It’s Time to Collaborate—not Compete—with NPs
by Jeff Susman, MD
Editor-in-Chief of The Journal of Family Practice
jfp@neoucom.edu

A Note from Dr. Fitzgerald:
The Institute of Medicine and the New England Journal of Medicine have recently published articles commenting on nurse practitioner practice. While some might argue the finer points on the content of these documents, I believe that these publications have helped to put NP practice in the forefront, making our work more visible and highlighting the often senseless limitations to our practice. Here we feature the words of Dr. Jeff Susman, Editor in Chief of the Journal of Family Practice (JFP) whose comments on NPs and NP practice are spot on. We are happy to share this editorial in its entirety and thank Dr. Sussan and the publishers of the JFP for granting reprint permission.

Reprinted with permission from, It’s time to collaborate—not compete—with NPs, The Journal of Family Practice, December 2010 · Vol. 59, No. 12: 672, Quadrant HealthCom Inc.

(Read the article on page 2)
It’s time to collaborate—not compete—with NPs, by Jeff Susman, MD: Continued from page 1)

It is time—time to abandon our damagingly divisive, politically Pyrrhic, and ultimately unsustainable struggle with advanced practice nurses (APNs). I urge my fellow family physicians to accept—actually, to embrace—a full partnership with APNs.

Why do I call for such a fundamental change in policy? First, because it’s the reality.

In 16 states, nurse practitioners already practice independently. And in many more states, there is a clear indication that both the public and politicians favor further erosion of barriers to independent nursing practice. Indeed, such independence is outlined in “The Future of Nursing: Leading Change, Advancing Health,” published by the Institute of Medicine (IOM) in October 2010. Among the IOM’s conclusions:

- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.

Second, I believe our arguments against such a shift in policy don’t hold up. Despite the endless arguments about outcomes, training, and patient preferences, I honestly believe that most nursing professionals—just like most physicians—practice within the bounds of their experience and training.

Indeed, the arguments family physicians make against APNs sound suspiciously like specialists’ arguments against us. (Surely, the gastroenterologists assert, their greater experience and expertise should favor colonoscopy privileges only for physicians within their specialty, not for lowly primary care practitioners.) Rather than repeating the cycle of oppression that we in family medicine battle as the oppressed, let’s celebrate differences in practice, explore opportunities for collaboration, and develop diverse models of care.

Third, I call for a fundamental shift in policy because I fear that, from a political perspective, we have much to lose by continuing to do battle on this front. Fighting fractures our support and reduces our effectiveness with our legislative, business, and consumer advocates.

Finally, I’m convinced that joining forces with APNs to develop innovative models of team care will lead to the best health outcomes. In a world of accountable health care organizations, health innovation zones, and medical “neighborhoods,” we gain far more from collaboration than from competition.

As we ring in the new year, let’s stop clinging to the past—and redirect our energies toward envisioning the future of health care.

To visit The Journal of Family Practice website go to: http://www.jfponline.com/

The Art of Wound Repair—Suturing for NPs and PAs
Instructor: Robert M. Blumm, MA, PA-C
Location: New York, NY
Date: February 2, 2011
Class hours: 8:30AM - 4:30PM
Earn 6 Contact Hours!

Wound repair is a necessary skill for all NPs and PAs. It is usually placed into their academic curriculum with the knowledge that there will be an extensive period of practical application as they continue their studies and move forward into rotations. However, many NPs and PAs graduate from their programs and pass their boards without acquiring this useful and billable skill.

This workshop will be a full-day course with the utilization of a pig’s foot, anesthesia tips, 4-0 nylon suture, and a disposable stapler. Dermabond and other newer products about to come on the market will be covered, as an introduction to the use of a bio-adhesive in the care of lacerations.

Click Here for More Information
Biological Nurturing and Breastfeeding
by Marie L. Bosco, BSN, RNC, IBCLC

Suzanne Colson, a midwife, lactation consultant, and honorary senior lecturer at Canterbury Christ Church University in Kent, UK, has begun re-thinking the process of breastfeeding. Her research in biological nurturing suggests that mothers and babies are extremely versatile and able to adapt to breastfeeding in many different positions. If both mother and baby are comfortable and in optimal positions breastfeeding will become innately natural. Women are wired to nurture and breastfeed following birth. In turn, babies will respond to this primitive instinct by following their mothers lead with feeding.

