Frequently Asked Questions about NP Certification Exams

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

Editor’s Note: In 2013, the American Academy of Nurse Practitioners will offer a certification exam for adult-gerontology primary care nurse practitioners and the American Nurses Credentialing Center will offer adult-gerontology acute care and adult-gerontology primary care nurse practitioner certification exams. Additional information on these changes will be published in the August 2012 issue of FHEA News.

Are you preparing to take the NP certification exam? Are you confused about which organizations offer what kind of certification, or wondering about test content or focus? Here are the answers to common questions about NP certification.

What agencies offer NP certification exams?
NP certification is offered by a variety of non-governmental agencies.

The American Academy of Nurse Practitioners (AANP, www.aanpcertification.org) offers year-round computer-based testing for adult, family and gerontologic nurse practitioner certification. Starting in 2013, the AANP will also offer adult-gerontology primary care NP certification.

The American Nurses Credentialing Center (ANCC, www.nursecredentialing.org) offers year-round computer-based testing for family, adult, acute care, geriatric, pediatric, adult psychiatric-mental health, and family psychiatric-mental health nurse practitioner certification. Starting in 2013, the ANCC will also offer adult-gerontology acute care and adult-gerontology primary care NP certification.

The National Certification Corporation (NCC, www.nccwebsite.org) offers year-round computer-based testing for women’s health and neonatal nurse practitioner certification. In addition, a paper test is offered once a year in the fall.

The Pediatric Nursing Certification Board (PNCB, www.pncb.org) offers year-round computer-based testing for pediatric primary care and acute care pediatric nurse practitioner certification.

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Breastfeeding News

Benefits of Early Enteral Milk Feedings in Intrauterine Growth Restricted Preterm Infants
by Marie L. Bosco, BSN, RNC, IBCLC

Growth restricted premature infants are neonates who are below 10% in growth for their age and less than 35 weeks gestation at birth. Intrauterine growth restricted (IUGR) infants are often identified during pregnancy through a Doppler ultrasound, which is one method for evaluating fetal blood flow in the umbilical artery. These infants are often delivered prematurely to prevent the risk of intrapartum death, which is more common in this population. All infants born prior to term are at risk for prolonged hospitalization, increased risk of infection (including necrotizing enterocolitis), feeding intolerance, and respiratory and cardiac complications. IUGR preterm infants are at even higher risk for these complications and tend to have more difficulty advancing on enteral feeds.

Mother’s breast milk is well-documented as the optimal milk-feeding for all newborns, but provides even more protection to the preterm infant. Preterm infants are at risk for a life threatening gut infection, necrotizing enterocolitis (NEC), which generally occurs after enteral milk feeds. Breast milk provides special protections against this infection for preterm infants. This is in part due to an important breast milk component, bifidus factor, which causes Lactobacillus bifidus to proliferate in the gut and protect it from infection.

The premature infant is exposed to parenteral nutrition initially followed by enteral feeds either by a gastric tube or through suckling. The duration of time required for a preterm infant to advance to full feedings varies depending on the associated complications that affect the infant. There has been research examining the affects of early enteral milk feeds on the outcome of premature infants that may promote growth and shorten duration of parenteral nutrition, the alternative to enteral feedings, and hospital stay without increasing the risk of NEC. The long-term use of parenteral nutrition can have sequel that involve villous atrophy in the gut, increased risk of sepsis, cholestatic jaundice, and vitamin and mineral deficiencies. For these reasons, enteral milk feeds should be started as soon as possible and advanced so parenteral nutrition is not needed.

Research published in Pediatrics in April 2012 looked specifically at the IUGR preterm infant to examine if early

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NP News in Brief

New Guidelines Recommend Against Routine PSA Prostate Screening
The *Annals of Internal Medicine* has recently published new recommendations by the United States Preventive Task Force (USPTF) stating that healthcare clinicians should discontinue ordering prostate-specific antigen (PSA)-based testing for routine prostate screening in healthy men of all ages. The new guidelines are accompanied by commentary and editorials adding that healthcare providers should use their discretion on a case-by-case basis to determine if prostate-specific antigen (PSA) blood test is needed. The panel stated that there is not enough evidence to prove the efficacy of the test and if those benefits outweigh the proven harmful effects. The previous recommendations for PSA-based testing were released in 2008 when the service was issued an “I” rating for insufficient evidence in assessing benefits and harms but limited its use to men younger than 75 years of age. This year, the test received a lower rating, “D” deeming the service more harmful than beneficial based on clinical evidence. The task force evaluated the results from two major screening trials conducted by Europe and the US. The European trial showed a reduction of death from prostate cancer at a rate of about 1 per 1,000 screened men compared to unscreened men in the European control group. The US trial showed no death reduction in either of the screened or unscreened study groups.

