Do’s and Don’ts for Passing the Certification Exam

by Margaret A. Fitzgerald, DNP, FNP-BC, NP-C, FAANP, CSP, FAAN, DCC

No matter what certification exam you take, all share one thing in common: multiple-choice questions. Multiple choice is the most popular format for standardized tests and allows testing on a large amount of information in a relatively short period of time. While many dread this type of exam, there are advantages to it that include ease in grading and the ability to test the knowledge base of a person with less developed writing skills or problems with expressive language. Specifically, the certification exams are an assessment of the knowledge base of the entry-level NP, an important point to remember as you study. Bearing this in mind, here are some “do’s and don’ts” for the NP certification exams.

Certification Exam Do’s

Do read each question and response choice so that you mark your answer only after you are sure you understand the concept being tested in the question. Answering a question quickly could lead you to choose a response that contains correct information about a given condition but might not be the correct or best response for that particular question.

Do be wary of options that include extreme words, such as "always," "never," "all," worst," or "none." In healthcare, there are few absolutes.

Do recall and jot down a few facts about the information if you are really stumped. Doing this might be enough to facilitate retrieval of information you need to respond to the question. Your testing site will provide writing materials that you can use during the examination.

Do remember that if the answers cover a wide range of numerical values, a value at or near the middle is often correct.

(Do’s and Don’ts: Continued on page 7)
Breastfeeding News

FDA Regulation of Infant Formula

by Marie L. Bosco, BSN, RNC, IBCLC

The benefits of breastmilk to both mothers and their infants are well researched and well received in the United States (US). Unfortunately, infant formula use remains prevalent in this country. Millions of babies under the age of 6 months receive some formula, even when breastfeeding is the primary feeding choice. Formula companies are challenged to provide these infants with a milk choice that contains ingredients comparable to breastmilk.

Formula has adequate amounts of protein, calories, fat, vitamins, and minerals for growth, but lacks important immune factors present in breastmilk that cannot be replicated in synthetic milks. Breastmilk contains more than 100 ingredients that infant formulas do not. While infant formula is not FDA approved, the FDA holds formula companies responsible for ensuring that the recommended nutritional requirements are met, but does not test to make sure the ingredients are indeed present. Even more concerning is the ingredients that are present in formula that are not recommended and have caused recalls in this country each year. These ingredients include biphenyl A (BPA), which is present in the lining of formula cans, perchlorate, a chemical found in rocket fuel, Cronobacter sakazakii, which can be found in powdered formula, and adult beetles and larvae. In 2010, Similac was recalled for containing adult and larvae beetles. In 2011, Enfamil was recalled for possibly containing Cronobacter bacteria and Simply Thick was recalled for causing necrotizing enterocolitis which led to illnesses in 15 infants and resulting in two infant deaths. Gerber Good Start Gentle powder was recalled in 2012 for strange odor and subsequent intestinal upset and vomiting. The most recent formula ingredient being investigated by the FDA is arsenic, the results of which are still pending.

The reality is that powdered formula is not sterile and can be contaminated by bacteria. Based on the history of recalls in the last 2 years, improved inspection, regulations and approval are necessary to protect infants in the US. Fortunately, there is hope that when mothers cannot breastfeed, and when they choose not to use donor breastmilk, a safer infant formula will become available. The Center for Progressive Reform has identified 12 crucial health, safety and environmental regulations to be addressed. This agency, founded in 2002, is a non-profit research and educational organization comprised of a network of scholars from across the nation dedicated to protecting health, safety and the environment. One of the 12 regulations that were addressed is the FDA Infant Formula-Good Manufacturing Practices Rule; the FDA is currently working on its final version for good manufacturing practice, quality control procedures, quality factors, notification requirements and report and records, for infant formula production. Hopefully these changes will ensure greater safety for infant formula products in the US.