This theory is similar to baby led self attachment, but looks more in depth at the nurturing response that mothers and babies have to each other. This technique recognizes a mother’s natural need to be comfortable. Mothers are usually in a laid back position and the infant is placed on the mother’s stomach. Together they begin to learn about the one another’s behavior and adapt to one another’s needs. Mother will naturally guide her infant to the breast and the infant will naturally begin to search for the nipple.

Biological nurtured breastfeeding requires no special positions or techniques. Mothers in this reclined position in bed or in a chair appeared more relaxed without feeling the pressure of recalling the step by step process of position and latch taught to them in a lactation class. Overall, mothers were found to be surprised at how comfortable they felt and how easy it was to enjoy their baby while breastfeeding. Biological nurturing is not about the healthcare professional, rather, it is an independent process that occurs between mother and infant.

Resources:

Colson, SD; Meek; J; Hawdon; JM. “Optimal Positions triggering primitive neonatal reflexes stimulating breastfeeding” 2008. Journal of Human Lactation 84(7) 441-449.

Residency Program Aims to Retain RN Graduates
by Jaclyn Fitzgerald, Assistant Editor

While completing their graduate studies, Karen Lutter and Nancy Fink devised a Capstone project that would benefit recently graduated RNs and the hospitals at Iowa Health –Des Moines alike.

With a combined 32 years of nursing practice, Lutter and Fink began a pilot RN residency program at Iowa Health– Des Moines. The program was initiated last year with the intention of retaining nurses who complete their residency programs with one of the Iowa Health hospitals. According to Fink, a clinical education specialist, it costs a hospital approximately $80,000 per year to train new RNs. When they leave the hospital after just 1 year of residency, the training process must begin all over again with a new graduate. Each year, the hospitals at Iowa Health –Des Moines welcomes nearly 70 new RN graduates.

Finding excellent mentors and preceptors for RNs is the key to maintaining relationships, said Lutter, Manager of Nursing Operations for Iowa Health–Des Moines. So far, the plan seems to be working. Of the six RNs who participated in Lutter and Fink’s pilot program, four are now seeking permanent positions within the Iowa Health system.

Contact Hour Tracker

Never lose track of your certification, professional license and contact hour data again!

Thousands of your colleagues have already discovered this time saving tool. Contact Hour Tracker is a no-cost internet service available on Fitzgerald Health Education Associates’ NP Expert website.

• Store all your certification and license documentation dates and CE requirements.
• Keep track of all your continuing education hours as they occur.
• Contact Hour Tracker logs FHEA earned contact hours automatically.
• Enter contact hours from any CE provider.
• Monitor deadlines and CE requirements for multiple agencies.
• Track your progress toward contact hour goals.
• Set up electronic “alarm clocks” to receive automatic e-mail reminders for all upcoming license and certification renewal dates.
• Print contact hour summaries by category and source to help complete certification and license renewal paperwork.

Go to www.npexpert.com to register.
Milestone Presentations, LLC Takes Over the National Nurse Practitioner Symposium

by Emily Paquin, Editor

This is the first in a series of interviews with organizers of national and state nurse practitioner conferences.

The University of Colorado of Denver College of Nursing recently announced that they have decided to discontinue the National Nurse Practitioner Symposium. However, a group of organizers have decided to continue the conference. The National Nurse Practitioner Symposium will take place from July 14-17, 2011 in Copper Mountain, CO. Milestone Presentations, LLC has take over exhibit management of the conference.

The following is an interview with Mark Stone, President of Milestone Presentations, LLC regarding the transition.

Question: What is Milestone Presentations, LLC?

Response: Milestone Presentations, LLC is a professional trade show management and conference planning company based in Aurora, CO. We have been in business since 1996.

Question: Why did Milestone Presentations, LLC decide to take over the National Nurse Practitioner Symposium?