Tips for Effective Patient Communication
Open communication between healthcare professionals and their patients is essential to treatment and diagnosis. However, sometimes extra effort and planning are necessary when trying to uncover the behaviors, thoughts and symptoms of a patient. There are a variety of ways in which healthcare providers and patients can work together to develop an honest and trusting relationship. When speaking with a patient, avoid medical jargon in favor of more universal terminology so that the message is clearly understood by both parties. Similarly, consider using a “teach-back method” when talking to a patient about his or her diagnosis and treatment. This method involves asking a patient to repeat information in his or her own words, which aids in avoiding a miscommunication. Providers should make an effort to come across as approachable and supportive, which will help to avoid any anxiety that a patient may have about being completely honest about their lifestyle. To save time and increase efficiency, request that your patients come to their office visits prepared with a list of topics they would like to discuss. Additionally, a provider needs to be knowledgeable of variations in communication in different cultural groups so as not to misunderstand mannerisms. Finding ways to reduce barriers of communication will create a stronger, more effective patient-provider relationship.

CDC ReportLinks Higher Education to Healthier Lifestyle
According to an annual report issued by the United States (US) Centers for Disease Control and Prevention (CDC), people with a higher socioeconomic (SES) status are generally healthier than those with a lower SES status. SES was determined based on income, education, employment, and access to healthcare. The data showed that people who completed higher levels of schooling tend to be employed and better paid, offering greater control of their lives and, in turn, their health. People with lower SES tend to be limited by income and engage in unhealthy behavior. Ironically, people who earn lower incomes are more likely to smoke cigarettes and are not as physically active as those with higher incomes. Adults over the age of 20 years living below the poverty level were four times more likely to suffer from depression during 2005 to 2010. Likewise, obesity was found to be prevalent in adult women who earned less than a bachelor’s degree. Childhood obesity rates where the head of household earned less than a high school education were recorded at 24% for boys and 22% for girls. This differs greatly from homes with a head of household with a bachelor’s degree or higher which where 11% of boys and 22% of girls were found to be obese. Chronic disease, preventive procedures, asthma, and life expectancy are all among the list of health disparities related to SES.

Lung Cancer Screening to Include CT Scans for High-Risk Patients
The American College of Chest Physicians (ACCP) and the American Society for Clinical Oncology (ASCO) have collaborated to release new guidelines endorsing the use of low-dose computed tomography (CT) scans for routine lung cancer screening for high-risk patients. The guidelines, recently published in the *Journal of the American Medical Association*, classify high-risk patients to be between 55 and 74 years-old who are current smokers or have a history of smoking at least 30 pack-years. Patients outside these parameters should not receive routine lung screening by CT scan as the risks largely outweigh the benefits, according to the guidelines. The updated recommendations are based on evidence from the National Lung Screening Trial (NLST) that was conducted by the National Cancer Institute (NCI showing that CT scans resulted in a 20% reduction in deaths from lung cancer. Out of 53,454 current and former heavy smokers in the trial, 354 deaths from lung cancer occurred in participants who received a CT scan compared to 442 deaths in those who received a chest x-ray. Although the CT scans can help increase survival rates in patients with lung cancer, the service can cause several problems including false positive results. These abnormal findings can lead to unnecessary invasive procedures including biopsies, exposure to radiation or additional imaging, and additional expense. About 40% of participants encountered abnormal CT scan results during the NLST study.

Read more

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Click here to view the Guidelines on Lung Cancer Screening published in *JAMA*. 
Considering Nurse Practitioner Specialty Practice

by Jaclyn Fitzgerald, Editor

Healthcare is a complex and diverse field in which advanced practice registered nurses (APRNs) can become certified and licensed in various roles, foci and specialties. APRNs who are prepared in the nurse practitioner (NP) role choose a foci based primarily on patient age groups or by acute or primary care. However, those who wish to further focus their practice often obtain multiple certifications and/or concentrate on a specialty, which can set them apart in the workplace and allow them to enhance their knowledge of the healthcare field. NP practice specialties include cardiology, dermatology, gastroenterology, allergy and asthma, oncology, and more.