References:
NP News in Brief

Healthcare Initiative Lists Unnecessary Clinical Services
The American Board of Internal Medicine (ABIM) Foundation has recently published a list of healthcare services that are commonly misused and should be avoided. The lists are part of the Choosing Wisely initiative, designed to build the clinician-patient relationship, lower healthcare costs and improve the quality of healthcare. The ABIM Foundation has collaborated with nine healthcare organizations to develop a list of five things that clinicians and patients should be aware of in avoiding unnecessary tests. Up to 30% of healthcare costs nationwide are attributed to healthcare procedures that do not impact a patient’s health, according to the Congressional Budget Office. Unnecessary healthcare procedures can be extremely pricey and do not necessarily improving the patient’s condition. Deciding the appropriateness of healthcare procedures based on clinical evidence is the framework of Choosing Wisely. The most common unwarranted services are imaging tests, including unnecessary PET, CT and radionuclide bone scans. While these studies have proven useful in determining the progression of certain cancer types, the American Society of Clinical Oncology (ASCO) recommends that such testing could potentially be avoided in the staging of prostate and breast cancers at low risk for metastasis. According to the ASCO, there is not enough evidence that these services are beneficial to patients. Consumer Reports has published articles for patients highlighting the most popular medical tests that are misused and how to avoid them. The reports also offer tips on how to stay healthy and protect from illnesses that are diagnosed by these tests. To view more details on the Choosing Wisely initiative, click here. Read more

Better Work Environment Leads to Improved Patient Satisfaction
New research offers evidence of the correlation between quality working conditions and patient satisfaction in hospital environments. According to a study published in the British Medical Journal, standard patient safety and patient satisfaction were reported by those treated by nurses with a manageable patient-per-day workload. The study polled nurses on their work environment on factors such as patient-to-nurse ratio, involvement in decision-making and physician-nurse relationship. More than 1,000 hospitals in 12 European countries and the United States (US) were evaluated. Data showed that with nurses who were not satisfied with their work environments and who managed an imbalance patient-to-clinician ratio, only 60% of their patients were satisfied with the care they received. Nurses in both the US and Europe reported nurse dissatisfaction, with many stating plans to leave an employer because of feeling burnt out. The highest rates of nurse dissatisfaction were reported in Finland and Greece with 49% of nurses who intend to leave their positions. US rate of dissatisfaction among nurses was 14%. The US was the only country in the study with Magnet status accreditation, recognizing staff retention due to quality work environment, with close to 7% of hospitals nation-wide. To view the study published in the British Medical Journal, click here. Read more

Nursing Programs Turn Down Applicants in Record Numbers
Despite the recommendations of the Institute of Medicine’s (IOM) Future of Nursing Report calling for twice the current number of nurse practitioners by 2020, more than 75,000 applicants to nursing programs were not granted admission in the US and its territories last year. This number is particularly disturbing given that enrollment numbers for nursing programs have increased, with 5.1% more nursing students enrolled in entry-level baccalaureate programs compared to 2010. The American Association of Colleges of Nursing (AACN) conducted a study that evaluated statistics from 733 nursing schools in the United States (US) that offer baccalaureate and/or graduate degrees. The most common reasons for not accepting qualified applicants were shortage of faculty, budget cuts and insufficient clinical teaching sites and classroom space restrictions. The increase in higher education in the nursing field follows the IOM recommendations which call for two times the number of nurses to hold doctorate level degrees by 2020. The survey supports the notion of advanced practice nurses filling the gap of healthcare shortage and taking on a leadership role in the reformation of the nation’s healthcare system. The study also showed a major swell in enrollment among diverse ethnic students as well as students from underrepresented backgrounds, increasing more than 26% in higher education programs. The study shows an apparent increased interest in nursing and the need and benefit of a nursing workforce with higher education. According to the data, the number of schools offering BSN-DNP programs has jumped 28.9% at 184 schools in 2011 from 20 in 2006. Read more

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Whether you are a nurse practitioner (NP) who has been practicing for years or are a recent graduate searching for your first clinical role as an NP, there are many things to consider when searching for the right practice and position. While some of these considerations may be obvious, others come to you as a result of education, experience and collaborating with people in your field.

