Setting the Stage for Success in your New NP Role

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

Editor’s Note: Every year at this time, thousands of students complete their NP studies and embark on a new career. This article is dedicated to the NP Class of 2013. Best wishes for success and welcome to the profession!

An oft-quoted rule of job hunting is that the more competitive the job market and the more responsible the position, the more you need to prepare for the job search. With a wider variety of practice opportunities and increased responsibility, the NP must be well-prepared to find or create the right position. In addition, the NP needs to develop sophisticated negotiation skills to maximize the compensation and clinical, leadership, corporate and other experiences many NPs bring to the workplace. Few NPs, whether they are new to practice or are long-time clinicians, feel adequately prepared to take on the task of high-level employment negotiation. The following information has been developed to help NPs with this important professional journey.

Before embarking on this next stage of your professional journey, set aside time for reflection. You might be tempted to skip this, believing you do not have the time; however, you have devoted tremendous energy, resources, and time to becoming a nurse practitioner. You owe it to yourself and those who have supported you in your professional and personal development to invest in this. During this time of reflection, write

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Question and Answer with Dr. Margaret A. Fitzgerald

When is it Advisable to Discontinue a Statin for the Duration of Antibiotic Therapy?

**Question:** I have seen healthcare providers discontinue a statin when placing a patient on an antibiotic. When is it advisable to discontinue a statin for the duration of antibiotic therapy? How should I answer a question about this issue on the certification examination?

**Response:** If the healthcare provider is discontinuing statins on all patients on antibiotics that is likely unnecessary and perhaps even harmful practice. The important issue with the antibiotic-statin interaction is at the core of all drug interactions. Here are the core principles behind this issue.

Is the statin biotransformed (metabolized) by a CYP450 isoenzyme? If so, by which CYP450 isoenzyme? When a medication or substance utilizes a certain CYP450 isoenzyme in order to be changed so it can reach drug site of action and/or eliminated that substance is know as a substrate of that specific isoenzyme.

Is the antibiotic a significant CYP450 inhibitor? A CYP450 inhibitor is a medication or substance that blocks the activity of an isoenzyme and limits substrate excretion. As a result, there is an increase in substrate levels, and possible risk of substrate-induced toxicity. HMG CoA reductase inhibitors, the formal name for the class of drugs more commonly known as the statins, atorvastatin (Lipitor), simvastatin (Zocor), and lovastatin (Mevacor) are CYP450 3A4 isoenzyme substrates. For example, clarithromycin (Biaxin) and erythromycin, antimicrobials in the macrolide class, are CYP 450 3A4 inhibitors. When clarithromycin is co-administered with atorvastatin, atorvastatin peak plasma concentrations are increased by as much as 56%; a similar effect is likely when clarithromycin is used concomitantly with simvastatin and lovastatin. Rosuvastatin (Crestor) and pravastatin (Pravachol) are not CYP450 3A4 substrates, therefore do not interact with the aforementioned macrolides. The beta lactam antibiotics (the penicillins and cephalosporins), the tetracyclines (including doxycycline), and the commonly used fluoroquinolones (all antibiotics with the –floxacin suffix) do not inhibit CYP450 3A4. With this background information, you can see that discontinuing all statins with all antimicrobial use is not scientifically sound practice. Given that => 50% of all prescription medications are 3A4 substrates, the risk of drug interaction with the use of these antibiotics is significant.

Here is how this information might play out in a certification examination question.

A 55-year-old man presents to urgent care with a lower respiratory tract infection. He states he is on “a long list of medications but I am not sure of the names.” His chronic health problems include dyslipidemia, hypertension, and osteoarthritis. Assuming all of the following antimicrobials would be effective, you prescribe:

A. Clarithromycin.
B. Telithromycin.
C. Doxycycline.
D. Erythromycin.

The best answer is option C, doxycycline, the only antimicrobial on the list that is not a CYP450 3A4 inhibitor.

**References:**


**Resources:**


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**Important System Update Information**

Routine maintenance is scheduled for May 18, 2013. FHEA is committed to providing our customers maximum uptime, reliability and security for our On-line Testing and Learning Site, www.fhea.com/nexpert. Regular system maintenance is critical to achieving this goal and is normally performed the third Saturday of each month.
NP News in Brief

Carolinas HealthCare System Launches Center for Advanced Practice

Carolinas HealthCare System will launch its Center for Advanced Practice this spring in an effort to provide a comprehensive means for recruitment, retention and training of advanced care practitioners (APCs), including nurse practitioners (NPs), physician assistants (PAs), certified registered nurse anesthetists, clinical nurse specialists, and certified nurse midwives. The Center for Advance Practice will offer a coordinating center for all APCs, a graduate-level acute care NP program through a partnership with the University of North Carolina Charlotte and a paid, post-graduate fellowship for NPs and PAs. The multi-faceted program is aimed not only at preparing APCs but retaining them within the Carolinas HealthCare Systems hospitals and promoting a team-based approach to care within the system.

