Going back to school at the age of 58 is similar to white water rafting. Each of my three white water trips was a mix of excitement and trepidation. Once in the boat, my helmeted head rose to spy the churning water and I would feel scared to death. Every time I considered going back to school for my master’s degree, I experienced that same dismay, fear, and excitement of each trip.

My career started at the age of 18 when I entered nursing school fresh out of high school. The next three years were spent studying for my Diploma of Nursing at Massachusetts General Hospital in Boston. Shortly after graduation, while working as an orthopedic nurse caring for patients with the “new” total hip replacements, I returned to school at Northeastern University in Boston to obtain my BSN. That was 32 years ago. I believed at that point that I was done with school, until last year.

Due to health reasons, I can no longer return to bedside nursing. Certified as a medical-surgical nurse, caring directly for patients is my passion. As I pondered my future, I asked myself, “What would Florence do?”

Florence Nightingale, the founder of modern nursing, returned from the Crimean War never to work at a hospital again. A prolific writer, Nightingale functioned as a consultant for nursing education and nursing care in England and during the American Civil War. Her career didn’t end due to health reasons; Nightingale is believed to have suffered from post-traumatic stress disorder.

Encouraged by family, I searched, found, and was accepted by University of Phoenix Online Graduate School. I bought notebooks and pens. I was ready, excited, and full of apprehension. School proved to be a challenge, as I needed to learn basic writing skills, how to format and cite papers, and navigate around my online school classroom. I also had to take statistics (yes, statistics) and nursing research, both undergraduate courses. Determined to succeed, I reinvested my energy, soon noticing I was enjoying the challenges of graduate school.

Florence Nightingale trained at Kaiserwerth, a hospital-based nursing program in Germany, similar to our Diploma of Nursing program. Four Lutheran Deaconesses (nurses) were sent to Pennsylvania, where they founded the first Protestant Church Hospital in the U.S. The role of the Deaconesses was to “Serve God’s people through spiritual care and works of Mercy” (O’Brien, 2011, p. 49).

Soldiers returning from war described the peace they felt upon seeing Nightingale holding the lamp while making night rounds at Sansabastole Hospital. Yet, she spent most of her

continued on page 15
Are You Ready?

The implementation of the new health care system means significant change for nurses. Mainly, America is going to need a lot more of us. Nearly every report, news article, or commentary associated with the new Affordable Care Act suggests that many more health care professionals are going to be needed to care for the millions more people who will be seeking health care. Being the largest group of health care professionals, it’s going to be the nurses that will have to fill the gap. The call now is for better prepared, well trained, and highly educated nurses.

Herein lies your challenge. What kind of nursing services do you want to provide? What patient populations are you good at taking care of? Where do you want to be practicing next year, in five years, and by the time you retire? After you’ve answered those questions, ask yourself what you need to do to get there. I’d suggest developing a plan to achieve the goals you’ve set for yourself as we all work to provide better health care. For example, most hospitals throughout the United States are seeking bachelor-prepared nurses. If you hold a diploma or associate degree in nursing, now might be a good time to pursue getting your bachelor’s degree. Most reports suggest many more nurses, able to provide primary care, are going to be needed. Maybe if you have a bachelor’s degree and have been thinking about moving into an advanced practice role, getting a master’s degree or specialty certification could be the right path for you. There recently was an article in my local newspaper describing the growing need for nurses to obtain doctor of nursing practice degrees. The article suggested that it would be the nurses whose skills, talent, knowledge, and education will be needed in order to care for all the people entering the health care system. But with so much need, so few nurses, and lots of opportunities, how do you know what’s right for you?

We have designed this entire issue of MedSurg Matters! to help clarify some of these topics. We want to encourage you to take the initiative and pursue the right educational path for you. In this special issue, you will find articles on study tips for students, information on various nursing roles, educational requirements, and other news relating to becoming the nurse you aspire to be.

I’m challenging you to never stop learning. Don’t let your educational or career goals go unfulfilled. We need you. Americans need you to become the very best, most educated, outstanding nurse possible. Ready? Begin.

Molly McClelland, PhD, MSN, RN, CMSRN, ACNS-BC
MedSurg Matters! Editor
CEUs vs. Contact Hours: What’s the Difference and Why Does it Matter?

Have you ever finished a continuing education event and heard someone say, “So how do I get my CEUs?” And then someone else might say, “They aren’t CEUs; they are contact hours.” This might confuse you and leave you wondering what’s being discussed. Hopefully this will help clarify some of those questions and concerns.

“Accreditation is the voluntary process by which a non-governmental agency or organization appraises and grants accredited status to institutions and/or programs that meet predetermined structure, process, and outcome criteria” (American Nurses Credentialing Center [ANCC], 2012, para 4). The purposes of accreditation include establishing and maintaining criteria based on evidence. Organizations meeting criteria and providing evidence of outcomes are recognized and supported in their accredited status. In essence, the goal of accreditation is to assure that all approved programs provide high quality and evidence-based education.

CEU: Continuing Education Unit

In 1964, the International Association for Continuing Education and Training (IACET) began a system of awarding 0.1 Continuing Education Units (CEUs) for content offered in continuing education because of a perceived lack of standards in awarding credit for attending continuing education programs. There was concern that a disconnect existed between education being provided and recognition of knowledge gleaned; this was another reason for standardizing CEUs. Standardizing CEUs allowed learners to accumulate and transfer their educational records needed to maintain licenses, certifications, or memberships (IACET, 2011). The National League for Nursing (NLN) is approved by the IACET to be a provider of CEU programs and follows their guidelines and criteria. The NLN provides CEUs focused solely on nursing education and only accepts programs for accreditation approval that are designed to enhance the knowledge and skills of nursing educators. Schools of nursing, NLN constituents, and other organizations with which NLN has a strategic alliance often apply to the NLN for accreditation approval (NLN, 2007).