Response: We had more than 14 years experience with the predecessor symposium. It was a prestigious symposium that had a loyal following throughout the country. When it was announced that the conference would no longer be held, we received many phone calls and e-mails from disappointed participants. Although the decision to cancel the predecessor symposium was not ours to make, the void did present us with an opportunity to continue with a similar format for the future. With an estimated 140,000 practicing nurse practitioners in the United States, there is a need for a forum to provide education and product updates for nurse practitioners. Given that Colorado is the birthplace of the nurse practitioner movement and the fact that more than 1,000 NPs have grown accustomed to convening in the Rocky Mountains every July, it was a fairly easy decision to make.

Question: What changes, if any, will you make to the conference?

Response: The majority of the symposium will remain the same as what people have expected from previous years. There will be 4 days of high-quality content-rich education, peer networking, and product updates. We will remain one of the few independently organized NP symposiums in the country, thus assuring attendees pertinent and valuable content. We will also be expanding the program content to suit the needs of physician assistants and nurse midwives, in addition to nurse practitioners. We will be branching out to cover acute care in addition to primary care. We will be offering continuing education credit from American Academy of Nurse Practitioners (AANP), Accreditation Council for Continuing Medical Education (ACCME), and American Nurses Credentialing Center (ANCC). There will also be some fun things happening in the exhibit hall and through social media that past participants have not seen before.

For more information and for the most recent news and updates, visit www.npsymposium.com

Live Q&A with Dr. Fitzgerald

Want to be even more prepared for the certification exam? Attend a live on-line Q&A session that covers the content presented in Dr. Fitzgerald’s NP Certification Exam Review Seminar. Listen and interact with Dr. Fitzgerald as she answers your questions and the questions of your classmates. Adult NPs will have access to two sessions and Family NPs will have access to three. Each of these sessions are 1.25-hours and include audio and visual aids as needed. Offered quarterly.

This program is available as:

- A bundle package with the on-line NP Certification Exam Review
  Click here for more information about this program
- An add on product for the live or recorded NP Certification Exam Review
  Click here for ANP track
  Click here for FNP track
Presented live in the following cities:

Manhattan, NY—February 14 to 19, 2011

Dallas, TX—October 25 to 30, 2011

This course addresses the growing need for a thorough course in the principles of pharmacotherapeutics. Prescribing has become a major part of the role of advanced practice nurses while at the same time, prescribing has become more complex and polypharmacy is more prevalent with the possibility of adverse interactions. Thus, a course of this caliber is critical to the preparation of advanced practice nurses.

The course is taught in an intensive format by 2 of the nation’s most respected NP educators. In addition, recorded lectures of this course form the basis for other university NP pharmacology courses including Pennsylvania State, Pace University, Neumann College, Georgia College and State University. The material constitutes the equivalent of a three credit university course in pharmacology.

Pharmacology contact hours: 45.0**
Code: PCON — standard $799; advance: $750¹; early bird: $699²

Note 1: Registrations received or postmarked between 2 months and 2 weeks prior to the start of the course qualify for this rate.

Note 2: Registrations received or postmarked more than 2 months prior to the start date of the course qualify for this rate.

Upon receipt of your enrollment and full payment, you will receive a confirmation of registration and directions to the course. A fee of $50.00 will be charged for cancellation. No refunds will be granted within 2 weeks of the starting date. All cancellations and changes must be received in writing.

* Contact hours differ from the live course. See www.fhea.biz for details.

**Because states’ requirements vary, it is important that you contact your Board for details regarding educational requirements for prescriptive authority.

For more information visit: www.fhea.biz
Notice of System Maintenance for Testing and Learning Site

Routine maintenance is scheduled for January 22, 2011. FHEA is committed to providing our customers maximum uptime, reliability, and security for our On-line Testing and Learning Site. Regular system maintenance is critical to achieving this goal. System maintenance is normally performed the third Saturday of each month.