Read more

Senate Bill Amendment Could Enhance Florida NP and PA Practice

An amendment to Senate Bill 110 has the potential to expand one area of practice for Florida’s nurse practitioners (NPs) and physician assistants (PAs). Currently, Florida’s Baker Act prohibits NPs and PAs from involuntarily admitting a patient to a mental health facility for evaluation despite the fact that they can evaluate a patient’s mental health. Under this current version of the Baker act, only a physician or law-enforcement officer can admit these patients after completing their own evaluation even in instances where an NP or PA evaluated the patient first. The amendment will call for a group to review the Baker Act and present any revisions by January 1, 2014. NPs and PAs are hopeful that changes will be made to the Baker Act to allow them to admit these patients on their own following an evaluation. The companion to this bill is House Bill 9, which was passed on March 13 and was sponsored by Rep. Daphne Campbell, D-Miami, who is a registered nurse.

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Survey Reveals NP and PA Workforce Details

A survey conducted by Jackson Healthcare revealed statistics about nurse practitioner (NP) and physician assistant (PA) job satisfaction, workload and demand. The survey included results from 395 NPs and PAs and was conducted online from November to December 2012. According to the survey, 74% of NP and PA respondents were satisfied or very satisfied with their current practice environment. Top drivers of satisfaction were practice environment and colleagues, the patients/ability to make a difference, pay and benefits, autonomy, and variety/challenging cases/ability to grow. Respondents reported that their workload included an average of 16 to 18 patient visits per day with half reporting an increase in their patient volume over the past year. Similarly, 59% indicated that their overtime practice hours remained the same while 30% stated that their hours increased. The survey found that the top three things NPs and PAs look for when selecting a practice setting are work/life balance, pay and flexibility with scheduling. The majority of NP respondents were practicing in clinics while PAs were in hospitals. The average respondent was practicing alongside three to five physicians. In addition, 83% of respondents said they would remain in their current position through 2013. However, 40% of NPs and PAs stated that they plan to retire within 10 years and 60% of NPs and 47% of PAs plan to retire within 15 years.

Read more

NP Certification Tracks

In accordance with the implementation of the Consensus Model for APRN Regulation, FHEA is offering the following NP Certification Exam Review and Advanced Practice Update courses:

- Family
- Adult-Gerontology Primary Care
- Adult-Gerontology Acute Care
- Adult
- Psychiatric/Mental Health
- Pediatric
- Women’s Health

Click Here for More Information

What FHEA Customers Say...

“I am a Northeastern University last semester student and I just want to mention that I listened in on the webinar [Getting Ready for the NP Certification Exam] via phone. I thought it was excellent and I shared what I learned from the webinar with my classmates yesterday evening. Thank you again. I look forward to taking the review course this May.”

— Shirley Louissaint (Robert), RN
May is Melanoma Awareness Month, and Monday, May 27 is designated as “National No-Fry Day.” The focus of this day is to highlight the importance of protecting our skin from sunburn during outdoor activities. At the same time, the year-round challenge continues to be the awareness required to educate our neighbors, clients and families on the dangers of indoor tanning. While popular, indoor tanning units can produce ultraviolet (UV) rays that are 10-15 times stronger than the mid-day sun on the Mediterranean Sea, which can result in an increased risk of malignant melanoma. Based on a plethora of studies, the worldwide healthcare community has determined that prolonged UV exposure, whether indoor or outdoor, is carcinogenic to humans. In fact, after observing the latest studies, the country of Brazil has banned cosmetic tanning altogether. This decision was based on some well known and established facts:

- Exposing human tissue to UV radiation has been proven to cause basal and squamous cell carcinoma, and in many studies this exposure also correlates with melanoma.
- According to the American Cancer Society (ACS), at a time when many cancers among Americans are decreasing, diagnoses of melanoma and deaths associated with other skin cancers continue to climb.
- The National Cancer Institute (NCI) now documents that the estimated lifetime risk of invasive melanoma is 1 in 50 for white Americans, compared with 1 in 1,500 in 1935.
- Each year, more new cases of skin cancer are diagnosed in the United States than new cases of breast, prostate, lung, and colon cancer combined.
- The World Health Organization (WHO) has added UV radiation-emitting tanning devices to the list of the most dangerous cancer-causing substances, along with cigarettes, radium, arsenic, and plutonium. In addition, the American Academy of Dermatology (AAD) has issued a pamphlet titled “The Darker Side of Tanning” (available at: http://www.aad.org/spot-skin-cancer/understanding-skin-cancer/dangers-of-indoor-tanning). While people exposed to sun lamps and tanning beds are less likely to suffer sunburns associated with UVB rays, the UVA rays used in the equipment is associated with a deeper, penetrating radiation which is known to cause greater damage to cell DNA.

In response to the first point, better diagnoses cannot account for the increase in skin cancer and deaths in just three generations, or the incidence in a much younger population. As for the second point, the healthcare community agrees on the genetic predisposition argument, but this is also an argument for discouraging vulnerable people from increasing their risk by tanning. As for vitamin D deficiency, a balance of adequate nutrition and 20 minutes of unobstructed daily sunshine is generally accepted as a better source of vitamin D than carcinogenic doses of radiation simply on the logic of increased skin cancers as an adverse effect of tanning beds. An online calculator is available to help you determine time of year and current city of residence for the healthiest dose of sunshine. (http://articles.mercola.com/sites/articles/archive/2009/10/29/how-much-sunshine-does-it-take-to-make-enough-vitamin-d-perhaps-more-than-you-think.aspx)

Also, UVB rays stimulate vitamin D production in the skin, UVA rays predominate in sunlamps. One study found that once the production limit of vitamin D has been reached,
National Nurses Week is celebrated May 6–12 each year. This annual week of nursing recognition has been supported by the American Nurses Association (ANA) since 1896. The theme of the 2013 National Nurses Week is “Delivering Quality and Innovation in Patient Care.” The celebration begins with National Nurses Day, May 6, and culminates with the birthday of nursing pioneer Florence Nightingale, May 12. National Student Nurses Day falls on May 8 and National School Nurses Day falls on the Wednesday of National Nurses week.

Here’s what some of our friends on the FHEA Facebook page had to say about being a nurse...

I am proud to be an nurse because...

“I am so proud to be a member of a trusted profession that has a global influence to do so much good for mankind. I’m proud for the connection to the intelligent individuals who began this profession, and proud to be an NP and nursing educator blending the art and science of nursing to offer healing to my patients and guidance and support to my colleague nursing students.”

Susan J.

“The Boston Marathon Bombings were tragic beyond words, in so many ways. The only thing that helped me get through was seeing how everyone came together to begin healing. Seeing the quick response of the medical personnel and hearing stories of nurses pulling double shifts to get the job done was inspiring. Moments like this remind me why I became a nurse almost 12 years ago and why I’ll be graduating with my DNP/FNP on May 10th. Seeing how resilient the human spirit is a component of nursing that is awe inspiring, being able to be apart of these moments is humbling. This is why I am proud to be a nurse and why I’ll be proud to be an NP!”

Epi D.

“So proud to be an RN because nursing is one of the few professions that allows you to simultaneously and successfully play a variety of roles, and subsequently contribute to meaningful changes in patient/family’s life.”

Nadia N. C.

“I am proud to be a nurse as this was my calling. I enjoy working with patients and helping others when they need help most. The art of nursing is a talent that I am glad to have in my life. I have been a nurse for 13 years and have done many different types of nursing and I will graduate as a FNP in May of 2014. I did hospice for awhile and there is just something about helping that patient on their journey.”

Michelle U.

“I’m so proud that as an FNP I help influence patient decisions about their own health.”

Sarah P.

“I am proud to be an NP because I have the privilege to promote, improve and increase the quality of the lives of my patients.”