The IACET is the most respected accrediting agency that awards CEUs. However, the term Continuing Education Unit (CEU) is often misused. Calculation for CEUs is done as follows: 1.0 contact hour = 0.1 CEU = 60 minutes (CEUs are expressed in tenths). To figure CEU allocation, sum all of the educational program minutes attended, divide by 60, and divide again by 10, with the fraction of the last few minutes rounded off to the nearest tenth (IACET, 2011). To properly earn 1 CEU, 10 clock hours of a class or workshop must be attended.

Here is an example: You register for a four-day conference and attend 23 hours of education in the general and breakout sessions. Your certificate should indicate that you received 2.3 CEUs. CEUs are used primarily today by industrial and technical associations.

CNE: Continuing Nursing Education

The American Nurses Association (ANA) determined that the CEU designation created confusion and problems for nurses needing to maintain continuing education in order to become certified or to maintain their license. Therefore, in 1974, a system for accrediting Continuing Nursing Education (CNE) was established by the ANA. In 1991, the ANA established the American Nurses Credentialing Center (ANCC) as a separate organization, moving all the credentialing activities to that center. The American Nurses Credentialing Center has become the world’s largest nurse credentialing organization, with strict standards developed to maintain quality of continuing education for nurses. The ANA is also the most widely used accrediting agency providing contact hours for nurses. ANCC is the only nurse credentialing organization that applied for and underwent an external analysis, successfully achieving “ISO-9001-2008 certification in the design, development, and delivery of global credentialing services and support services for nurses and healthcare organizations” (ANCC, 2012, para 6). The term contact hours is the correct term for those activities that give 1.0 credit for each 60 minutes of time in the educational activity. Contact hours may be awarded in increments of tenths of an hour (for example 2.1 contact hours). Rounding is done down to the nearest tenth of an hour (ANCC, 2012). So the same 23 hours of educational sessions described in the previous example would provide 23 contact hours.

Conclusion

CEUs and contact hours are two different methods used to recognize and award professionals for enhancing and maintaining knowledge needed to remain current and credible for a specific discipline or skill. Employers, organizations, and certifying bodies often require a minimum number of CEUs or contact hours over a specified period of time in order to maintain certification or licensing in a particular field. Most often for nurses, contact hours are awarded through the ANA and/or the ANCC.

Now when you register for the AMSN Annual Convention in Orlando this September, you’ll be able to figure out how many contact hours you can expect to earn by attending. This will enhance your nursing knowledge and provide the necessary requirements needed to renew your license and/or certification.

References
American Nurses Credentialing Center’s (ANCC) Commission on Accreditation. (2012). The value of accreditation for continuing nursing
continued on page 15
A Successful Approach to Implementing Evidence-Based Practice

Deadline for Submission: August 31, 2016

To Obtain CNE Contact Hours
1. For those wishing to obtain CNE contact hours, you must read the article and complete the evaluation through the AMSN Online Library. Complete your evaluation online and print your CNE certificate immediately, or later. Simply go to www.amsn.org/library.
2. Evaluations must be completed online by August 31, 2016. Upon completion of the evaluation, a certificate for 1.3 contact hour(s) may be printed.

Fees
Member: FREE  Regular: $20

Objectives
The purpose of this continuing nursing education article is to increase nurses’ and other health care professionals’ awareness of implementing evidence-based practice. After studying the information presented in this article, you will be able to:
1. Define an evidence-based practice (EBP) model and identify its five steps.
2. Explain the correlation of EBP to patient satisfaction and patient relief.
3. Discuss the CARES project and the call light study, as well as their outcomes.
4. Describe lateral violence and the importance of awareness in nurses.

Note: The authors, editor, editorial board, and education director reported no actual or potential conflict of interest in relation to this continuing nursing education article.

This educational activity has been co-provided by Anthony J. Jannetti, Inc. and AMSN.

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Anthony J. Jannetti, Inc. is a provider approved by the California Board of Registered Nursing, provider number CEP 5387. Licensees in the state of CA must retain this certificate for four years after the CNE activity is completed.

Involving staff nurses in the implementation of evidence-based practice contributes to a culture of performance improvement, improves patient outcomes, and increases interest in nursing research. The approach described in this article serves as an example of the promotion of evidenced-based practice in one facility.

A month does not go by without a nursing journal publishing an article on evidence-based practice (EBP). Professional nurses would agree that clearly defining a clinical issue or problem and conducting the literature review to determine current practice are important responsibilities of all practicing nurses.

The Art and Science of Nursing
Nurses might readily concede that before Nightingale’s Notes on Nursing, originally published in 1860, nurses lacked scientifically based training in the care of patients. However, after Miss Nightingale, almost every nursing school readily adopted the process of providing and evaluating care. This early process has developed into today’s nursing process of assessing, diagnosing, planning, intervening, and evaluating. The nursing process has enabled nurses to develop a body of knowledge that defines nursing practice.

Generating new knowledge through nursing research has been a challenge for nurses throughout history. In the early days of the profession, nurses were not considered professional health care workers and were not involved in research independent of a physician (Marvin, 1927). In 1963, the Department of Veterans Affairs (VA) forged the path for nurses in its system to conduct independent nursing research. Prior to 1963, nursing practice utilized available scientific evidence from other disciplines, such as the germ theory from microbiology, when providing patient care. Nurses also utilized “expert panels” of experienced nurses who shared positive outcomes of patient care activities such as bathing (Nightingale, 1860) and the physical and psychological benefits of getting out of bed (Henderson, 1956).

More recently, nursing theory has evolved to help us define complex phenomena and design sophisticated multi-method studies to guide nursing practice. Examples include practices for increased mobility (Henderson, 1956) and the use of complementary therapies to manage pain and anxiety (Antal & Kresevic, 2004). With a vast amount of scientific knowledge now contained in journals, textbooks, and cyberspace, it is not appropriate to rationalize nursing interventions based on tradition and trial and error. The nursing profession has developed into a sophisticated mindset of inquiry as to what works, what does not work, and what is best for the patient.