It’s no secret that healthcare is changing in the United States. In response to current and anticipated changes, the Institute of Medicine’s Initiative on the Future of Nursing Report recommendations called for twice as many nurses to earn a doctorate by 2020 and for all nurses to be able to practice “to the full extent of their education and training.” With these factors in mind, NPs may want to consider the value of learning to practice in a specialty setting.

While being able to focus on the niche that interests you most is a benefit in itself, NPs may want to consider the potential monetary impact of pursuing specialty practice. The 2011 National Salary Survey of NPs and PAs, conducted annually by Advance for NPs and PAs, reports annual salaries for full-time NPs. Although many salaries included in the report declined in 2011, NPs in some practice settings including oncology and cardiology earn slightly more than those in family practice or internal medicine.

Whatever the reason for entering into a specialty practice setting, there are many ways to advance your career.

Kismet Rasmusson, MS, FNP-BC, CHFN, FAHA, advises NPs to think about the types of patients that interested them most during their undergraduate education, clinical rotations and various nursing positions when determining an area that they wish to elect as their specialty. Another important consideration is to look at health care trends and areas of need. After earning a bachelor of science in nursing, Rasmusson practiced in thoracic intensive care units throughout Salt Lake City, Utah. She practiced for more than 10 years as a registered nurse (RN) and then went on to earn a Master of Science in Nursing from the University of Utah, Salt Lake City. Having a difficult time finding opportunities for family NPs (FNP)s in the primary care setting, she returned to her roots in cardiology. After 2 years in an out-patient cardiology setting, she was recruited to practice at a heart failure and heart transplant program where she has remained for more than 12 years.

“One once you are in your area of specialty, consider board review courses and other educational opportunities within both nursing and medical specialties to solidify your knowledge. Time in practice and ongoing education are so critical,” said Rasmusson. “Most of all, don’t lose your passion for caring for patients and learning more to provide excellent care.”

Aside from the knowledge an NP can gain from continuing education opportunities and board reviews, Rasmusson stressed the importance of on-the-job mentoring from physicians and other NPs. Absorbing the knowledge of those around you can aid in gaining an initial understanding of the skills that are needed in a practice, she said. She believes that specialty certifications and designations are important. After being certified as an FNP with the American Nurses Credentialing Center and becoming a Fellow of the American Heart Association, Rasmusson became a certified heart failure nurse (CHFN) with the American Association of Heart Failure Nurses. She also recommends staying up-to-date with literature, joining organizations and attending NP meetings to “connect with your local healthcare providers and stay current in your area of specialization.”

Christy M. Yates, MS, FNP-BC, NP-C, AE-C, recommends that NPs selecting their foci or specialty should “keep an open mind.” She believes that it often times, you do not choose your specialty but it will choose you. Yates has been a certified

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“If you have a particular specialty in mind, gain all the knowledge and skills you can prior to your first day on the job. Then continue learning on the job every day...No matter what the specialty, learning is life-long!”

— Christy Yates, MS, FNP-BC, NP-C, AE-C
enteral feeds were associated with a higher risk of NEC. This research was sponsored by a United Kingdom (UK) based children's charity, Action Medical Research, and conducted by Dr. Alison Leaf at the University of Oxford. The study included 54 hospitals across the UK and Ireland and more than 400 preterm IUGR infants. The infants in the study were below 35 weeks gestation at birth and below the 10th percentile for weight along with having an abnormal antenatal umbilical artery Doppler waveform. They were randomly assigned to either an "early" enteral feeding group (on day 2 after birth) or a "late" enteral feeding group (day 6 after birth). Feedings were gradually increased in both groups by "feeding prescription," which was based on gestational age. Mother's own breast milk was recommended as the first choice followed by donor milk and infant formula. Overall, 74% of the "early" group and 91% of the "late" group received human milk as their first feed. Full, sustained feeds were established sooner in the "early" group at 18 days compared with 21 days in the "late" group. There was no evidence of difference in the incidence of NEC. Early feedings resulted in a shorter duration of parenteral nutrition, lower incidence of cholestatic jaundice and better weight gain at discharge.