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Should Paps and Pelvic Exams be a Prerequisite for Receiving Contraceptives?

by Jaclyn Fitzgerald, Assistant Editor

Although the American College of Obstetrics and Gynecologists (ACOG) does not require healthcare professionals to perform Papanicolaou (Pap) tests and pelvic examinations when prescribing oral contraceptives, many in the field have questioned whether or not these tests should be mandated. A survey of obstetrician-gynecologists, nurse practitioners, and family physicians was recently conducted in response to this issue. The results showed that 45% of NPs in the primary care field call for these examinations prior to prescribing contraceptives for the first time, compared to 17% of women’s health NPs. Roughly 30% of OB/GYNs and family physicians perform these examinations prior to prescribing. Many healthcare professionals believe that patients will have increased access to contraceptives if pelvic exams are not required before prescribing.

Dr. Fitzgerald’s Response:

In the early 1990s, the US Food and Drug Administration (FDA) published a recommendation that barriers to contraception initiation should be minimized. This included the notation that a pelvic examination is not required prior to starting hormonal contraception. Surprisingly, this study documents that many healthcare providers are either unaware or opt not to adhere to this recommendation. Indeed, healthcare providers can miss many opportunities to initiate contraception if waiting for the visit that includes the pelvic examination. In my practice at a family practice model community health center, I try to use each clinical encounter, whether sick or follow-up visit, to assess family planning needs and often imitate hormonal contraception. While a careful survey of hormonal contraception cautions and contraindications is warranted, the pelvic exam and Pap is not. Watch for a review of a variety of methods of initiating oral hormonal contraception (Sunday, First Day, Quick and Jump Start methods) in next month’s edition of this newsletter.

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Grant from Fitzgerald Health Education Associates, Inc. Funds Research into Women’s Decision Making during Menopausal Transition

Fitzgerald Health Education Associates, Inc. would like to congratulate Rosemary Theroux for her publication “Women’s Decision Making during Menopausal Transition” which was featured in the November edition of the Journal of the American Academy of Nurse Practitioners. Theroux received a grant from the National Organization of Nurse Practitioner Faculties (NONPF) that was funded by Fitzgerald Health Education Associates, Inc. Theroux used the grant to help fund her research regarding women’s decision making experiences about hormonal and nonhormonal therapies during menopausal transition.

Click here to read an abstract

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Dr. Margaret Fitzgerald’s Upcoming Speaking Engagements

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<td>February 1, 2011</td>
<td>Nurse Practitioner Certification Exam Review and Advanced Practice Update New York’s Hotel Pennsylvania, 401 7th Ave. (at 33rd St.) Manhattan, NY, 10001</td>
<td>Click here for more information</td>
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<tr>
<td>February 14, 2011</td>
<td>Clinical Pharmacology for NPs &amp; Advanced Practice Clinicians New York’s Hotel Pennsylvania, 401 7th Ave. (at 33rd St.) Manhattan, NY, 10001</td>
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NP News in Brief

FDA Withdraws Propoxyphene from Market
The US Food and Drug Administration (FDA) announced the withdrawal of propoxyphene from the market on November 19, 2010. This impacts the sale of both the brand names Darvon and Darvocet as well as all generic forms of the medication and any medications that contain this drug as an ingredient. Recent studies have shown that propoxyphene can cause cardiac rhythm disturbances, but the threat of complications from the medication will diminish once patients discontinue use. Healthcare professionals are advised to stop prescribing this medication and patients should contact their providers immediately for instructions on how to wean themselves off of the medication. Read More

NPs Ranked #1 for Honesty and Ethics
Nurses ranked number one this year in Gallup’s annual poll that asked the public to rate the honesty and ethical standards of people in selected professions. Respondents rated these professions on a five-point scale that ranged from very high to very low honesty and ethical standards. The results of the poll indicated that 81% of people surveyed rated the honesty and ethics of nurses as being very high or high. Nurses were added to the list in 1999 and have taken the top spot each year since with the exception of 2001 when firefighters were added to the list of nominees and were ranked number one for their efforts during and after the 9/11 attacks. Read More