The evidence-based practice journey at the Louis Stokes Cleveland Department of Veterans Affairs Medical Center (LSCDVAMC), a large tertiary facility, began with the nurses’ quest for knowledge about nursing research and EBP. Traditional barriers to nurse participation in EBP and research projects include low computer and web search skills, as well as limited knowledge on how to assess “authoritative” informed sources (Titler, 2007). This article will review the process LSCDVAMC used to formally educate and mentor staff on EBP and research skills. Current nursing practices and emerging evidence that guide the nursing care provided to the veterans will be discussed.

Formalizing Evidence-Based Practice
Considering the challenges involved in creating a culture that
The staff disseminates findings from research and evidence-based projects through networking, journal clubs, publication in professional journals, grand rounds, poster presentations, and formal and informal presentations at national and local conferences. The NRC conducts monthly Nursing Research/EBP Grand Rounds via teleconferencing to facilitate staff participation. The presentations surround current nursing research, EBP projects, and other topics of interest such as literature searches and negotiating the Institutional Review Board (IRB) process.

Three sub-committees – Research Education and Training, Evidence-Based Practice, and Nursing Research – report to the full NRC (see Figure 1). Each member of the NRC is required to be a member of one sub-committee.

The Research Education and Training Sub-Committee plans an annual nursing research conference for local and non-local VA and non-VA nurses. This venue provides an opportunity for nurses to present poster abstracts, participate as speakers, and attend sessions presented by local and national nursing research experts. The last Research Conference included a variety of topics: Translational Research in Heart Failure, Navigating the Poster Process, Grant Writing 101, Minority Health and Health Disparities, Dementia and Delirium, and The Future of 21st Century Nursing Research. Based on the attendance numbers and the feedback from participants and speakers, the sub-committee is considering extending the conference to two days.

The mission of the EBP sub-committee is to implement evidence-based practices to improve the quality, safety, efficiency, and effectiveness of health care at LSCDVMC. To impact the nurse at the bedside, committee members began by soliciting nursing staff who expressed interest in participating in the NRC as a unit champion. These nurses were receptive to developing and expanding areas of practice that were supported by evidence. An annual Evidence-Based Practice Workshop for new and seasoned nurses allows nurses to learn and differentiate the conceptual differences between EBP and research and select an area of clinical practice to investigate. As an adjunct to the EBP sub-committee efforts, the NRC chair developed monthly Nursing Research Grand Rounds to educate and disseminate information to the nursing staff. The rounds are less formal than the workshops and annual conference presentations and are conducted to address current projects and the implementation of research ideas and publications. The small group environment encourages dialogue and new ideas. Table 1 outlines the Grand Rounds schedule for 2010-2011. In 2012, the NRC shifted its focus to establish a journal club format in place of the Grand Rounds. It was thought that this format would reach more nurses through dissemination of articles and participation from the unit via teleconferencing.

The Research sub-committee provides support and guidance to nurses by encouraging networking and mentoring in research. Research experts guide the novice and experienced nurses in developing their inquiries and ideas into research projects. Meeting agendas include upcoming conferences,
Table 1. Nursing Research Grand Rounds Schedule

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>April &amp; May 2010</td>
<td>C.A.R.E.S. Project Part I &amp; II</td>
</tr>
<tr>
<td>June 2010</td>
<td>Research Service Submissions</td>
</tr>
<tr>
<td>July 2010</td>
<td>Heparin Protocol: Performance Improvement Initiative, Research, &amp; Publication</td>
</tr>
<tr>
<td>August 2010</td>
<td>Nursing Research Council Meeting</td>
</tr>
<tr>
<td>September 2010</td>
<td>The IOWA Model</td>
</tr>
<tr>
<td>October 2010</td>
<td>Lateral Violence</td>
</tr>
<tr>
<td>November 2010</td>
<td>Manuscript Writing</td>
</tr>
<tr>
<td>December 2010</td>
<td>Start-Up of a Hospice Unit</td>
</tr>
<tr>
<td>January 2011</td>
<td>Young Grandmothers</td>
</tr>
<tr>
<td>February 2011</td>
<td>Research Training for Nurses</td>
</tr>
<tr>
<td>March 2011</td>
<td>How to do a Literature Search</td>
</tr>
<tr>
<td>June 2011</td>
<td>Educating Cardiology Patients via Multiple Resources</td>
</tr>
<tr>
<td>August &amp; September 2011</td>
<td>Patient Aligned Care Teams (PACT) Part I &amp; II</td>
</tr>
<tr>
<td>November 2011</td>
<td>Telehealth: Session I</td>
</tr>
</tbody>
</table>

LSCDVAMC EBP Projects

Novice nurse researchers began to explore the world of studies, protocols, statistics, and guidelines. Clinical questions began to be presented. Does Complementary and Alternative Medicine decrease pain and anxiety following orthopedic surgery? What are safe methods for administration of heparin therapy? Do nursing rounds increase patient satisfaction? Is the nursing staff aware of The Joint Commission (JC) and Veterans Health Administration (VHA) positions on lateral violence? Over the past three years, there have been several completed EBP and research projects initiated by the nursing staff that have impacted policy, procedure, patient care, and nursing practice at LSCDVAMC (see Table 3).

Complementary and Alternative Medicine

Patient satisfaction and pain relief are universal nursing goals. Nurse researchers from this facility continue to build on their experience of over two decades with these two entities. Encouraged by nursing efforts to decrease pain, this area of research has evolved into other studies on relaxation, pain management, and patient satisfaction. Daake and Gueldner (1989) and Devine and Cook (1986) demonstrated the efficacy of complementary therapies using relaxation tapes and guided imagery for patients experiencing postoperative pain following joint replacement surgery.

