Mnemonics and Memory Aids
by Margaret A. Fitzgerald, DNP, FNP-BC, NP-C, FAANP, CSP, FAAN, DCC
Clinical practice requires a firm grasp of a body of knowledge with great breadth and depth. Mnemonics and other memory aids can be helpful when trying to recall information that requires memorization, such as physical exam findings and etiology of select diseases. Here is a sample of helpful mnemonics.

Recalling Common Systolic Heart Murmurs: MR PASS
- Mitral
- Regurgitation
- Physiologic (also known as functional, systolic flow murmur, a heart murmur heard in the absence of cardiac abnormality)
- Aortic
- Stenosis
- Systolic - All the above murmurs are heard during systole.

MR PASS wins the Most Valuable Player award.
- Mitral
- Valve
- Prolapse - Add MVP as another systolic murmur.

MR PASS often hangs around with MS ARD.
- Mitral
- Stenosis
- Aortic
- Regurgitation
- Diastolic - All the above murmurs are heard during diastole.

(Mnemonics: Continued on page 8)

Continuing Education Programs

<table>
<thead>
<tr>
<th>Course</th>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suturing for NPs and PAs</td>
<td>01/31/2013</td>
<td>New York, NY</td>
</tr>
<tr>
<td>Clinical Pharmacology</td>
<td>03/18/2013</td>
<td>Atlanta, GA</td>
</tr>
<tr>
<td>Advanced Pathophysiology</td>
<td>03/25/2013</td>
<td>Schaumburg, IL</td>
</tr>
</tbody>
</table>

Margaret A. Fitzgerald’s Speaker School
04/18/2013 North Andover, MA

Pharmacology Update
01/17/2013 Mt. Snow, VT
02/11/2013 Maui, HI
03/08/2013 Caribbean Cruise
07/23/2013 Cape Cod, MA
09/13/2013 Prague, Czech Rep.

Click Here for More Information

NP Certification Exam Review Courses

<table>
<thead>
<tr>
<th>Track</th>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family, Adult and Adult-Gerontology Primary Care Tracks</td>
<td>01/03/2013</td>
<td>North Andover, MA (Boston Area)</td>
</tr>
<tr>
<td></td>
<td>01/04/2013</td>
<td>Chicago, IL</td>
</tr>
<tr>
<td></td>
<td>01/05/2013</td>
<td>Atlanta, GA</td>
</tr>
<tr>
<td></td>
<td>01/05/2013</td>
<td>Baltimore, MD</td>
</tr>
<tr>
<td></td>
<td>01/11/2013</td>
<td>Oakland, CA</td>
</tr>
<tr>
<td></td>
<td>01/18/2013</td>
<td>Cleveland, OH</td>
</tr>
<tr>
<td></td>
<td>01/30/2013</td>
<td>Manhattan, NY</td>
</tr>
<tr>
<td>Psych/Mental Health Track</td>
<td>04/05/2013</td>
<td>San Diego, CA</td>
</tr>
</tbody>
</table>

Adult-Gerontology Acute Care Track
04/19/2013 Waterloo, IA

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Classified

Offer of the Month: 10% Off Common Office Procedures

NP News in Brief: NP Organizations Confirm Plans to Merge

NP Firsts: Scharmaine Lawson-Baker, DNP, FNP-BC, FAANP, Owner and CEO of the First NP Housecall Practice in New Orleans, By Jasmin Pastrana, Assistant Editor

FHEA 25th Anniversary Resort Destinations

FHEA Clinical Cruise

A Sample of Dr. Fitzgerald's Upcoming Speaking Engagements

Come See us in Person!

System Update Information

What Our Customers Say

FHEA University Resources

FHEA Live Courses: Suture Workshop, Speaker School and more!
Breastfeeding News

Breastfed Infants Show a Decreased Risk of Developing Multiple Sclerosis as Adults by Marie L. Bosco, BSN, RNC, IBCLC

Multiple sclerosis (MS) is an autoimmune disease with genetic and environmental relationships. MS affects 250,000 to 350,000 individuals in the United States (US) with 200 new cases being diagnosed each week. Most people with MS experience the first symptoms between 20-40 years old; women are affected twice as often as men. In addition to decreasing an infant’s risk of developing MS as an adult, breastfeeding has been demonstrated to provide protection against other autoimmune diseases such as Cohn’s disease, atopic allergies and type 1 diabetes mellitus.