FDA Approves Pradaxa
The US Food and Drug Administration (FDA) recently approved the use of new direct thrombin inhibitor known as Pradaxa (dabigatran etexilate). Pradaxa is manufactured by Boehringer Ingelheim Pharmaceuticals Inc. and is intended for use in patients with non-valvular atrial fibrillation (AF) for the prevention of stroke and systemic emboli. The medication has been approved as 75mg and 150mg capsules. When compared to warfarin, Pradaxa use does not require international normalized ratio (INR) monitoring. However, like other medications used to prevent clotting, common reactions included bleeding and gastrointestinal upset. Few food and drug interactions have been noted with Pradaxa use; this medication is projected to emerge as a safer alternative to warfarin because fewer incidents of stroke were reported during trials. Read More about this on the FDA website Read More about this on the Medscape website

Need a Speaker?
If you are interested in having Dr. Fitzgerald or one of our other talented associates speak at your school, local, regional or national conference, please e-mail: services@fhea.com for more information. Conference administrative services are also available.

Minimizing Gaps in Contraceptive Coverage

Many unintended pregnancies happen during a gap between contraceptive methods - that is, at a time when women have stopped one method (due to cost, side effects, a negative newspaper article, a new prescription plan, etc.) without starting a new method. These gaps often occur during life transitions: changes in job, relationship, housing, etc. Women who have trouble reaching their clinician by phone are at higher risk for contraceptive gaps.

How can we prevent contraceptive gaps? We should make certain that patients have a way to reach us easily with their problems, questions, and concerns. A small and timely dose of reassurance may be all a patient needs to wait out minor side effects. But when reassurance isn’t enough, we can offer advice about how to switch methods without raising the risk of unintended pregnancy.

What’s the best way to switch from one contraceptive method to another? It depends. Some transitions require a brief period of overlap - that is, a period of 1 to 7 days when the patient uses both methods together. The fact sheet below outlines which transitions require overlap. If you find this overly complex, use a simple, universal method for switching: advise women to go straight from the old methods to the new method, using condoms or spermicide for the first 7 days.

We appreciate your feedback! Please write us at pearls@reproductiveaccess.org with any questions, comments or additional resources to add to our list.

Helpful Resources
Fact Sheet: Switching Birth Control Methods

Sources

This course is presented by highly acclaimed clinician-educators who currently maintain clinical practice, thus bringing clinical relevance to the classroom in addition to their knowledge and teaching skills in pathophysiology. FHEA instructors consistently rank at the top of speaker ratings at national conferences. Both the course material and testing material are kept up-to-date on subject matter. The electronic components of this program are updated as needed to reflect the current state of practice. Test items are professionally developed and are subject to rigorous validity and reliability review. This course meets the needs of a geographically dispersed student population using on-line lectures with full audio-visual content. On-line version allows students to proceed at their own pace and earn contact hours as they complete each module.

**Topics Presented by Sally K. Miller**

**Unit I Cellular Pathophysiology**
- Cell structure and function
- Mechanisms of cellular transport
- Membrane and action potentials

**Unit III Mechanisms of Cell Trauma**
- Reversible injury
- Irreversible injury
- Hypoxia
- Physical trauma
- Infectious trauma
- Chemical trauma

**Unit IV Cellular Response to Injury**
- Adaptation
- Inflammation

**Unit V Pathophysiology of the Hematologic System**
- Hematopoiesis
- Microcytic anemias
- Macrocytic anemias
- Hemoglobinopathies
- Primary hemostasis
- Secondary hemostasis

**Unit VI Pathophysiology of the Nervous System**
- Synaptic transmission
- Neurotransmitter
- Post-synaptic processes
- Selected disorders

**Unit VIII Pathophysiology of the Cardiovascular System**
- Cardiac action potential
- Contractile tissue
- Non-contractile tissue
- Cardiac conduction
- Contractile fibers and the sarcomere
- Electromechanical coupling
- Cardiac muscle tasks
- Selected disorders
- Lipid synthesis and transport
- Selected dyslipidemias

**Unit IX Pathophysiology of Endocrine Disease**
- Types of hormones
- Hormone receptors
- Feedback mechanisms of secretion
- Maintenance of plasma glucose concentration
- Maintenance of thyroid hormone concentration
- Maintenance of adrenal cortex/medullary hormone concentration
- Selected disorders