Timbolin D. H.
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Come see us in person!
We will be exhibiting at the following locations:

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<td>May 17-18, 2013</td>
<td>Utah Nurse Practitioners 20th Annual Pharmacology Conference Salt Lake City, Utah</td>
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<td>June 19-23, 2013</td>
<td>American Association of Nurse Practitioners 28th National Conference Las Vegas, Nevada</td>
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<td>July 25-28, 2013</td>
<td>National Nurse Practitioner Symposium Copper Mountain, Colorado</td>
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FHEA Raffle Winners

Fitzgerald Health Education Associates, Inc., recently held a raffle drawing at the National Organization of Nurse Practitioner Faculties Conference in Pittsburgh, Pennsylvania. We would like to congratulate Kay Klymko for winning *Nurse Practitioner Certification Examination and Practice Preparation, 3rd edition*, by Margaret A. Fitzgerald, DNP, FNP-BC, NP-C, FAANP, CSP, FAAN, DCC. We would also like to congratulate Leslie-Faith Morritt Taub for winning the boxed book set of four *Cherry Ames Nursing Stories*, by Helen Wells. We also held a raffle at the Kentucky Coalition of Nurse Practitioners and Nurse Midwives Conference in Lexington, Kentucky. We would like to congratulate Shana Dupree for winning *Nurse Practitioner Certification Examination and Practice Preparation, 3rd*, by Margaret A. Fitzgerald, DNP, FNP-BC, NP-C, FAANP, CSP, FAAN, DCC. We would also like to congratulate Diana Banks and Vanessa Longacre for winning the boxed book set of four *Cherry Ames Nursing Stories*, by Helen Wells. Raffles are held at all of our exhibit locations.
continued UVA exposure will destroy the vitamin, thus decreasing the levels of vitamin D.

The tanning industry’s slogan is “Tan Responsibly.” This is misleading because any tan indicates early damage to the skin cell’s DNA and invites photoaging, wrinkling, pigmentation, and cancer. Advise your patients to cultivate sensible lifestyle habits and take reasonable precautions to protect their skin and eyes. These include avoiding sunburn, using sunscreen regularly, choosing sunglasses with 100% UV ray protection, wearing wide-brim hats and light clothing, and having regular skin checkups with a dermatology provider if something unusual appears. Patients with a history of skin cancer or multiple sunburns should also have regular full body skin checkups.

**Victor Czerkasij, MA, MS, FNP-BC, is an associate lecturer at Fitzgerald Health Education Associates, Inc. (FHEA). He is also adjunct clinical faculty at Vanderbilt University and Southern Adventist University, and a dermatology nurse practitioner at Skin Cancer and Cosmetic Dermatology in Cleveland, Tennessee.**

**References:**


8. The Lancet Oncology. 10(9)835, September, 2009.


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**FHEA Live On-line Continuing Education Presentations**

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<td>Asthma in Adults and Adolescents: Are they at risk for exacerbation?</td>
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<td>Best Practices in Managing Patients with Skin Cancer</td>
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<td>Hypertension in the Elderly: The latest treatment recommendations</td>
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<td>Antimicrobial Update: A focus on the treatment recommendations in sexually transmitted infection (STI)</td>
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<td>Margaret A. Fitzgerald, DNP, FNP-BC, NP-C, FAANP, CSP, FAAN, DCC</td>
<td>Probiotic and Prebiotic Use in Clinical Practice: What we know, what we are learning</td>
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down your answers to the following questions. You do not need to share this document with anyone, but you can use this as your guide as you look for the NP position that is the best fit for you. As you answer these questions, you might also realize that you have personal and professional strengths that you have not appreciated.

Ask yourself the following questions.

**Why did I become a nurse practitioner?**
If you are a new NP graduate, you might now find yourself asking the question, "Why did I become a nurse practitioner?" You left the comfortable and respected role in your former nursing practice or other line of work. Now, as a newly graduated NP, you are in the rather unfamiliar, often uncomfortable, role of the novice. As you seek your first NP position, remember what motivated you to make this change.

**How do I view the contribution of the NP to healthcare practice? How does the NP role enhance the delivery of healthcare? How is it similar or different when compared to the medical physician, physician assistant, registered nurse, or other members of the healthcare team?**
The ability to clearly articulate the NP role, both for what it is and what it is not, is crucial. A well-developed frame of reference will help you communicate your vision for the NP role.

This will help you develop personally and as you interview for NP positions.

**What have I achieved professionally to date in my career?**
Most NPs have been professionally successful, whether they are relatively new to nursing or seasoned clinicians. Draw up an inventory of your professional history, highlighting the high and low points, successes and challenges. Identify what you have learned from both the good and the bad. Your responses will help answer the next question.

**What do I do well and enjoy in my current professional role?**
**What do I not enjoy or need to work on in my current role?**
Answering these questions will help your personal and professional growth and will help you to set the stage for success and avoid difficulties in your NP practice.