German researchers published data that analyzed the association of breastfeeding in infancy and risk of developing MS. A case-control study that was performed in Berlin involved 245 MS patients and 296 population-based controls who completed a standardized questionnaire regarding their history and duration of breastfeeding and demographics. The authors found that the reduction in risk of developing MS in infants who were breastfed was independent of age, gender, number of siblings, number of people living in the house, and whether or not the infants attended daycare, each of which can affect the development of the immune system. However, this protective effect was only seen in infants who had been breastfed for longer than 4 months.

According to the research, the possible reason for this protection may be a result of the fact that human milk influences the immune system of breastfed infants by several mechanisms including immune-modulatory effects by interleukin (IL)-10 production and/or the anti-inflammatory properties of transforming growth factor (TGF)-B. This can be much like the inflammatory response caused by exposure to cow’s milk via newborn infant formula feeding where insulin-secreting beta cells are damaged, increasing risk for the development of type 1 DM. While this research is limited by the population and sample size, the results are promising for those most at-risk for MS, women. A large, prospective population-based study is needed to clearly confirm this promising new concept.

Reference:

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At FHEA, we sometimes receive complaints or concerns from customers who have purchased FHEA products or Dr. Fitzgerald’s book, now in its 3rd edition, from other on-line vendors and second-hand sellers. Of course, that’s what free enterprise is all about but it also means buyer beware. Often the prices on these offers look good. However, what is being offered is either obsolete (there are newer, up-to-date editions available) or the product is incomplete (these products don’t include NP review workbooks or access to the on-line materials and lectures that are an integral part of the product). This can be a problem with all forms of the product whether they be printed, recorded, or e-book formats.

To be certain you are getting the complete and latest editions of Fitzgerald products, please shop through our store. When you do, our customer service personnel will be happy to ensure your satisfaction and we stand behind the products we provide you.
NP Organizations Confirm Plans to Merge
The American Academy of Nurse Practitioners and the American College of Nurse Practitioners announced that they will merge to form one national nurse practitioner (NP) organization as of January 1, 2013. When the two become one entity, they will be known as the American Association of Nurse Practitioners (AANP) and will be the largest NP membership organization in the nation. American Academy of Nurse Practitioners Chief Executive Officer (CEO) David Hebert will serve as the CEO for AANP. American Academy of Nurse Practitioners President Dr. Angela Golden will serve as president of AANP until June 2013, at which time she and Dr. Ken Miller, president-elect of the American College of Nurse Practitioners, will serve as co-presidents. According to the American Academy of Nurse Practitioners, the consolidation will allow NPs to have a “unified voice” that will aid them in practicing to the full extent of their training so they can continue to provide high-quality care.

Connecticut Nursing Program Receives $700K Federal Grant
A federal grant from the United States Health Resources and Services Administration (HRSA) will be awarded to Fairfield University’s School of Nursing, Connecticut. The $700,000 grant will go towards the school of nursing’s PROVIDE Initiative (Primary-care Outcome Valued Initiative for Delivery of Education). The resources will be distributed over a period of 2 years and will help Fairfield University nurse practitioner (NP) students pay for their courses. Students who benefit from the grant will be required to practice in underprivileged communities for a period of time. The grant is part of a national incentive to increase the number of primary care providers as approximately 30 million Americans adopt healthcare coverage as a result of the Affordable Care Act. It has been estimated that there could be a shortage of more than 90,000 primary care providers by 2020.