Louise McDevitt, MS, ACNP-BC, ANP-BC, FNP-BC, and Gianina Kennedy, MS, FNP-BC, share their advice on negotiating your NP practice contract.

“Don’t present something that you’re not,” said McDevitt.

“If you know the potential employer wants you to see 10 patients a day more than you’re completely capable of and you take the job anyway, you are just setting yourself up for disappointment. So, be honest. Don’t be who you’re not.”

This part of negotiation is significant for new NPs transitioning from graduate school to clinical practice. Kennedy said that if seeing a given number of patients per day is beyond your current capabilities, you should discuss this with your prospective employer and devise a way to gradually work your way up to the requested number of patients per day.

“I think the most important thing for a new graduate to really know is what’s important to them when they’re heading into a new employment opportunity and to make sure they have a realistic idea of what they want to be doing,” said Kennedy.

Some nursing schools, like the one that Kennedy attended, require their students to complete courses specifically aimed at helping the NP with contract negotiation. Kennedy said that one of the most important things she learned in this course was not to shy away from negotiation. If an aspect of a potential contract does not sit right with you, don’t be afraid to think about it and come back, she said. Since not all universities offer this contract negotiation courses to their NP students, it is important for NPs to guide one another outside of the classroom, according to both McDevitt and Kennedy.

Also consider who you will be working alongside and whether or not your peers can effectively mentor and support you. This factor is crucial in states like Vermont, which requires new NPs to collaborate with another NP, medical doctor (MD) or doctor of osteopathic medicine (DO) for the first 2 years of practice.

“Find a job with the kind of family you would want to live with; otherwise you’re just going to be unhappy,” said McDevitt.

While professional aspects of your contract should be the main focus, oftentimes personal factors play a large role in negotiation. Kennedy was hired at Grace Cottage Hospital.
May 2012

National Nurses Week

National Nurses Week is celebrated annually from May 6-12. This annual week of nursing recognition has been supported by the American Nurses Association (ANA) since 1896. The celebration begins with National Nurses Day, May 6, and culminates with the birthday of nursing pioneer Florence Nightingale, May 12. National Student Nurse Day falls on May 8 and National School Nurses Day falls on the Wednesday of National Nurses Week. The theme of the 2012 National Nurses Week is “Nurses: Advocating, Leading, Caring.”

We asked our followers on Twitter and friends on Facebook what they love about being a nurse practitioner or registered nurse and here is what some of them had to say:

• “After more than a quarter of a century of primary care NP practice, what I love about my role is the long term relationships with patients. I have been with people at turning points in their lives, both joyous and sorrowful. To help a family achieve the best health possible, or to guide a person to a peaceful passing, this is one of the greatest privileges.”
  – Margaret A. Fitzgerald, DNP, FNP-BC, NP-C, FAANP, CSP, FAAN, DCC

• “I enjoy solving complex clinical cases and making a difference in patients lives, even after 35 years.”
  – Mimi Secor, NP

• “Being a Cardiology NP has allowed me to pursue my passion of creating my own business, Heartfit for Duty, screening firefighters, police officers and EMS personnel for heart disease. There is no greater blessing than the freedom to practice independently.”
  – Megan McCarthy

• “I love that people let me into their lives at their most intimate moments. Being an unbiased sound board and advocate is my goal.”
  – Jacilyn Mikels

How are you celebrating National Nurses Week? Let us know on Facebook and Twitter.

19th Annual Pharmacology Conference
Sponsored by the Utah Nurse Practitioners
May 11-12, 2012
Marriott City Centre Hotel
220 South State St
Salt Lake City, UT

This conference is designed to meet the continuing education needs of advanced practice nurses. There will be an intense review and update of new pharmacological agents. Discussion of drugs and treatment modalities relating to specific illnesses will be reviewed at length. Drug actions, indication for use, contraindications, and side effects will be presented. Program content meets the State of Utah educational requirement for APRNs to maintain prescriptive privilege. This program is pending approval with the American Academy of Nurse Practitioners. Certificates will be available at the conference. Appropriate CE will be available for attendance.