**Unit X Pathophysiology of Pulmonary Disease**
- Anatomy and physiology of airways
- Vascular and lymphatic anatomy
- Autonomic nervous system regulation
- Compliance and recoil
- Airflow and resistance
- Ventilation and perfusion
- Selected obstructive/restrictive diseases

**Unit XI - Pathophysiology of Renal Disease**
- Anatomy and physiology of the nephron
- Regulation of blood pressure, calcium, and erythropoietin
- Regulation of renal function; tubuloglomerular feedback
- Cortical and medullary flow
- Acute renal failure
- Chronic kidney disease
- Electrolyte imbalance
- Regulation of acid/base balance

**Unit XII - Pathophysiology of Digestive System Disease**
- Anatomy and musculature of the gastrointestinal track
- Neural control systems
- Chemical control systems
- Myogenic control systems
- Oropharyngeal/esophageal motility
- Gastric motility and control
- Gastric acid secretion
- Selected disease states

**Topics Presented by Margaret A. Fitzgerald**

**Unit VI - Pathophysiology in Reproduction**
- Factors influencing impaired female fertility
- Factors influencing impaired male infertility
- Pathophysiologic problems encountered in pregnancy: Recurrent pregnancy loss, pregnancy induced hypertension, placental disorders, others

[Click here for more information about this course]
If you have ever wanted to share your practice expertise by speaking to other providers, or if you just want to improve your "platform skills," this is the seminar for you! This intensive workshop will be led by Dr. Margaret Fitzgerald, one of the most experienced, well-known, and skilled NP speakers in the country. With more than one thousand presentations to her credit, she has been recognized by the NP community for her dynamic speaking abilities. Dr. Margaret Fitzgerald also earned the coveted Certified Speaking Professional (CSP) designation from the National Speakers Association.

Dr. Margaret A. Fitzgerald's Speaker School will make extensive use of recorded practice presentations prepared by participants, recorded in the FHEA studio, and critiqued by instructors and peers. Hands-on presentation preparation and slide development techniques will be covered. Also learn how to improve your "speaking voice." The workshop is limited to twenty participants. A personal laptop equipped with Microsoft PowerPoint will be required.

Upcoming FHEA Conferences with Dr. Fitzgerald

Dr. Margaret A. Fitzgerald's Speaker School
Fitzgerald Health Education Associates Conference Center
85 Flagship Dr., North Andover, MA 01845
March 3–4, 2011
Earn 14 Contact Hours!

If you have ever wanted to share your practice expertise by speaking to other providers, or if you just want to improve your "platform skills," this is the seminar for you! This intensive workshop will be led by Dr. Margaret Fitzgerald, one of the most experienced, well-known, and skilled NP speakers in the country. With more than one thousand presentations to her credit, she has been recognized by the NP community for her dynamic speaking abilities. Dr. Margaret Fitzgerald also earned the coveted Certified Speaking Professional (CSP) designation from the National Speakers Association.

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Click here for more information

Maui Pharmacology Update
March 15–16, 2011
Sheraton Maui Resort & Spa
2605 Ka'anapali Parkway
Lahaina, HI 96761
Earn 9 Pharmacology Contact Hours!

Featuring:
- The latest in treatment options
- In-depth pharmacologic information on clinical conditions you encounter in practice
- Recommendations for assessment and diagnostic testing before and during drug therapy
- Drug and food interactions highlighted with each session

Topics:
- Hot Topics in Drug Therapy: New Products, New Uses, New Warnings
- Pharmacogenomics: Exploring Genetic Variations in Drug Metabolism
- Inflammation: Assessing, Preventing and Treating this Common Denominator in a Variety of Diseases
- Prescribing for Children: Choosing the Safest Options for your Pediatric Patients
- Refining Laboratory Assessment Skills in Drug Monitoring
- Generic Medications: The Best of the Least Expensive Medications

Customer Reviews

Excellent seminar! Perfect location, great speaker. I couldn’t ask for a better learning environment. Thanks for everything.
—Angie Scardina

Great conference, even better location!
—Megan Rowe

Click here for more information