This research provides important insight into the benefits and risks of early milk feedings in the IUGR preterm infant. The evidence from the large multi-sight research revealed no evidence of benefit to delaying the introduction of enteral feeds in this high-risk group beyond 48 hours. The decreased risks of cholestatic jaundice and improved weight gain without the increased risk of life threatening NEC when human milk feedings are initiated early were supported by the findings. Further research on how best to advance these feedings to promote optimal growth and development while preventing sequel of the growth restricted preterm infant are needed.

References:

How many questions are on the NP certification examinations?

The currently available ANCC exams consist of 175 questions or test items. Of these, 150 items count toward your score, with the remaining 25 questions being sample items that might be used on future exams but do not contribute to your exam score. These items are integrated throughout the exam, not listed in a separate section. Sample test questions are found in most NP certification examinations.

The AANP exams consist of 150 test items with 15 items as sample questions that do not contribute to your final score; your results are determined on performance on 135 questions.

The NCC women’s health and neonatal NP exams have 160 items with 10 sample items.

The Pediatric Nursing Certification Board acute care and primary care pediatric NP exams contain 175 questions each including 25 sample items.

How are the NP certification examinations similar?

The content of all the NP certification examinations reflect the broad base of knowledge and the critical thinking skills necessary for entry-level NP practice. The largest sections are typically dedicated to assessment and intervention of the health problems common to the chosen area of practice. Additional content area typically includes choice of the appropriate diagnostic studies and screening tests and the subsequent interpretation of findings. Content in the intervention section usually includes questions on both pharmacologic and nonpharmacologic therapies, as well as principles of therapeutic communication. The remainder of the examination is usually devoted to areas such as health promotion and disease prevention.

How do the NP exams differ?

The family NP exam reflects the broad scope of knowledge necessary to care for patients of all ages, including pregnant women. The adult NP certification examinations focus on the care of patients from adolescence to elders, while the gerontological NP test focuses on health care issues for adults older than 55-65 years. The pediatric NP exams focus on the care of children and young adults, usually up to age 22; a thorough knowledge of pediatric development and family systems is critical for success on these exams.

The focus of the women’s health nurse practitioner exam is on the health care of women throughout the reproductive lifespan and beyond. A nearly equal amount of the test’s...
content is concentrated on obstetrics and gynecology, with about 10% devoted to general primary care issues.

The adult and pediatric acute care exam focuses on the care of acutely or critically ill adults or children, and includes a section on health promotion and disease prevention as well as follow-up care. The psychiatric-mental health certification examinations focus on the knowledge base needed to provide mental health care and particular psychotherapeutic interventions. The adult psychiatric-mental health NP scope of practice begins in adolescence, while that of the family psychiatric-mental health NP is across the life span.

Are some of the NP exam questions about issues other than clinical issues?
The ANCC exams contain a section on issues such as scope of practice, healthcare ethics, reimbursement, research and other professional matters. This section represents approximately 25% of the total exam, depending on the area of certification. The AANP exams do not contain such a section, while the women’s health and neonatal NP examinations have a small section on these issues, typically less than 2% of the total test content.

How do I find out if I passed my NP certification examination?
The computer-based NP examinations provide your results upon completion of the test, usually with written confirmation of results sent within a few weeks of your test date.

What credential will I earn once I am certified?
Each certifying agency recommends a specific credential. Check with your certifying agency for specific information on the credential you will earn.

There is so much to review for the exam! Where do I start with my study?
Start with reading the materials from your certifying agency. The exam candidate’s information can be found on the agency’s website and usually contains a detailed summary of the exam content. You will note that exam content is quite broad, as is NP practice. Recognize that the content of the exam reflects the mix of patients that could come through the door of an average practice over an extended period of time, such as a year, rather than the mix you see in an average day. For example, with the adult and family primary care-oriented exams, you can expect as much testing on diabetes mellitus, the most common of endocrine problems, as on thyroid dysfunction, and a distant second in its frequency.

However, we recommend that you take our course a number of weeks prior to the respective exams. This is to allow for needed continued, focused study after the review course, thus increasing the likelihood of success in achieving certification.

NPs take the Fitzgerald Health Education Associates NP Certification Review and Advanced Practice Update at various times prior to the exam. Here are some examples of the different times and benefits to each:

• The early reviewer – This is usually the NP student attending review while in the NP program, with certification exam between 3-12 months in the future. This group tells us that the course helps to pull together the enormous amount of new information they have gathered during the NP program. An added bonus is the ability to apply the knowledge gained as a result of review in the clinical area during clinical rotations and as a great preparation for a comprehensive end of program examination.