Conference Objectives:
• Explain basic pharmacological and pharmacokinetic principles as they relate to devising a proper therapeutic regimen.
• Select an appropriate therapeutic treatment plan for a given patient condition.
• Determine appropriate use for new pharmacologic agents.

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Question and Answer with Dr. Margaret A. Fitzgerald

Understanding and Treating Diabetes Based on HbA1c Results

**Question:** I have a patient with diabetes that is on metformin 500 mg twice a day (BID) for 3 months and the HbA1c result is 7.0%. Do I continue with metformin or add more medication?

**Answer:** Keep in mind that the goal is less than 7%, (i.e. 6.9% or less). I aim for 6.5% or less, consistent with the American Association of Clinical Endocrinologists (AACE) recommendations. As a result, my recommendation is to intensify the metformin therapy if there are no contraindications and this is well-tolerated, as this patient is at 50% of the recommended maximum dose. At minimum, I would prescribe two 750 mg XL formulation tablets once a day or two 1,000 mg XL formulation once a day, as this is well-tolerated and enhances adherence with once a day use. In 3 months, recheck the HbA1c and if it is still too high with high-dose metformin therapy, I would add a low-dose sulfonylurea (SU).

Of course, keep an eye on blood sugar patterns and help to identify glucose spikes, and work with your patient to avoid these. Case in point, one of my patients recently presented with recurrent hyperglycemia post-breakfast only; this had not been noticed in the past. With further inquiry, she revealed that she recently purchased a type of bread she really liked and was now eating four slices of toast every morning. Cut back to two slices (she is quite elderly and frail, taking all the goodies in life away is just not part of the game plan) and add a bit of morning protein, problem solved without any new medications.

"Margaret, just a note of thanks for the excellent prep via your NP Certification Exam Review and Advanced Practice Update CDs, course, and workbook. Although the exam wasn't what I considered easy, because of the prep materials, I was able to think my way through. Thanks for being such an advocate for NPs. After completing my program in December, I thought I had made a huge professional as well as financial mistake. Even after graduation, I stayed in my job. I looked around a little, but was not actively seeking employment. I could not envision myself in the NP role. I had forgotten why I began this path. Your personal commentary on the value NPs bring and how we bring it was most helpful in allowing me to see myself as a family NP and how I could bring value to my community as an FNP. Thanks so much!"

— Pam Herdy, MSN, MA, BBA, RN, FNP-BC

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FHEA News frequently publishes Dr. Fitzgerald’s responses to questions that arise during NP practice and certification preparation. **Click here** to access our newsletter archives and read other Q&A sessions with Dr. Fitzgerald.
(Do’s and Don’ts: Continued from page 1)

Do make sure that the extra information usually found in a particularly long answer is pertinent to the question and not simply there to distract you.

Do read the shortest answer with care before you reject it. While the short option gives little detail, there may be enough information in it to make it correct.

Do notice if two answer choices look similar. In most cases, one of these items is the correct answer.

Do note when two answers convey the same information or have the same meaning. Usually both are wrong.

Do read each query as if it were a true-false question, eliminating all the answers that are false.

Do expect to answer about 60-70 or more multiple-choice questions per hour. This means you have less than a minute, on average, to spend on each question. Some questions will take only a few seconds, while others will require more time for thought. Check yourself at 15 or 20 minute intervals to determine if you are progressing at an acceptable rate.

Do expect that the topics you studied will be presented in random order. On the adult or family primary care NP examinations, a question on diabetes mellitus can follow one on hypertension and can be preceded by a question on women’s health. In the family NP exam, a question on an elder can be followed by a question about a newborn.