Long-acting Contraception Recommended for Teens
According to guidelines released by the American College of Obstetricians and Gynecologists, long-acting reversible contraception (LARC) is the optimal form of contraception for adolescent girls. LARC includes intrauterine devices (IUDs), levonorgestrel-releasing intrauterine devices (LNG-IUDs) and contraceptive implants are known for decreasing a woman’s risk of pregnancy when compared to short-acting contraceptives such as oral contraceptives, patches, vaginal rings, or condoms. Annually, less than 1 percent of women using LARC methods have an unintended pregnancy. Conversely, women using short-acting contraceptives such as oral contraceptives, patches, vaginal rings, or condoms, are 22 times more likely to have an unintended pregnancy. The risk of unintended pregnancy is twice as likely in women under the age of 21 who are using short-acting contraceptives. Studies have shown that there is a greater continuation rate in women who use LARC. These guidelines were published by the Committee on Adolescent Health Care Long-Acting Reversible Contraceptive Working Group in the October issue of Obstetrics and Gynecology.

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NP “Firsts”
Recognizing nurse practitioners who are pioneers in their profession.

Scharmaine Lawson-Baker, DNP, FNP-BC, FAANP, Owner and CEO of the First NP Housecall Practice in New Orleans by Jasmin Pastrana, Assistant Editor

Multi-faceted trailblazer, Scharmaine Lawson-Baker, DNP, FNP-BC, FAANP, helped improve healthcare in a post-Katrina New Orleans, Louisiana, by establishing Advanced Clinical Consultants, the first housecall practice in the city owned by a nurse practitioner (NP). She also developed the first program in the country dedicated to preparing NPs for housecall practice, The Housecall Course, and founded Geriatric Initiatives, a non-profit organization that covers expenses for senior citizens not covered by Medicare. Her efforts have been commended by Senator John Kerry and she also landed an interview on CBS where her work in New Orleans was chronicled by Katie Couric. Dr. Baker’s business-savvy qualities also earned her the title of Entrepreneur of the Year from Advance for NPs and PAs.

Dr. Baker opened her practice in March 2005 with a mere 15 patients on the roster but quickly increased to 100 patients after 3 months. While she was still adjusting to being the owner of a successful practice, New Orleans was struck by the worst natural disaster the region has seen, Hurricane Katrina. All of Baker’s patients, many of whom were elderly and frail, were displaced. An early adopter to electronic health records (EHR), Dr. Baker credits her personal data assistant (PDA) full of patient records and emergency contacts for being able to return to New Orleans and start seeing patients so quickly. Months after Hurricane Katrina struck, Advanced Clinical Consultants grew yet again, swelling to 500 patients.

In 2007, Dr. Baker founded Geriatric Initiatives to financially assist geriatric patients who are often on fixed incomes. Patients receive money for utility bills, incontinence supplies and other products that insurance companies do not cover.

According to Dr. Baker, the ever-increasing geriatric population across the country demands the need for housecall practices. These patients require specialized care that is available and accessible. The Housecall Course, offered by Dr. Baker, helps NPs develop the skills and knowledge needed to open a successful housecall practice.

Housecalls are quite different from other healthcare environments. NPs have the advantage of witnessing the patient’s natural environment. They are able to look inside a patient’s refrigerator and see of their diet is contributing to their condition. However, as a housecall healthcare provider, the NP must be willing to take this initiative. Housecalls offers the benefit of revealing much more information than is typically presented during a routine office visit.

Dr. Baker is eager to continue preparing NPs entering the housecall workforce. She plans on using a new medium to reach NPs who may not be able to make the trip to New Orleans, Louisiana for the course. An on-line alternative to the live program is in the works for the near future.

The following is a question and answer session with Scharmaine Lawson-Baker, DNP, FNP-BC, FAANP:

Question: Why did you decide to open the first NP housecall practice in New Orleans?
Answer: I was actually not planning on opening the first housecall (HC) practice in the City of New Orleans or for that matter any business. I was just minding my

(NP Firsts: Continued on page 7)
FHEA 25th Anniversary Resort Destinations

Learn about the latest in drug therapy with Dr. Margaret A. Fitzgerald as she presents the FHEA Pharmacology Update in desirable resort settings.