**What are my clinical strengths? What are the diagnoses I handle the best? What areas of clinical expertise do I need to continue to develop?**
Generate a list of the clinical problems that you can handle most proficiently. This can be a powerful marketing tool as well as a reminder of the skills you have gained during your studies and professional experience. You have probably developed expertise in the areas that interest you most. When you look at this list, do you see a common thread? Will this...

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### Getting Ready for the NP Certification Exam

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

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**Available Dates**

| 07/09/2013     | 8-9:30 p.m. EST       |
| 10/14/2013     | 8-9:30 p.m. EST       |

**Click Here for More Information or to Register**

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information help direct you to a certain type of practice? All clinicians have weaknesses as well as strengths. However, you should have a plan to expand your knowledge and skill base. Successful NPs are truly lifelong students of their work.

How do skills acquired in my current role translate to other practice areas?

Often, the NP approaches the job search with significant experience in healthcare and in other fields. While all work experience contributes in some way, the healthcare marketplace will probably not be impressed simply by the number of years you have been in RN practice. However, do not overlook the skills you have gained from your current position that translate into NP practice. Make a list of the skills you now have that are common to all areas of healthcare. Be able to verbalize these skills well, such as ability to deal with families in crisis, work effectively with limited resources, supervise and direct professional and paraprofessional healthcare staff, assess rapidly changing situations, set priorities, and alter plans of care in a timely manner. These are skills used daily in nursing and other types of professional practice.

What do I believe will be my personal contribution to NP practice?

Be able to verbalize what you can add to NP practice. What will be your special contribution? What skill, passion, and experience do you carry from your education, professional, and personal experience? What opportunities do you plan to seek out that will further enhance your role as an NP?

Where do I envision myself professionally and personally in 1, 5 and 10 years?

Long-term professional goals can be hard to view. However, by thinking futuristically about your contribution to NP practice, you can help set the stage for your practice transition. Keep in mind that interviewers often ask candidates about their professional goals. Professional and personal issues, of course, intersect. Think of how your personal goals will have an impact on those you set professionally.

How will holding a graduate degree influence the salary I am offered?

You likely needed to earn a Master of Science (MS), doctor of nursing practice (DNP), or post-graduate certificate during your NP education. You probably assume that the salary offered should reflect your educational achievement; however, the marketplace often views graduate studies simply as a vehicle for NP preparation. Identify the subset of valuable skills that are acquired in graduate education. These skills include the following:

- Grant writing and program proposal development skills – These were no doubt gained during the development of your thesis, scholarly project, or other capstone project.
- Teaching skills – Remember all the presentations from your graduate program? Did you teach or tutor undergraduate nursing students? Did you work with families? You most likely have considerable teaching experience, even if you have never held a faculty position.
- Design and development of community and patient education programs and materials.

What do I know about my state’s requirements for NP practice?

The educational preparation needed for entry into advanced practice nursing, as well as the nurse practitioner’s scope of practice and prescriptive authority, is determined at the state level. Prior to applying for any position, be prepared to answer questions about your state’s requirements for advanced practice act, including scope of practice, prescriptive and controlled substance authority. You can find more information at https://www.ncsbn.org/boards.htm. Also, become well-versed about your ability to obtain a federal DEA number that is needed to prescribe controlled substances. To find out the scope of NP controlled substance authority, and to learn more about controlled substances schedules visit http://www.deadiversion.usdoj.gov/drugreg/practioners/index.html.

To access the appropriate application materials, visit http://www.deadiversion.usdoj.gov/drugreg/reg_apps/onlineforms_new.htm

Find out about Medicare, Medicaid and other

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insurances and their policies on reimbursement to nurse practitioners, and how to obtain your National Provider Identifier (NPI).


You have a plan in place to become nationally certified as a nurse practitioner. Many employers require this as a condition of hire, and most states require this as a condition of obtaining an advanced practice nursing license. Acquire the necessary applications materials and organize your documents so that you can proceed with this in an expeditious manner.

Fitzgerald Health Education offers NP certification programs in a variety of formats. You can complete our NP preparation course from home with the on-line or CD recording, or you can attend a live course. Click here for more information

How can I explain to others what the NP role is?
By the end of these exercises, you should be able to provide a brief explanation of your view of the NP role. Having a print resource at hand can also be very helpful, particularly when dealing with a practice that has no NPs currently on staff. The American Association of Nurse Practitioners has helpful documents on its website, including the NP Scope of Practice Statement.

For more information, please visit http://www.aanp.org/publications/position-statements-papers (accessed 4.30.13). These items will be valuable if you are attempting to create the first NP position in a practice.