Do recall that the certification exams are geared to test the knowledge base of an entry-level NP. As a result, you might need to apply knowledge you have learned in a new or novel way to correctly answer a question.

Do allow evidence-based practice to guide your choice of an answer. Expect that advice on health screenings and interventions is based on nationally recognized standards of care from authorities such as the American Diabetes Association, National Cholesterol Education Program and the American Cancer Society.

Certification Exam Don’ts

Don’t forget that the computer-based test sites accommodate the needs of a number of different test candidates. Although the sites are generally quiet locations, people will be moving in and out of the test area. Use earphones or earplugs that are provided by the testing center if you are easily distracted.

Don’t be misled by the close-to-correct choice that often precedes the correct answer.

Don’t assume that an answer is correct because this is what you have observed in your current nursing practice. Again, let evidence-based practice guide your choice of response.

Don’t dismiss an option because it seems too obvious and simple to be correct. If you are well prepared for the exam, some of the questions will appear quite straightforward.

Don’t select an option just because it contains factually correct information about the clinical situation. You have to make sure that it is the correct or best answer to the question.

Don’t pick an answer just because it seems to make sense. You are answering from your knowledge of the exam content, not from your general knowledge and logic alone.

Don’t be taken in by the use of unfamiliar terms in the question. If you have studied the subject, few words should be unknown.

Don’t get bogged down on one question if you are unsure or stumped about an answer. A better strategy is to move on and finish all the questions you can answer and come back later to process the problematic questions. The computer-based tests have a mechanism to highlight questions you want to revisit.

Don’t change an answer unless you misinterpreted the question. If necessary, when looking over the questions again, change an answer only if you can logically justify the change.

Don’t respond to self-defeating thoughts that can creep into your mind, such as, “I did not study enough,” or “this test is too hard.” Recognize the time and energy you have put into your preparation.

In conclusion, do what you can to maximize your success. Don’t forget that your certification preparation will also serve you well in your new practice.

Click here for a full list of Fitzgerald Health’s Live NP Certification Exam Review and Advance Practice Update
Ensure Your Students Are Prepared.

Is your university looking for a way to measure student learning comprehension? Do you want to assess the readiness of your students to take a national certification exam? Fitzgerald Health Education Associates, Inc. (FHEA) testing packages are available to assist your university.

FHEA testing relieves faculty of time-consuming tasks, such as writing and grading tests. Protect your preceptor base by ensuring that students are ready to succeed in their clinical rotations. Confirm that your students are prepared for graduation, certification and practice.

FHEA offers three testing packages.

- **Package I** contains a collection of questions for a specific NP specialty track. The number of questions per test varies dependent on the specialty track selected.
- **Package II** contains a collection of 75 questions for either ANP or FNP specialty tracks administered to test takers on two separate occasions utilizing a pre-test post-test model. The first test takes place at the beginning of a semester/term and the second test takes place at the end of a semester/term.
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Testing packages feature customized options to meet university needs.

- University faculty may choose to have a random selection of test questions, with no two exams the same, or may choose to have the same test questions presented to each test taker.
- Questions can be scrambled so that they are not presented in the same order.
- Tests are delivered using state-of-the-art on-line software that links seamlessly to most academic learning management systems.
- Testing can be secure if taken in a university computer lab.
- Testing windows can be set for multiple days or a single day, allowing scheduling flexibility.
- Testing can be timed.
- Once testing is complete, university faculty will receive two distinct reports:
  - Report I includes a percentage score for each test taker.
  - Report II includes a detailed report of how each test taker scored on each topic area covered in the given test.

Join the growing list of universities utilizing valuable FHEA resources. Pricing is comparable to other products on the market, with packages starting at just $35 per student.