Topics Include:
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- Pharmacogenomics: Exploring genetic variations in drug metabolism
- Antimicrobial Update: A focus on treatment recommendations in urinary tract infections (UTI)
- Prescribing in the Presence of Impaired Renal Function
- Depression: A primary care approach to assessment and intervention
- As Seen on TV: What's in the OTC and Herbal Products Your Patients Are Taking?

Dr. Fitzgerald and FHEA CEO Marc W. Comstock snowshoeing after the 2012 Pharmacology Update in Mount Snow.

Grand Summit Resort Hotel & Conference Center
Mount Snow, Vermont
January 17-18, 2013

Sheraton Maui Resort & Spa
Lahaina, Maui, Hawaii
February 11-12, 2013

Falmouth, Cape Cod, Massachusetts
July 23-24, 2013

Prague, Czech Republic
September 13-14, 2013

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<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 11-14, 2013</td>
<td>National Organization of Nurse Practitioner Faculties 39th Annual Meeting Pittsburgh, Pennsylvania</td>
</tr>
<tr>
<td>April 17-20, 2013</td>
<td>Kentucky Coalition of Nurse Practitioners and Nurse Midwives Lexington, Kentucky</td>
</tr>
<tr>
<td>May 1-4, 2013</td>
<td>National Conference for Nurse Practitioners Annual Meeting Nashville, Tennessee</td>
</tr>
</tbody>
</table>

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### A Sample of Dr. Fitzgerald’s Upcoming Speaking Engagements

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Topics</th>
</tr>
</thead>
</table>
| Jan. 17-18, 2013 | FHEA Pharmacology Update  
Grand Summit Resort Hotel & Conference Center  
89 Grand Summit Way Mount Snow, VT 05356 | More information here |
| Feb. 11-12, 2013 | FHEA Pharmacology Update  
Sheraton Maui Resort & Spa  
2605 Ka’anapali Parkway Lahaina, HI 96761 | More information here |
| March 9-13, 2013 | Clinical Update Caribbean Cruise  
Celebrity Cruise  
San Juan, Puerto Rico | More information here |
(NP Firsts: Continued from page 4)

own business when a colleague approached me about taking over her practice of 15 homebound patients because she was going to have surgery. She had already secured assistance for her office clinic, but she was having a difficult time trying to locate someone to visit her homebound patients. I agreed to do so after realizing that it might not be so bad since I had home health nursing experience as a registered nurse (RN). Well, as things turned out, it was a little more complex than RN home health work because I was the primary care provider (PCP) and, in many cases, the only healthcare provider for patients who were bedbound and frail.

After realizing the acute need for an NP to make housecalls, I quickly began researching information to assist me in starting a small practice to supplement my per-diem RN (PRN) clinic job. Three months later, with 100 patients, I was convinced that I had made the right decision. I had found my calling.

**Question:** How did Hurricane Katrina affect your practice?

**Answer:** In August of 2005, my dream job was almost annihilated by Hurricane Katrina. The 100 patients under our care during the time of this hurricane had to be evacuated. We were able to find most of them, but many did not return. When the few patients of our practice who did return found us, they told many people and our patient roster quickly climbed to greater than 500 in 3 months. We were one of only a handful of healthcare providers who were able to return and begin seeing patients immediately.

**Question:** How did you recover during and after Hurricane Katrina?

**Answer:** During Katrina, since the city population was evacuated, I was watching the coverage on the news from San Antonio, Texas. While here, I was able to communicate with several healthcare practitioners across the country about my patients that were transported to their facilities. It was extremely rewarding to be able to assist my patients from the digital data that was stored on my handheld PDA. After the storm, what helped us recover with little to no downtime was my patient data storage on my PDA. This data saved our practice and enabled us to return and get started right away when other providers and hospitals were scrambling to read soggy charts and piece together mountains of patient data that was rendered illegible by the flood.