Now that you have completed your time of reflection, it is time to launch your new career. All of us at Fitzgerald Health Education Associates, Inc. wish you great success. Welcome to the best work on Earth!

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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.

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**EKGs for the Nurse Practitioner and Physician Assistant**

It is vital for NPs and PAs to be highly skilled in EKG interpretation to correctly identify high-risk patients and to make appropriate clinical decisions. This reference book is the first to present a comprehensive, multifaceted approach to EKG interpretation, covering all major topics required for expertise in this area. The book's multifaceted approach to EKG interpretation is enhanced with new approaches and recommendations, charts, and tables. Review questions at the end of each chapter enable students to identify problem areas. This book helps NPs, PAs, and other health professionals master their EKG interpretation skills and apply them with confidence every day. [Click here for more information.](#)

**Fast Facts about the Gynecologic Exam for Nurse Practitioners: Conducting the GYN Exam in a Nutshell**

This step-by-step guide to the key points of conducting the GYN exam addresses everything a nurse practitioner needs to know, from basic procedures through high-level challenges. The concise and accessible guide discusses strategies to decrease patient anxiety, minimize discomfort, and navigate such challenging scenarios as working with virginal women, premenarchal girls, elderly women, and sexually abused women. It includes difficult-to-find information on how to locate key organs in obese women and how to handle patients who have undergone female genital mutilation. This handy guide also covers diagnostic skills and includes the Fast Facts in a Nutshell summary feature. [Click here for more information.](#)

**Pocket Psych Drugs: Point-of-Care Clinical Guide**

Keep this portable must-have reference in your pocket at all times to quickly access the psychotropic drug information you need! More than 70 drug monographs provide targeted pharmacologic information on indications, pharmacokinetics, dosages, adverse reactions, and drug interactions, including herbal and food interactions. Special features address considera‐tions for special populations. Detailed assessments tell you what needs to be monitored when administering a specific drug. Available dosage forms provide costs for selected drugs. Features include common therapeutic lab values, FDA-approved “Black Box Warnings,” a tools tab, alphabetically organized monographs, and so much more. [Click here for more information.](#)

**Management of Fluid and Electrolyte Disorders**

This program will provide the clinician with information relevant to the evaluation and management of common fluid and electrolyte disorders encountered in the adult and geriatric population in a primary and acute care setting. Topics discussed include recognition of common electrolyte disorders, calculation of fluid deficits and choosing the correct IV fluids for replacement. This program is presented by Monica Tombasco, MS, MSNA, FNP-BC, CRNA, and is available [on-line](#) and on [audio CD](#).

**Commonly Used Herbal Remedies, Vitamin and Mineral Therapies: Issues of efficacy and safety**

What vitamins, herbs and minerals are known to have therapeutic effect? Which of these products should you warn patients to avoid? What products can potentially cause problems when taken with prescription medication? Learn the answers to these questions and more in this case-based program. This program is presented by Margaret A. Fitzgerald, DNP, FNP-BC, NP-C, FAANP, CSP, FAAN, DCC, and is available [on-line](#) and on [audio CD](#).
The Art of Wound Repair: Suturing for NPs and PAs

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

June 15, 2013
Crowne Plaza Milwaukee Airport Hotel
6401 South 13th St.
Milwaukee, WI 53221

June 24, 2013
Los Angeles, California

Earn 6 Contact Hours!
The art of suturing is the process of preparation, thinking, documentation, taking a good history and physical examination, immunizing our patient, delivering proper local anesthesia, in addition to performing a professional suture. This full-day course features 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, and 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.

Advanced Pathophysiology for NPs and Advanced Practice Clinicians

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

This course is scheduled live annually and is always available on-line. Contact hours for the on-line course differ from the live course.

Earn 45 Contact Hours!
This course is review and updated bi-annually to ensure up-to-date content. It is presented by highly acclaimed clinician-educators who currently maintain clinical practice. Fitzgerald Health brings the highest quality pathophysiology program to our customers. We believe our approach provides an advanced pathophysiology course that will meet your needs whether you are new to the profession or brushing up your pathophysiology. This course is available on-line.

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This course is scheduled live annually and is always available on-line. Contact hours for the on-line course differ from the live course.

Earn 45 Contact Hours!
This course addresses the growing need for a thorough course in the principles of pharmacotherapeutics. 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 available on-line. (Contact hours differ from the live course.)

Click here for more information about these and other courses