For additional information and package pricing, please contact Kimberly Dempster-Gonzalez, Director of Academic, Corporate & Government Marketing at (623) 826-4010 or kimberly@fhea.com.
FHEA Raffle Winners

Fitzgerald Health Education Associates, Inc., recently held a raffle drawing at the National Conference for Nurse Practitioner Faculty in Charleston, South Carolina. We would like to congratulate Amy Ma for winning Dr. Margaret A. Fitzgerald’s book Nurse Practitioner Certification Examination and Practice Preparation, 3rd edition. We would also like to congratulate Catherine Todero for winning the boxed book set of four Cherry Ames Nursing Stories, by Helen Wells. Raffles are held at all of our exhibit locations.

Come see us in person! We will be exhibiting at the following locations:

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Upcoming Speaking Engagements for FHEA Lecturers

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Editor’s Note: FHEA is committed to supporting the nurse practitioner in all aspects of healthcare, including facilitating research. We are pleased to support Dr. Ann Marie Hart’s NP preparedness study.

Dear NP colleague:

As you know, NPs provide a significant amount of healthcare in the United States (US). Numerous studies indicate that NP-directed care results in patient outcomes comparable to physician-directed care, often with higher patient satisfaction. Despite NPs’ successful track record, little is known about new NPs’ preparedness for clinical practice. Learning about NPs’ preparedness for practice should ultimately help improve NP education and practice. Thus, the purpose of this study is to evaluate new NPs’ perceptions of their preparedness for practice.

This survey is designed for NPs who completed their initial NP educational program between 2006 and 2011, who are currently licensed to practice as an NP in the US, who are certified in only one population focus area, and who have practice experience as an NP in the US. The survey should take less than 20 minutes to complete, and you may stop taking the survey at any time. There are no direct benefits to you for taking the survey; however, it is expected that the overall survey results will be published and may inform future advances in NP education. Risks from participating in this survey are minimal, primarily that you might feel frustrated by some elements of the survey. No identifying information will be collected in this survey, and you are free to stop taking the survey at any time. If you have any questions related to the survey, you may e-mail or call me directly at annmhart@uwyo.edu or (307) 766-6564.

If you have any questions related to rights as a research participant, please contact the University of Wyoming’s Research Office at (307) 766-5353.

To begin the survey, please click on this link: http://216.34.99.34/survey/418315/27e1/

Thank you for your help!

Ann Marie

Ann Marie Hart, PhD, FNP-BC
Associate Professor
DNP Program Coordinator
Fay W. Whitney School of Nursing
The Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (APRN Consensus Model) outlines a plan for all of advanced practice nursing. The advantage of the APRN Consensus Model is that it will provide greater consistency in licensure, accreditation, certification and education (LACE). This model offers obvious long term benefits to advanced practice registered nurses (APRNs) and will help to foster a uniform model of APRN practice by defining the future practice specialties. In the near future, certification exams for traditional roles of adult, family, acute care, gerontology, and adult psychiatric mental health nurse practitioners (NPs) and a number of certified nurse specialist (CNS) roles will no longer be offered by certifying bodies.

While NPs with existing above-mentioned certification will be able to maintain their current credentials, there is significant risk to those NPs who are prepared in one of these roles with a retiring certification examination but are not yet certified. Should the NP move to a state requiring certification for licensure, the NP will not qualify for the newly defined certification exams.

Currently, information on the American Academy of Nurse Practitioners (AANP) and the American Nurses Credentialing Center (ANCC) web sites indicate that the existing acute care, adult, family, and gerontology NP certification exams will be offered “through 2014.” The take home message for licensed, uncertified NPs is that taking the certifying exam as soon as possible is a good idea to insure and protect their qualification to practice.

FHEA is committed to the success of the APRN. Our NP Certification Examination Review and Advanced Practice Update course is updated annually to comply with changes in certification examinations and practice. We will continue to monitor the implementation process of the APRN Consensus Model and its impact on certification so that we can adapt our review course to reflect these changes once a content outline of the new certification exams has been announced.

For additional information on understanding the APRN Consensus Model, please visit the ANCC web site or view the December 2011 issue of FHEA News.