**Question:** How has the practice grown since it was established?

**Answer:** We have grown from 15 to approximately 3,500 patients on the roster. There are three NPs and three collaborating medical doctors (MD). We now have greater than twenty contracts with home health/hospice agencies, group homes, senior apartment complexes, and assisted living facilities throughout the New Orleans area. We not only provide housecalls, but we set up mini walk-in clinics at these facilities for the seniors who are unable to leave the building. We also have partnerships with in-home delivery pharmacies, social workers, physical therapists, occupational therapists, speech therapists, and podiatrists who make housecalls and we are constantly seeking other providers who want to team up with us to provide comprehensive healthcare in the home.

Another area of growth for us has been with attracting and maintaining insurance contracts. Advanced Clinical Consultants was the first NP practice in the state of Louisiana to obtain a contract with Humana without having to use the tax identification number (TIN) of the collaborating physician.

(NP Firsts: Continued on page 11)
Aortic Stenosis Symptoms

A person with clinically significant aortic stenosis can be SAD.

- Syncope
- Angina
- Dyspnea

(Source: http://www.medicalmnemonics.com/, original attribution unknown)

Physiologic Split S2 Heart Sound

This is a normal finding in which the aortic and pulmonic components of the second heart sound are heard separately. This finding is present in the majority of children and adults, but becomes less common after age 55. The split is caused by a delay in the pulmonic component, and the degree of split INCREASES on IN-SPIRATION and decreases on expiration.

Vocal or tactile fremitus: INCREASES with INCREASEd tissue density (i.e., the area of lung consolidation found in pneumonia).

(Source: Developed by Margaret A. Fitzgerald, DNP, FNP-BC, NP-C, FAANP, CSP, FAAN, DCC. Reproduction permitted with attribution.)

For Delirium Etiology: DELIRIUMS

Drugs - When any medication is added or dose is adjusted. Particularly problematic medications include anticholinergics (TCA, 1st gen antihistamines), neuroleptics, (haloperidol, others), opioids (in particular, meperidine), long-acting benzodiazepines (diazepam, clonazepam), alcohol, others

Emotional (mood disorders, loss), Electrolyte disturbance
Low PO2 (hypoxemia from pneumonia, COPD, pulmonary embolias, MI) Lack of drugs (withdrawal from alcohol, other habituating substances)
Infection - Urinary tract infection or pneumonia (most common delirium etiology)
Retention of urine or feces, Reduced sensory input (blindness, deafness, darkness, change in surroundings)
Ictal or postictal state - Alcohol withdrawal one of the most common reasons for an isolated seizure in an older adult
Undernutrition- Protein/calorie malnutrition, vitamin B12 or folate deficiency, dehydration including postoperative volume disturbance

Metabolic (poorly controlled DM, under or untreated hypo or hyperthyroidism), Myocardial problems (MI, heart failure, dysrhythmia)
Subdural hematoma - Can be as a result of relatively minor head trauma to brain atrophy, fragile vessels

(Treatable causes of urinary incontinence)

Delirium
Infection (urinary)
Atrophic urethritis and vaginitis
Pharmaceuticals (diuretics, others)
Psychologic disorders (depression)
Excessive urine output (heart failure, hyperglycemia due to undetected or poorly controlled DM)
Restricted mobility
Stool impaction


Presentation of Anticholinergic Overdose or Misuse

Examples of medications with significant anticholinergic effect include the first generation antihistamines (diphenhydramine {Benadryl}, chlorpheniramine {ChlorTrimeton}, others) and tricyclic antidepressants (amitriptyline {Elavil}, nortriptyline {Pamelor}). A list of other medications with significant anticholinergic effect can be found at: http://www.fpnotebook.com/Neuro/Pharm/AntChlnrgcMdctn.htm, accessed 9.20.12.

With an overdose or misuse of medications with significant anticholinergic effect, the patient can be:

Blind as a bat (blurred vision)
Dry as a bone (dry mouth)
Red as a beet (flushing)
Mad as a hatter (confusion)
Hot as a hare (hyperthermia)
Can't see (vision changes)
Can't pee (urinary retention)
Can't (do something that rhymes with “spit,” constipation)

Note that a milder form of these findings can be present in an elderly patient who has taken an over-the-counter sleep aid containing diphenhydramine (Benadryl), a first-generation antihistamine, or any medication know to have significant anticholinergic effect.