Antal and Kresivic (2004) replicated a study using guided imagery following joint replacement surgery at the LSCDVAMC. In this study, a subsample of patients with complete data, including journal entries, was analyzed. The majority (66%) of the participants were female with a mean age of 67 years; 75% of the participants were Caucasian. The sample was divided between unilateral knee (4), bilateral knee (4), and hip replacement (6). Mean pain score prior to the use of guided imagery was 5.5 on a visual analog scale and 3.73 following use of an

research article reviews, and progress on ongoing projects. This committee provides opportunities to disseminate research findings.

A Model for EBP

An EBP model serves to organize strategies, clarify variables, and consists of five steps: selecting a topic, critiquing the evidence, adapting the evidence into a facility-specific practice, implementing the EBP, and evaluating the outcomes of patient care (Titler, 2007). The NRC reviewed 3 EPB models: the Conduct and Utilization of Research in Nursing Model (Horsley, Crane, & Bingle, 1978), the Iowa Model (Titler et al., 2001), and the Stetler Model (Stetler, 2001). Table 2 summarizes the steps of each model. The EPB model needed to be congruent with the LSCDVAMC health system mission – clear and easy to follow, user-friendly to nurses at all education levels, and appropriate for guiding EBP and research studies (Titler et al., 2001). The Iowa Model (Titler et al., 2001) was selected for its consistency with the LSCDVAMC philosophy of interprofessional team functions. The adoption of this model provided a strong foundation on which to base nursing practice.

Implementation

The Iowa Model of Evidence-Based Practice was initially presented to nurses at the LSCDVAMC Annual Nursing Research Conference in September of 2009. A slideshow tutorial on the ten steps of the Iowa Model was developed and made available on the facility’s Nursing Research intranet site as a guide to nursing staff when preparing documents that showcase EBP and research projects. After the introduction of the Iowa Model, the NRC chair and committee members provided education at various forums to enhance nurses’ skills in the EBP process. The education included advanced computer skills and step-by-step instruction on performing a literature search. After classroom instruction, the presented information was placed on the Nursing Research intranet site. LSCDVAMC library services staff are available for additional guidance with literature searches and project development.
Audiotape on guided imagery. Anxiety scores decreased from a mean of 2.39 using the anxiety subscale to 1.56 following the guided imagery intervention. Mean narcotic dose differed in the groups with and without use of guided imagery. Those individuals who used the tapes had a mean narcotic (dilaudid) usage of 5.56 milligrams on postoperative Day One as compared with those who did not use the tapes who had a mean narcotic usage of 8.37 milligrams. Qualitative outcomes included the use of four major themes following the use of guided imagery: relaxation, calming nature of tapes, distraction, and increased postsurgical movement. In summary, this study demonstrated a decrease in self pain rating, decreased anxiety, and decreased length of stay in the population studied.

Following the Antal and Kresovic (2004) study on pain and guided imagery in joint replacement patients, additional funding was sought to pilot other complementary therapies and study their effect on veteran satisfaction. The Complementary and Alternative Resources to Enhance Satisfaction (CARES) Program was implemented as a result of a research grant obtained through the Geriatric Research and Education Clinical Center (GRECC). The CARES project, founded by VA central office and piloted at LSCDVAMC was aimed at: (1) increasing caregiver knowledge of providing complementary therapies, (2) increasing resources for veterans and their family members, and (3) creating a wellness center/library for complementary therapies.

The CARES project training included educational sessions for professional caregivers, family caregivers, and veterans on healing touch, guided imagery, relaxation, and mindfulness. A CARES comfort cart with select tapes and books was assembled by the project team and provided to each inpatient nursing unit at LSCDVAMC. Following the presentation of 19 workshops to 346 clinical caregivers, 97% reported that the information was useful for patient care. All (100%) of the participants wanted more information regarding complementary and alternative medicine (CAM). As a result of the study, a Wellness Resource Center was created and stocked with relaxation tapes, massage chairs, and books.

Nurse-Driven Heparin Protocol

The heparin protocol evidence-based project was initiated based on the inconsistency in managing patients requiring heparin therapy. A review of the literature revealed a lack of nursing data on how to manage this population of patients with a nurse-driven protocol. After completing a retrospective chart review, nurses—in collaboration with physicians, pharmacists, and the laboratory department—created a facility-wide, weight-based, nurse-driven heparin protocol (Barletta, DeYoung, McAllen, Baker, & Pendleton, 2008; Zimmerman, Jeffries, McElroy, & Horowitz, 2003). The LSCDVAMC protocol was based on methods that had long been established in the field of medicine and pharmacy (Brown & Dodek, 1997; Hollingsworth, Rowe, Brisebois, Thompson, & Fabris, 1995; Rasche, Reilly, Guirdy, Fontana, & Srinivas, 1993).

The goal of the heparin protocol was to improve the quality of intravenous heparin use and ensure that heparin was administered safely to veterans by the nursing staff. Additionally, the team wanted to see if the protocol group would reach its therapeutic levels more successfully than the non-protocol group. As expected, 16% of the non-protocol group never reached therapeutic goal as compared to 8% in the protocol group (Williams, Sullivan, Lacey, Adoryan, & Watts, 2010).

As a result of protocol implementation, procedures for obtaining blood draws, flushing catheters, and reporting results were clearly outlined. Additionally, challenging questions related to special patient considerations were also addressed, such as: (1) How long should the nurse stop the heparin infusion when drawing directly from an implanted catheter? and (2) How do you obtain peripheral blood draws when the infusion arm is the only option for the blood draw? Because a review of the literature was not conclusive on how to manage these situations, the interprofessional team utilized pharmacological best practice guidelines based on the half-life of heparin (Davydov, Dietz, Lewis, Twichell, & Bertino, 2000). Since implementing the heparin protocol, continuous quality monitoring of the data has been collected, leading to adjustment to the protocol, development of procedures, and standardization of nursing practices.