-M. W. Comstock, CEO, FHEA
when she was 7-months pregnant, so some of the most important items for her to negotiate were health insurance and maternity leave. These factors along with vacation, sick and holiday time, and other benefits such as retirement plans, disability, and workers’ compensation can be included in an NP’s contract. Go into negotiation thinking about the terms of employment that are most important to you and remember not to compromise who you are, advised Kennedy.

Negotiating your income with a potential employer is also important, although it is wise to allow an employer to present an offer before you inquire. While some practices will compensate on an hourly rate, others offer a set salary. Many healthcare providers believe they will earn top salaries only by practicing in major hospitals in large cities. While possible, this is not always the case. Hospitals and clinics in rural and underserved areas are sometimes willing to compensate their employees generously to work in a lesser-known area that has a strong need for quality healthcare. It is necessary to determine which option will suit your needs.

“The best option is finding a place that is supportive of you and really embraces your practice style. I don’t think it always boils down to how much you’re making per hour,” said McDevitt.

NPs should also negotiate a contract that provides them with annual funding and paid leave for continuing education, according to McDevitt. NPs are required to earn contact hours for continuing education and employers should provide some compensation to help their staff maintain professional certification and licensure.

In addition to the aforementioned fundamental terms of an employment contract, the NP also needs to consider complexities such as malpractice insurance policies and restrictive covenants. While many employers have their own malpractice insurance that will cover their group, Kennedy and McDevitt noted that it is also important to have your own separate policy in addition to what your employer has elected. Employers can ask their practitioners to enter into a non-compete clause stipulating that if the NP leaves the practice he or she cannot seek employment at another practice within a given radius for a period of time. This same rule would apply to the NP establishing his or her own practice. Although this is rare in rural areas like the one where McDevitt and Kennedy practice, this often occurs in urban settings and should be considered by the NP. If aspects of a contract leave you feeling uncertain, McDevitt recommends that you seek a second opinion from a contract attorney who can steer you in the right direction.

Negotiating your contract or the terms of your employment is all about knowing what you can contribute to the practice and what you deserve in return. Leaving no stone unturned, NPs should explore every aspect of their contract before starting a position and should be honest with themselves and their potential employer when a part of the contract is unsatisfactory.

“Don’t rush into a contract. Really examine what the document is saying and make sure it’s a fit that really works for you personally and professionally,” said McDevitt.

For additional information on contract negotiation, [click here](#).
The Art of Wound Repair: Suturing for NPs and PAs

September 11, 2012
DoubleTree Chicago-Oak Brook Hotel
1909 Spring Rd
Oak Brook, IL 60523

Presented by:
Robert Blumm, MA, FA-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 newer products will be covered as an introduction to the use of a bio-adhesive in the care of lacerations. 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 intracuticular stitches. Malpractice prevention techniques will help secure your future.

Clinical Pharmacology for NPs and Advanced Practice Clinicians

October 15-20, 2012
Nashville, Tennessee

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.)

Laboratory Data Interpretation: A Case Study Approach

September 5-6, 2012
New York’s Hotel Pennsylvania
401 7th Ave, 18th Floor
New York, NY 10001

Presented by:
Margaret A. Fitzgerald, DNP, FNP-BC, NP-C, FAANP, CSP, FAAN, DCC

Earn 12 Contact Hours!

Are you looking to improve your lab data interpretation skills? Using a case-based approach, this program is designed to help you refine your skills in ordering and analyzing the results of laboratory tests.

Topics include...
- Assessment and Intervention in Common Anemias
- Laboratory Monitoring During Drug Therapy
- Evaluation and Intervention in Thyroid Disorders
- Evaluation of Renal Function
- Assessment of Hepatic Function
- Analysis of the WBC Count and Differential
- Evaluation in Immunologic and Autoimmune Disorders
- Challenging Case Studies in Laboratory Diagnosis

Advanced Pathophysiology for NPs and Advanced Practice Clinicians

April 1-6, 2013
Chicago, Illinois

This course is presented live annually and is also 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