(Mnemonics: Continued on page 9)
(Mnemonics: Continued from page 8)

(Source: http://www.medicalmnemonics.com/, original attribution unknown)

Causes of Acute Pancreatitis: I GET SMASHED

- **Idiopathic** (thought to be result of a hypertensive sphincter or microlithiasis)
- **Gallstones** (usually traveling down common bile duct and becoming trapped in the Ampulla of Vater)
- **Ethanol** (alcohol intake, usually extensive)
- **Trauma** (usually blunt abdominal trauma)
- **Steroids** (systemic corticosteroid use)
- **Mumps** (paramyxovirus) and other viruses (Epstein-Barr virus, Cytomegalovirus)
- **Autoimmune disease** (polyarteritis nodosa, systemic lupus erythematosus)
- **Scorpion sting** (also snake bites)
- **Hypercalcemia**, hyperlipidemia, particularly hypertriglyceridemia and hyponatremia
- **ERCP** (post endoscopic retrograde cholangiopancreatography)
- **Drugs** (sulfonamides, azathioprine, NSAIDS, diuretic use {loop and thiazide}, didanosine, DDP-4 inhibitor {-gliptin} use) and duodenal ulcers

(Source: http://www.medicalmnemonics.com/, original attribution unknown)

Healthcare Mnemonics: A note of caution

While these memory aids are helpful, I must add a note of caution. Treatment mnemonics can be problematic because the learner might have memorized what to do but does not have a firm grasp on why a particular intervention is helpful. Safe clinical practice involves knowing the “why” as well as the “how.”

Please e-mail cs@fhea.com with the mnemonics and memory aids you find helpful.

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**Important System Update Information**

Routine maintenance is scheduled for December 15, 2012. FHEA is committed to providing our customers maximum uptime, reliability and security for our On-line Testing and Learning Site, www.npexpert.com. Regular system maintenance is critical to achieving this goal and is normally performed the third Saturday of each month.

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University Faculty: To obtain additional information on university resources and discuss how FHEA can work for you, please contact Kimberly Dempster-Gonzalez, Director of Academic, Corporate & Government Marketing at 623.826.4010 or kimberly@fhea.com.
After [Hurricane] Katrina, we were the first NP practice to obtain a provider number for the Medicaid Community Care program in New Orleans. Again, we were originally told that nurse practitioners were not allowed on the panel, but I fought and got a panel for Advanced Clinical Consultants because our patients needed house calls not traditional clinic visits. They are not only homebound, but in some cases, bedbound.

**Question:** What skills are needed from an NP performing house calls?
**Answer:** The HC NP needs to be an undercover PI [private investigator]. This means that they have to be extremely skilled in monitoring all possible environmental, physical and emotional barriers to care that are readily visible in someone’s home that may be preventing the person from achieving optimal health. In a sense, the NP needs to be a little nosey. They need to be able to look in someone’s refrigerator and see that they only have ice cream, candy, and sodas stocked. Hence, this is why their blood sugars remain elevated, etc.

**Question:** Why did you establish the NP Housecall Course?
**Answer:** This was established because after I did the Katie Couric interview in 2007, when she actually made some house calls with me after hurricane Katrina, I received a flood of calls from NPs wanting to do the same thing, but didn’t know where to start. It is very rewarding to help other NPs achieve success and to hear their grand opening stories. It was really hard for me to find information on how to get started, so I wanted to make things easier for others which, in turn, will get more NPs out there helping folks quicker.

**Question:** Why did you establish the Geriatric Initiatives?
**Answer:** I established GI [Geriatric Initiatives] to assist the elderly with the little things such as incontinence supplies, supplemental nourishment and small utility bills that are not covered by Medicare. It is still a very small non-profit, but we have two contracts at local senior housing facilities in which we provide counseling, flu vaccines and other social services on a monthly basis.