Call Light Study

Patient satisfaction has been a challenge in hospitals for veterans the same as in civilian hospitals. The veterans often come to the hospital in pain, separated from family, job, and the comforts of home, thus keeping them comfortable is the essence of nursing practice at LSCDVAMC. Meade, Bursell, and Ketelsen (2006) found that a protocol that incorporates specific actions, such as nursing rounds conducted hourly or once every two hours, can positively impact the patient environment in the following manner: decreases frequency of patient call light use, increases patient satisfaction with nursing care, and reduces falls. The LSCDVAMC researchers developed a study in 2009 titled “Call Light Use among Veteran Patients.” This study was a modified replication of the original work by Meade and colleagues (2006). The Meade et al. (2006) study targeted both effectiveness and process outcomes in determining the frequency and patterns of call light use among veterans and determining if certain demographic variables such as wartime status (war in which the person served), nursing category (based on an acuity scale), or fall risk status were associated with call light usage. The findings indicated that these variables did not have a statistically significant effect on call light use or reduction in falls. The LSCDVAMC
investigation found the frequency and reason for call light usage included accidental pushing of the call light, the desire to talk to a nurse, the need for assistance with toileting, the need for pain medication, room temperature adjustment, repositioning, help in reaching amenities, agitation, need for tracheostomy care or a dressing change, and retrieval of lost items. There was a 20% improvement in patient satisfaction using information collected from an existing satisfaction survey tool that is given to each patient prior to discharge. It is believed that this improvement in patient satisfaction was the result of the Hawthorne Effect. As a result of the findings, a policy was developed to implement hourly hourly rounds in all nursing units.

**Lateral Violence**

One of the novice nurse researchers questioned the staff’s awareness of lateral violence as part of an EBP capstone project for a Master of Science in Nursing (MSN) program. The definition and education curriculum used for lateral violence were derived from The Joint Commission Sentinel Event Alert (2008), the Veterans Health Administration (VHA) Information Letter 10-2010-002 (2010), and interviews with local leaders of the VHA. An educational program was designed including a pre- and post-educational assessment tool. Forty nurses participated in the initial program. Of the possible 400 responses on the assessment tool, the number of incorrect responses prior to the educational intervention was 145. After educational intervention, the number of incorrect responses was reduced from 145 to 71.

Pre-education data demonstrated that many individuals had no knowledge of the term lateral violence and some reported no prior knowledge of The Joint Commission position on disruptive and intimidating behaviors. Others reported no prior knowledge of initiatives and programs that are in place to eradicate lateral violence from the clinical settings of the VHA (2010).

A series of educational interventions was implemented as a result of the initial program and the lateral violence curriculum is now introduced to new nursing staff during hospital orientation. The educational program provides staff the definition, theory and prevalence of lateral violence along with The Joint Commission’s (2008) zero tolerance position on lateral violence. The educational program also identifies the initiatives and programs in place at LSCDVMC to eradicate disruptive and intimidating behaviors. Ongoing evaluation of the program indicates an increased awareness of the phenomenon of lateral violence and the zero tolerance facility policy for disruptive and intimidating behaviors.

In conclusion, the future goal of the NRC is to continue to learn and mature in the field of EPB and research. Nurses in the Department of Veteran Affairs system have always strived to provide quality and empathetic care to the nation’s veterans. Using a solid foundation built on education, the nursing process, EBP collaboration, and research, LSCDVMC nurses will continue to refine the nursing practice to achieve the VA values of integrity, excellence, advocacy, commitment, and respect for those who have served their country.

**References**


Table 3.
LSCDVAMC Evidence-Based Practice Projects

<table>
<thead>
<tr>
<th>Theme</th>
<th>Question</th>
<th>Literature Support</th>
<th>Analysis</th>
<th>Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complementary and Alternative Medicine (CAM)</td>
<td>Does CAM decrease pain following orthopedic surgery?</td>
<td>Daake and Gueldner (1989) Devine and Cook (1986)</td>
<td>Content analysis: Relaxation, calming nature of the tapes, distraction, increased surgical joint movement Anxiety and pain decreased following guided imagery Literature review</td>
<td>Incorporate relaxation techniques into pre-op teaching Comfort carts and Wellness Resource Center developed</td>
</tr>
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</table>

Letter to the Editor
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dicator shortage. Online options would be nice for that kind of program as well. Again, the problem is that many nurses who would otherwise apply simply cannot relocate in order to pursue an advanced degree. In the last year alone, three research projects of mine (with differing topics) happened to touch upon Dr. Linda Aiken’s (Claire M. Fagin Leadership Professor in Nursing, University of Pennsylvania School of Nursing) research. UPenn’s program would be a dream come true for me. However, similar to many other nurses in pursuit of advanced degrees, we have things like spouses, children, mortgages, and other reasons why relocating isn’t an option.

As a profession, if we are encouraging pursuit of advanced degrees, we must do more to accommodate these realities.

Sincerely,
Dena Trotto, BSN, RN, CMSRN
A Guide to Advanced Practice Registered Nurse Roles

Thinking about getting your bachelor’s of nursing degree? Want to pursue an advanced practice nursing role? Wondering if you should go for that doctorate degree but have no idea where to start? This article will guide you through options, information, and ideas to help solidify the next path in your career.

Most hospitals are seeking nurses who are bachelor-prepared. Licensed practical nurses (LPN), diploma-prepared, or associate-prepared (ADN) nurses may want to consider completing course work to earn a BSN, both for job security and personal growth. Many educational institutions offer ADN-to-BSN programs. LPNs and diploma nurses may need to obtain additional coursework in order to get into a BSN completion program. Explore some university websites and enter words like “BSN completion” or “RN-to-BSN” in the search box to find out program specifics.