• The new or soon-to-be NP graduate attending review within 1-3 months of the certification exam – This group tells us that the course helps to organize their thoughts and new knowledge base without the pressures of school. In addition, the course helps to clarify difficult concepts and direct study just prior to the exam. Also, this group invariably tells us that they are very happy that they took their course a number of weeks prior to the exam in order to allow for further study.

• The NP who is currently in practice but not currently certified – This group tells us that the course is helpful in focusing study toward the content areas of the exam. Since the NP board certification exams are geared toward the entry level NP, the review course helps the experienced NP look at clinical situations from the view of a novice, avoiding the “yes, but” view of scenarios that the seasoned NP develops with practice.

How do I find out more about the Fitzgerald Health Education Associates NP Certification Exam Review and Advanced Practice Update Courses?
Click here for Fitzgerald Health Education Associates, Inc. NP Certification Review and Advanced Practice Update courses.

Click here to read an FHEA News article about the Consensus Model for APRN Regulation and NP certification examinations that will be retired in 2014.

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Put our expertise to work for your university.

Universities and faculty have discovered the advantages of using Fitzgerald Health Education Associates, Inc. (FHEA) resources in their NP programs. Integrating FHEA’s comprehensive educational packages into university curriculum frees faculty from the time-consuming, ongoing challenge of keeping curriculum current to meet evidence-based standards and address advances in healthcare. Faculty is able to focus more time and effort on direct student interaction.

University resources.

FHEA courses available for university adoption include Clinical Pharmacology and Advanced Pathophysiology (equivalent to 3 academic credits) as well as NP Certification Exam Review, Lab Data Interpretation and more than 85 hours of case-based pharmacotherapeutic lectures. FHEA will work with you to build packages specific to the needs of your university. Courseware is professionally developed and maintained by highly acclaimed FHEA clinician educators.

How it works.

Utilize FHEA faculty as “virtual guest lecturers.” Students prepare for class by listening to extensive lectures on each curriculum topic. On-line testing allows university grade administration and student self-assessment. Test scores are reported to university faculty in a timely manner. Class time becomes more efficient and productive, allowing increased time for topic discussion and case study review.

Benefits

- **Comprehensive** courses developed and maintained to address constantly changing subject matter and reflect **Current** evidence-based practice
- High quality testing and result reporting to insure student progress
- Efficient use of university faculty time, allowing increased interaction with students
- **Convenient** delivery of course lectures and testing provides flexible scheduling options for geographically dispersed student populations

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.
FHEA at the American Academy of Nurse Practitioners
27th National Conference
June 20-24, 2012 — Orlando, Florida

Left: FHEA Senior Lecturer Louise McDevitt, MS, FNP-BC, ANP-BC, ACNP-BC, FAANP, (center) after being inducted as an AANP Fellow at the AANP Fellows induction ceremony. McDevitt is joined by Mona M. Counts, PhD, CRNP, FNP, FAANP, (left) and her sponsor Margaret A. Fitzgerald, DNP, FNP-BC, NP-G, FAANP, CSP, FAAN, DCC, (right).

Above: FHEA Senior Lecturer Louise McDevitt, MS, FNP-BC, ANP-BC, ACNP-BC, FAANP, (second from left) at the AANP Fellows induction ceremony. McDevitt is joined by her family Kate, Michael and Devan Piniewski (left to right).

Above: Dr. Margaret A. Fitzgerald with conference attendees at the FHEA exhibit booth.

Above: Left: FHEA products at our AANP Conference exhibit booth. Children’s “Future Nurse Practitioner” scrubs and “The Healthcare Solution” NP ball cap are available at FHEA exhibits and live seminars or at www.fhea.com/store

Above: Dr. Margaret A. Fitzgerald and FHEA CEO Marc W. Comstock (center) with Joyce Krech (left) and Laura Wedebrook (right), a mother and daughter who attended nursing school together.

FHEA News welcomes articles, news, comments, and ideas from its readers! Please e-mail jaclyn@fhea.com with submissions.