**Question:** What advice would you offer new NPs interested in breaking into the housecall practice niche?
**Answer:** Get that important 1-2 years of experience first. During this time learn how to prioritize and manage your time. Also, learn how to treat several common elderly co-morbidities such as hypertension (HTN), diabetes mellitus 2 (DM2), chronic obstructive pulmonary disease (COPD), and osteoarthritis (OA) really well.

**Question:** What do you attribute your success to?
**Answer:** My first belief is that my faith has sustained me and God has brought me through many storms personally and literally. I know that my success is because of Him and His favor on me. Second, I attribute my success to a ferocious drive to succeed especially when things are in dire straits. When situations look really bad, I get an adrenaline surge because I love the challenge and I almost explode with excitement to make things happen for the better. Last, my work ethic has also buoyed me. I can work all day for something I am passionate about. This brings me to that very word: passion. Housecalls must be your passion as well as the overall wellbeing of the many patients who would otherwise not receive healthcare without your home visit.

For more information about Advanced Clinical Consultants and Dr. Baker, visit: http://accnola.wordpress.com/.
Margaret A. Fitzgerald’s Speaker School

April 18-19, 2013
Fitzgerald Health Education Associates, Inc.
85 Flagship Dr.
North Andover, MA 01845

Presented by:
Margaret A. Fitzgerald,
DNP, FNP-BC, NP-C, FAANP, CSP, FAAN, DCC
Marc W. Comstock, MBA
Eleanor J. Lopez, MS

Earn 13 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 A. Fitzgerald, one of the most experienced, well-known, and skilled NP speakers in the country. She has been widely recognized for her dynamic presentations. Hands-on presentation preparation and slide development techniques will be covered. Also learn how to improve your speaking voice.

The workshop is limited to 20 participants.

A personal laptop or tablet equipped with Microsoft PowerPoint is required.

The Art of Wound Repair: Suturing for NPs and PAs

January 31, 2013
New York’s Hotel Pennsylvania
401 7th Ave, 18th Floor
New York, New York 10001

June 15, 2013
Milwaukee, Wisconsin

Presented by:
Robert Blumm, MA, PA-C, DFAAPA

Earn 6 Contact Hours!

Wound repair is a necessary skill for all NPs and PAs. The art of suturing is the process of preparation, thinking, documentation, taking a good history and physical examination, immunizing your patient, delivering the proper type of anesthesia, and performing a professional suture.

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 products will be covered. We will start with the keystone stitch, which is the simple suture. We will move on to running sutures, horizontal mattress sutures, vertical mattress sutures, and running intra-cuticular stitches. Malpractice prevention techniques will help secure your future.

Clinical Pharmacology for NPs and Advanced Practice Clinicians

March 18-23, 2013
Crowne Plaza Atlanta Perimeter At Ravinia
4355 Ashford-Dunwoody Rd
Atlanta, GA 30346

This course is scheduled live annually and is always available on-line.

Presented by:
Margaret A. Fitzgerald,
DNP, FNP-BC, NP-C, FAANP, CSP, FAAN, DCC
Sally K. Miller,
PhD, ACNP-BC, ANP-BC, FNP-BC, GNP-BC, CNE, FAANP

Earn 45 Contact Hours!

This 5 ¾ day 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. Because states’ requirements vary, it is important that you contact your state board of nursing for details regarding educational requirements for prescriptive authority. This course is also available on-line, (Contact hours differ from the live course.)

Advanced Pathophysiology for NPs and Advanced Practice Clinicians

March 25-30, 2013
Marriott Chicago Schaumburg
50 North Martinage Rd
Schaumburg, IL 60173

This course is scheduled live annually and is always available on-line.

Presented by:
Sally K. Miller,
PhD, ACNP-BC, ANP-BC, FNP-BC, GNP-BC, CNE, FAANP
Margaret A. Fitzgerald,
DNP, FNP-BC, NP-C, FAANP, CSP, FAAN, DCC

Earn 45 Contact Hours!

This 5 ¾ day 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. This course is also available on-line. (Contact hours differ from the live course.)

Click here for more information about these and other courses