Currently there are four recognized Advanced Practice Registered Nurse (APRN) roles: Clinical Nurse Specialist (CNS), Certified Registered Nurse Anesthetist (CRNA), Certified Nurse Midwife (CNM), and Nurse Practitioner (NP). There are other advanced educational roles that many hospitals and community-based colleges are seeking, such as a Master of Science in Nursing (MSN) or Nurse Educator (NE). NEs are nurses who promote learning for others in academic settings or staff development in patient care settings. A certificate can be obtained following a post-bachelor or post-master’s degree program. The Certified Nurse Educator (CNE) designation is awarded after completing a master’s level nurse educator program and taking a certification exam that tests knowledge in eight competency areas. This advanced practice role focuses on excellence in educational practice rather than in patient care practice. See Table 1 for a summary of these roles.

Certifications such as the Clinical Nurse Leader (CNL) may be a good option for nurses looking to move into a leadership role without leaving the point of care. CNLs are master-prepared nurses that function within a microsystem and assume accountability for the health care outcomes for a specific group of clients within a unit or setting through the assimilation and application of research-based information to design, implement, and evaluate client plans of care. More information about CNLs can be found on the American Association of Colleges of Nursing website (www.aacn.nche.edu/publications/white-papers/cnl).

Clinical Nurse Specialists are master- or doctoral-prepared nurses who are focused by specialty (e.g., wounds, cardiac), setting (e.g., outpatient, emergency departments), or population (e.g., pediatrics, geriatrics, adult health). They are often the human response to disease-specific experts. They can have direct patient care responsibilities, but often a greater need is improving patient and system quality indirectly through analysis and improvement in the delivery of nursing care. Individuals who want to maintain connections to patients and to the essential task of supporting and mentoring nurses should consider becoming a CNS. Nurses wishing to become a CNS can expect to complete approximately 36 graduate credits, including about 500 clinical hours. Online, on-campus, and hybrid (part online/part on-campus) programs exist and can typically be accomplished in 2-4 years. Nurses who already have a master’s degree can obtain a post-master’s certificate as a CNS. A CNS earns between $78,000 and $110,000 annually. The CNS role varies greatly between states. In some states, CNSs have title protection, meaning only those nurses who have successfully completed an accredited CNS program and passed the qualifying examination are allowed to practice as a CNS. Other states allow nurses who have completed a master’s degree to function in the role of a CNS. Some states also allow CNSs to have prescriptive authority. Nurses who have successfully passed the qualifying examination use the credentials ACNS-BC (Adult Clinical Nurse Specialist, Board Certified). More information about the CNS role can be found on the National Association of Clinical Nurse Specialist website (www.nacns.org).

CRNAs are registered nurses who have completed graduate work specific to the safe delivery of anesthesia to surgical patients. Most CRNA programs require 2-3 years of full-time study (approximately 56-110 credit hours) to complete. Nurses who graduate from a CRNA program are required to pass a National Certification Examination upon completion of a CRNA educational program. CRNAs do not function in a primary care role. Rather, they provide diagnostic and therapeutic procedures to support primary care. RNs considering this advanced practice must have had good grades in their undergraduate programs, have completed a BSN degree, and completed at least one year of ICU experience. Hemodynamic and fluid monitoring are essential skills for nurses practicing in these roles. CRNAs spend a considerable amount of time in the operating room working with surgeons and doing pre-operative teaching. CRNAs work in high-tech, demanding environments, and their job satisfaction is typically very high. More information about the APRN role can be found on the American Association of Nurse Anesthetists website (www.aana.com).

Certified Nurse Midwives are nurses who have completed a graduate program accredited by the American College of Nurse-Midwives focusing on women’s health, childbirth, family planning, prenatal care, postpartum care, appropriate diagnostic labs and procedures, and the care of newborns. Successfully passing the national certification examination following completion of coursework is required.
for CNMWs to practice in most states. Most CNMW programs require experience in labor and delivery, so if you are considering becoming a nurse midwife, you may want to consider working on a labor and delivery unit for a few years prior to applying. Most CNMWs have prescriptive authority, although this may not be the case in all states. CNMWs can expect to earn an about $79,000 annually and may work in hospital settings or in home and community settings. Additional information on CNMWs can be found at www.midwife.org.

Nurse Practitioners (NPs) are master-prepared nurses who provide health promotion and disease management services to individuals, families, or communities. Nurse practitioners work in a variety of settings such as primary care, school-based health, acute care hospitals, or long-term care facilities. In most states, nurse practitioners are recognized as independent providers and can prescribe medications and other necessary treatments for patients. NPs are also reimbursed for their services. NPs have specific population specialties such as family, adult-gerontology, pediatrics, or acute care. NP programs are offered online or on-campus, and the required number credits ranges from 36-60. In most institutions, part-time and full-time courses of study are available, which can typically be completed in 18 months (full-time) or 36-48 months (part-time). A minimum of 500 clinical hours