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Did you see something in our newsletter that you would like to reprint? For reprint permission, please e-mail jasmin@fhea.com
FHEA Raffle Winners

Fitzgerald Health Education Associates, Inc., recently held a raffle drawing at the American Academy of Nurse Practitioners 27th National Conference in Orlando, Florida. We would like to congratulate Tess Smith for winning an iPad 2. We would also like to congratulate Erin Hepner, Melody Randle, Ruth Willis, Frances Fuller, and Sherry Lin for winning the boxed book set of four Cherry Ames Nursing Stories by Helen Wells.

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

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<th>Date</th>
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<tr>
<td>July 12-15, 2012</td>
<td>National Primary Care Nurse Practitioner Symposium Copper Mountain, Colorado</td>
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<tr>
<td>July 27-29, 2012</td>
<td>Arizona Nurse Practitioner Council Southwest Regional NP Conference Flagstaff, Arizona</td>
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<td>Sept. 6-9, 2012</td>
<td>Texas Nurse Practitioners 24th Annual Conference Austin, Texas</td>
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<td>Nov. 11-16, 2012</td>
<td>AMSUS The Society of Federal Health Professionals 118th Annual Meeting Phoenix, Arizona</td>
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Important System Update Information

Routine maintenance is scheduled for July 20, 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.

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.

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FNP since 1997 through both the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners (AANP). She said that her current role as an FNP specializing in asthma and allergy was not always her first choice as a practice niche.

Yates began her career as a registered nurse (RN) practicing in emergency and cardiology settings in her home state of Kentucky. After earning her master of science in nursing with FNP role preparation and achieving her FNP certification, she began seeing patients in a family practice setting. A chance interview at an asthma and allergy practice led her to find her true calling as an NP and achieve certification as an asthma educator with the National Asthma Educator Certification Board.

"Any additional certification is helpful and reflects your passion for learning and desire for excellence. If you have a particular interest, you might want to focus expertise on that," said Yates.

Certifying bodies have been established for most advanced practice specialties. Examples include the Oncology Nursing Certification Corporation, Orthopaedic Nurses Certification Board, Nephrology Nursing Certification Board, American Board Certification for Gastroenterology Nurses, and many more.

Yates advises specialty NPs to maintain an active role in primary care. While she has practiced full-time in an asthma and allergy care setting for the past 12 years, she has found it beneficial to also practice part-time in a family health center.

NPs who know which speciality they are interested in pursuing, should gain the knowledge of this niche while practicing in primary care. Requesting to work with patients whose needs fall within your desired practice specialty can help you to gain a strong foundation, according to Yates.

Victor Czerkasij, MA, MS, FNP-BC, NP-C, knew early on that he wanted to specialize in dermatology and took the necessary steps to prepare himself for this professional role. He became an FNP because this education would prepare him to treat newborn through geriatric patient populations that he would see in a dermatology practice. To prepare himself for this career path, he became certified with the ANCC and AANP after earning his Master of Science in Nursing from Vanderbilt University, Nashville, Tennessee. He then spent
2 years training under a medical doctor (MD) in a dermatology practice where he completed a surgical rotation.

Czerkasij believes that although certification and licensure are essential to being able to practice, these are not the only things necessary in preparing someone to become successful in an NP specialty. He stated that NPs should never stop setting professional goals to help enhance their knowledge. "The ability to communicate with the public and the healthcare community, organizations and leadership of professional organizations, participating in research and contributing to journals, and finding opportunities to present at national conferences affords growth in the career," said Czerkasij.

To help determine whether or not the niche is a good fit, he advises NPs to spend time shadowing another NP in their desired specialty if possible. This should give the NP a feel for what the daily responsibilities are in a given niche and if it is the right path to embark upon, according to Czerkasij.

No matter what specialty you choose as your practice niche, there is no shortage of ways in which NPs can expand their clinical knowledge. In addition to being licensed and certified, NPs can increase their comprehension of a specialty by joining professional organizations or taking advantage of volunteer opportunities that are relevant to a niche. Presenting at local or national conferences or being published in journals or books can also add to an NP's professional repertoire.

"If you have a particular specialty in mind, gain all the knowledge and skills you can prior to your first day on the job. Then continue learning on the job every day," said Yates. "No matter what the specialty, learning is life-long!"

References:
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, immobilizing 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 bi-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.

Laboratory Data Interpretation: A Case Study Approach

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

Clinical Pharmacology for NPs and Advanced Practice Clinicians

This 5 ¼ 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

This 5 ¼ 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.