument that includes a question about the effectiveness of your opening and closing that you can use to help you improve your skills.

Tresa Kaur is a faculty member in the nursing doctorate in education program at Teachers College, Columbia University, in New York, New York.

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Before you go...

We hope you enjoyed the 2019-2020 *American Nurse Today Education Guide*! Here are a few take-home points.

Earning a BSN

- A bachelor of science in nursing (BSN) opens up more career opportunities and generally means higher salaries and more autonomy.
- The demand for BSN nurses will likely continue to increase in both metropolitan and rural settings.
- The demand for BSN nurses is rising in many specialties, including home healthcare and post-acute care.

NP role

- Population choices for nurse practitioners (NPs) are pediatrics, adult gerontology, women and individuals with gender-related issues, neonates, patients with psychiatric issues, and patients and families across the lifespan.
- Needed NP skills and attributes include caring and compassion, critical thinking, a positive attitude, and the ability to prioritize and to manage stress.

AG-ACNPs

- The National Organization of Nurse Practitioner Faculties describes adult-gerontology acute care NPs (AG-ACNPs) as providers who care for "patients with unstable chronic, complex acute and critical conditions."
- The U.S. Department of Labor estimates that from 2016 to 2026, the demand for NPs will grow by 36%.

Choosing a DNP program

- The American Association of Critical Care Nurses recommends 3 calendar years or 36 months of full-time study, including summers, or 4 years on a traditional academic calendar.
- The DNP program should include a scholarly project.

Back to school tips

- Choose a program that best fits your learning needs and lifestyle.
- Commit to a specific time and place to study where you won't be interrupted.
- Read effectively; try the SQ3R (or SQRRR) approach: survey, question, read, recite, and review.
- Study in short bursts, perhaps 45 to 90 minutes, before taking a 15- to 20-minute break.
- Focus on major concepts and applying knowledge.
- Use apps to boost your study processes.
- Build a support system.

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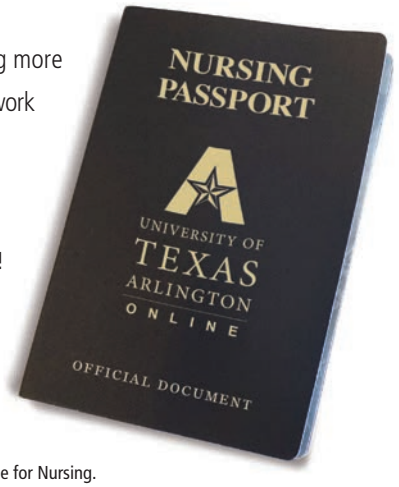

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