### Table 1. Recognized Roles for the Advanced Practice Registered Nurse

<table>
<thead>
<tr>
<th>Title</th>
<th>Specialty</th>
<th>Course Type</th>
<th>Online Options Available?</th>
<th>Credit Hours Needed</th>
<th>Certification Required?</th>
<th>Annual Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor of Science in Nursing (BSN)</td>
<td>General health care</td>
<td>BSN Completion</td>
<td>Yes</td>
<td>26-32</td>
<td>No</td>
<td>$37,000 – $70,00</td>
</tr>
<tr>
<td>Certified Nurse Midwife (CNMW)</td>
<td>Women’s health and childbirth</td>
<td>MSN or DNP in Nurse Midwifery</td>
<td>Yes</td>
<td>80-100</td>
<td>Yes, in most states</td>
<td>$69,000 – $90,000</td>
</tr>
<tr>
<td>Certified Registered Nurse Anesthetist (CRNA)</td>
<td>Anesthesia administration to surgical patients</td>
<td>MSN or DNP with Anesthesia Focus</td>
<td>Some hybrid options</td>
<td>56-110</td>
<td>Yes</td>
<td>$110,000 – $180,000</td>
</tr>
<tr>
<td>Clinical Nurse Leader (CNL)</td>
<td>Health care outcomes within microsystems</td>
<td>Post-Masters Certificate</td>
<td>Yes</td>
<td>22-26</td>
<td>Awarded at the end of course; eligible to sit for national exam</td>
<td>$59,000 – $94,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MSN with CNL Focus</td>
<td>Yes</td>
<td>36-42</td>
<td>Not in all states, recommended by AACN</td>
<td></td>
</tr>
</tbody>
</table>
| Clinical Nurse Specialist (CNS)             | • Specialty-based  
|                                            | • Setting-based  
|                                            | • Patient population        | Post-Masters Certificate  | Yes                      | 19-21                    | Recommended for practice | $78,000 – $110,000    |
|                                            |                                                | MSN with CNS Focus          | Yes                      | 36-42                | Not in all states, recommended by NACNS |
| Doctor of Nursing Practice (DNP)            | Expert clinical practice and evidence-based provision of health care | DNP                         | Yes                      | 36-62                | No                       | $68,000 – $117,000     |
| Doctor of Philosophy (PhD)                 | Nursing research                               | PhD                         | Yes                      | 60-92                | No                       | $57,000 – $207,000     |
| Nurse Educator (NE)                        | Promote learning                               | Post- Baccalaureate Certificate | Yes                      | 12-16                | Awarded at end of program | $47,000 (post-BSN cert) $140,000 (EdD) |
|                                            |                                                | Post-Master’s Certificate   | Yes                      | 9-12                 | Awarded at end of program |                         |
|                                            |                                                | MSN with Education Focus    | Yes                      | Recommended (required to use CNE [certified nurse educator] credentials) |                         |
|                                            |                                                | Doctorate of Education (EdD) | Yes                      | No                   |                          |                         |
| Nurse Practitioner (NP)                    | Diagnosis and management of common medical conditions | MSN or DNP with Nurse Practitioner Focus | Yes                      | 36-60                | Yes                      | $85,000 – $120,000     |
Nurses, as adult learners, study and retain information in different ways. Those who did well in high school most likely received good grades with very little studying. I was that student who was able to retain information without taking notes or spending endless hours on studying. However, during my college years, it was a whole different story. I felt that the study habits that worked for me in high school no longer applied to nursing school. This was a significant disadvantage for me. It wasn’t until my junior year of college that I discovered the value of note-taking using a color-coded learning system. This assisted me in committing information to memory even long after an exam was over. The system also improved my recall of information during exams.

During nursing school, I had tried taking notes on class handouts, jotting down information in notebooks, using a laptop computer for note-taking, and making flashcards. Some forms were better than others for recalling information on exams; however, none of these methods really committed the information to memory. Once the exam was over, I had forgotten everything.

During the winter semester of junior year, I was determined to find a better way to retain information needed to become a competent nurse. Having failed a class the previous semester, I knew I needed to find a better learning system. I could not afford to fail another class or else I would be removed from the nursing program. So I sat down and tried to figure out a better way to learn and recall the information I had studied.

Keeping it Simple

First, I discovered that I could recall information better if all my class notes for a specific day’s subject were on one sheet of paper (see Figure 1). This approach helped me recall information more easily than trying to recall information from multiple pages of notebook paper. Moreover, it also made it easier to recall the groups of related information on the same note page.

The Power of Color-Coded Class Notes

One problem was solved, but another problem emerged that could prove to be my downfall if I did not come up with a solution. My semester-based nursing program consisted of several classes with similar or overlapping content. Separating which class the information came from was a bit tricky. Then it dawned on me – why not use different colored paper for each class? This would allow all related information to be on one sheet of paper, but each class would have its own color. I would then visualize my color-coded class notes while studying and recall the necessary information during an exam.

Use of a Color-Coded Learning System to Promote Recollection

Ashley Childers
Every class had a designated color. For example: Psychology (blue, see Figure 2), Ethics (orange), History (pink), Research (yellow), and Med-Surg (green). Each time I sat in class, I took out the designated colored paper and labeled the class notes with the subject details corresponding to the syllabus. For example, the following would be written on the top header: “Pulmonary Disorders, Week 1, January 12, 2013.” Next, I separated the paper into three columns using vertical lines to allow for a more visually organized view and use of space (see Figure 3). For classes requiring more note-taking, I used the same sections on the other side of the sheet and tried to keep to one paper per class period. The more information I included on one sheet of colored-paper, the easier it was to recall information for an exam.

**It Worked!**

I had finally found a method that worked for me other than just the traditional ways of learning. My learning modality was to physically write information down on a piece of color-coded paper. This helped to commit the information to memory during class and while I studied, making information recall easier and meaningful. Within a few weeks of implementing my designated, color-coded class note learning system, I saw improvements on my exam results. By taking this color-coded learning system one step further, I started to bring different colored pens to class. If the professor stressed a certain point, topic, or page number in the book, I made note of it using a red-inked pen. That way, at a quick glance, I could easily see the important information that I needed to reference or study before the next exam.

**Struggling in School?**

The use of a color-coded learning system may promote recollection and can be used by anyone currently in nursing school or those considering going back to school.

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**Figure 3. Use of Compartments and Columns**

![Figure 3 Image](image-url)
is required for the national certification exams for the MSN-prepared NP. Successful completion of a national certification exam is required for practice. Mean salaries for NPs vary by geographic location, specialty certification, or practice setting and range from $85,000 to $120,000 annually. More information about the role of NPs can be found at www.aanp.org.

Finally, nurses wishing to obtain a terminal degree in nursing may consider a doctorate of nursing practice (DNP) or a doctorate of philosophy (PhD). In 2004, the American Association of Colleges of Nursing (AACN) endorsed the DNP degree, with the goal of moving all APRNs from master-prepared to DNP-prepared by the year 2015. The DNP-prepared nurse is a new nursing role focusing on expert clinical practice, disease processes, leadership, policy, education, and research and health restoration. A post-master’s DNP education can be completed in about 2-3 years with up to 500 clinical hours. A post-BSN DNP education may take up to 4-5 years to complete and may include up to 1,000 clinical hours; it generally includes completion of a research-based thesis project, including public defense of the work. Many hospitals are now seeking the expert clinical skills of NPs. Some institutions of higher education also employ DNs to teach in academia. Some institutions are now offering BSN-to-DNP programs, many of which are fully online. DNPs in clinical practice can expect to earn an average of $87,000 annually. More information on this emerging degree can be found at www.aacn.nche.edu/DNP and www.dnpay.com/category/articles/.

A PhD in nursing is a research-focused degree. Nurses interested in research, becoming faculty members in universities, and higher education leadership in nursing may want to consider pursuing a PhD. The current and projected nursing faculty shortage has increased the demand for PhD-prepared nurses. PhD educational programs typically require 4-6 years of full-time study, including 12-24 credits devoted to the completion and defense of a research-based dissertation. Many institutions are offering fully online PhD programs. PhD-prepared nurses working in academia can expect to earn an average of $76,000 with flexible hours, and typically receive one term or semester off from teaching. PhD nurses working in hospital settings as executive health professionals can earn significantly more money.

Because this is not an exhaustive list of all nursing education opportunities available, take some time to consider all your options, discover your interests and passions, choose the right path for you, and get started on advancing your nursing education and career. Good luck!

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time advancing the profession of nursing, passionately advocating for the health and welfare of citizens of England.

A brilliant statistician, Nightingale believed in the education and spiritual nature of the call to nursing. Born to a wealthy family and educated by her father, she raised nursing to the fine art and science it is today. Practicing the first evidence-based nursing, Nightingale kept statistics during the war, created a coxcomb (similar to the modern pie chart) illustrating more soldiers were dying from diseases than war wounds. Obtaining additional funding from Queen Victoria, the reigning monarch of England, the hospital was cleaned and sanitized, dramatically dropping the death rate of soldiers.

Education is key to a profession, something Nightingale always knew. In today's society, Nightingale would have a PhD and be a passionate advocate and teacher. She would be encouraging nurses to continue their education. Who was I to ignore her call?

Deciding to pursue my Master’s of Nursing Education was the ‘yellow brick road’ of my nursing career. Challenges presented themselves on my journey. The Tin Man, Scarecrow, and the Cowardly Lion (my favorite character, with his omnipresent tail) manifest themselves as APA format, term papers, and reading, reading, reading. Slideshows, teamwork, and lectures, oh my!

Nightingale is indeed the Lady with the Lamp, still lighting the way for modern nursing. Her story teaches me I have more to give, share, teach, and learn. The scholarship money I have been awarded from the Academy of Medical-Surgical Nurses is a true gift. In June 2013, while recovering from extensive surgery with complications, I learned the scholarship had been awarded. Tearfully, I contacted the Scholarship & Awards Committee with my heartfelt thanks and with gratitude in my heart. Surely Nightingale's spirit was urging me on.

I will be 61 when I graduate with my Master’s in Nursing Education. I am going to wear a cap and gown and proudly ‘walk’ with my class. Thanks to the Academy of Medical-Surgical Nurses for their hopes, prayers, and generous Career Mobility Scholarship, my nursing journey continues. And thank you, Miss Nightingale. You are a tangible life hero and muse.

Reference

Suggested Reading

Linda Willette, BSN, RN, CMSRN, is a Legal Nurse Consultant and a Student of the University of Phoenix. She received the AMSN Career Mobility Scholarship in 2013 and the Daisy Award in 2011.

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Letter to the Editor: Obstacles to Advanced Nursing Education

As the nursing profession becomes increasingly more insistent on nurses obtaining a bachelor of science in nursing (BSN) degree, many practicing nurses (myself included) are going back to school. I have noticed an interesting phenomenon within my program; there are people who are excited to learn and people who aren’t. Some are not motivated at all. They just want to know the minimum and do what they need to do to get a decent grade, while professing over and over that they are learning nothing that helps their practice. They have no desire to improve research skills, learn how health care policy and politics are relevant to them, etc.

Projects that not only improve their practice, but also prepare them for advanced degrees, are viewed as hoops to jump through – not opportunity. They are not looking to advance their careers; they are looking to keep their jobs. What is the nursing profession doing to bridge this gap for them?

Another frustration related to nursing education is the process of finding the right program. It is well known that there is a shortage of advanced degree programs due to a lack of qualified educators, but as I am trying to explore my educational options, I have met several roadblocks. For example, all programs are often lumped into one category. A search through the archives of U.S. News & World Report for the best online nursing graduate programs yields any school with any program. Of the top ten schools, maybe two have the program I’m looking for.

Many nurses do not go straight to graduate school following completion of their BSN. Establishing practice is often a priority; working to pay off the education they’ve already completed is another priority for some. Online education is ideal because often, by the time pursuit of a master’s of science in nursing (MSN) occurs, nurses are established and geographically rooted. I’ve already discovered that several online programs require residency for at least one semester. Unless you happen to live near that university, this is less than ideal. I thought the fact that I live in New York City would make it easier to find a program compared to less populated areas. However, the City University of New York does not even have an MSN in Nursing Education. The State University of New York at Stoney Brook (ranked among the best schools by U.S. News & World Report) has a few options, but they only enroll students once a year, in the spring. This means I’d have to wait an entire year to begin the program. Why would institutions have online programs without rolling admissions? Additionally, two of the three MS in Nursing Education programs I was accepted to have just announced they’ve cancelled the program for the coming semester due to a lack of applicants. Are we pushing so hard for NPs that we’re forgetting to secure future educators and researchers?

A bridge straight to a PhD seems like a good step toward solving the nurse education crisis. A bridge straight to a PhD seems like a good step toward solving the nurse education crisis.

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