CHAPTER ONE

Strategic Career Planning: Professional and Personal Development

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Clinical nurse specialists (CNSs) are educationally prepared for a variety of career paths. Diverse opportunities are a large part of the appeal of this advanced practice registered nursing role. These opportunities also contribute to the challenges of the role. Many CNSs indicate that there are "not enough hours in the day" or express concerns that juggling competing demands leaves little time for self-care activities.

This chapter focuses on both professional and personal development. Professional development is considered from two vantage points: clinician expertise and professional or scholarly development. Personal development is approached as a requisite component of professional practice, in other words, a call for CNSs to attend to the self and to role model the health-promoting behaviors that CNSs advocate as important for clients, colleagues, and family members.

Reflection

Prior to beginning the activities of this chapter, it is important to reflect on individual accomplishments, learning needs, challenges, expectations, talents, and experiences. Honest appraisal requires self-knowledge. For example, if a CNS is searching for an advanced practice nursing position, it is important to consider the flexibility inherent in the CNS role and to evaluate the aspects that are most appealing and least appealing.

If routine is not appealing and working on diverse projects, taking risks, and addressing systems issues that require rapid change sounds intriguing, a CNS role with a focus on short-term projects, data-driven systems changes, or Six Sigma organizations may be an ideal match. On the other hand, if careful attention to detail, consistency, and an interest in patient education, staff development, and continuous quality improvement activities are of interest, a position as a unit or program-based CNS with shared responsibilities for outcomes management or staff education may be very

suitable. For the CNS who feels accomplishment when "watching things grow" and appreciates opportunities to tend to the needs of developing nurses when facilitating professional growth, a position that includes teaching, evidence-based practice, or shared governance activities might be ideal.

Reflecting on the personal self is also a valuable activity and may be useful to do in partnership with professional reflection activities. Professional nurses, including CNSs, frequently advise patients, families, and colleagues to take time out for self-care. CNSs recognize that there is value in leisure, exercise, and physical fitness and that these behaviors are critical for long-term physical and mental health. Yet, many nurses have poor diets with resulting overweight or obesity (Miller, Alpert, & Cross, 2008), smoke, do not exercise, and internalize stress. It is concerning to note that nurses smoke at a rate of approximately 18% in the United States and do experience smoking-related guilt (Bialous, Sarna, Wewers, Froelicher, & Danao, 2004). This statistic is particularly sobering given nurses' role in guiding the public in health promotion and disease prevention strategies.

In addition, nurses recognize that healthy relationships require effort and engagement. However, CNSs may neglect to set aside deliberate time for nurturing relationships that are important to them. Despite advising others to attend to these needs, many times nurses are neglectful of their own personal priorities.

For example, it is not uncommon for CNSs to become involved in local, regional, and, in some cases, national organizations. These activities are rewarding but time consuming. The needs can be great, and nurses are accustomed to taking obligations very seriously. As a result, CNSs may experience personal burnout as they juggle family, clinical work, scholarship, and organizational activities.

It is imperative for CNSs to carefully determine the time that is available for professional work within the context of the priorities of particular periods in life while consciously deciding to recognize and celebrate the events of life. "Living each moment" or "Live life to the fullest" are phrases that may be rather overdone, but they are important to keep in mind during CNS practice.

Reflective Practice

Reflective practice is advocated in the United Kingdom (UK) as a learning process that encourages self-evaluation with subsequent professional development planning. UK practitioners are expected to meet a continuing professional development (CPD) standard, and reflection is a strategy that facilitates meeting this standard for reregistration (Driscoll & Teh, 2001). Much of the work describing reflective practice as a strategy for facilitating continued, lifelong learning and promoting professional competence has been published in UK journals.

In the United States, the term *reflective practice* is increasingly visible in the nursing literature, particularly in education-focused publications. Reflective activities are popular in baccalaureate and graduate nursing programs because the activities are valued as self-discerning. Students learn to question their practice and analyze situations to

consider alternative behaviors and develop a plan for future action. Journal-keeping is one particular learning strategy that encourages self-reflection and promotes critical analysis. This useful tool is now available as a feature on many popular distance or Web-based teaching platforms.

Reflection is a useful strategy for CNSs. It is important to differentiate between thinking about daily work versus reflecting on an experience, which requires intentionality and skill (Driscoll & Teh, 2001). Reflective practice demands the ability to analyze situations and make judgments specific to the effectiveness of situational interventions and the quality of outcomes.

Typically, nurses are inclined to keep care practices the same, as there is comfort in routine. Long-established rituals provide security. Reflection encourages CNSs to reveal and consider behaviors, feelings, and ideas that would not ordinarily be examined. For this reason, reflection facilitates professional development. It is also a time-consuming activity that cannot be forced.

Benefits to reflective practice include helping practitioners make sense of challenging and complicated practice, reminding practitioners that there is no end to learning, enhancing traditional forms of knowledge required for nursing practice, and supporting nurses by offering formal opportunities to converse with peers about practice (Driscoll & Teh, 2001). Driscoll and Teh also identified downsides to reflective practice, noting that finding the time, being less satisfied with the status quo, being labeled as a troublemaker, and having more questions than answers are a few of the challenges associated with the deliberate examination of practice.

The Clinical Placement Support Unit (CPSU) of the Health and Community Care (HCC) division of the University of Central England (UCE) offers Web-based information summarizing a variety of models of reflection (CPSU, 2005). The models include Gibbs's model of reflection, Johns's model of reflection, Kolb's Learning Cycle, and Atkins (1995) and Murphy's model of reflection.

In general, the models encourage practitioners to consider a situation in clinical practice. This situation may be positive or negative, but should be important in some sense. After describing the event in writing, practitioners are encouraged to dissect the experience. Practitioners reflect on the emotions, thoughts, and beliefs underlying the experience. They consider the motivation underlying their action choices and think about the consequences of their behaviors. The reflective practitioner is urged to consider alternatives and to challenge assumptions. The final step in the process typically relates to identifying the learning that has occurred and applying this new knowledge in future situations.

Reflective activity is viewed as an opportunity to deliberately think about practice events; evaluate choices, reactions, and behaviors; consider alternatives; develop plans for improvement or identify learning needs; and to follow this action plan in new or similar situations. Johns (2004) warned that stage models of reflection may support the belief that reflection occurs in a sequential fashion moving from step to step. He cautioned that although this approach may be helpful for practitioners new to reflection, in general, reflective practice does not follow a rote stage model.

Johns (2004) offered a model for structured reflection (MSR) that has the potential to guide CNSs to assess the extensiveness of the reflection that is needed for experiential learning (Table 1-1). The reflective cues are logically ordered and are offered as triggers for thought. Each cue is connected to a way of knowing.

Reflective practice is described as holistic practice because it is focused on understanding the significance and meaning of the whole experience (Johns, 2004). Johns recognized layers of reflection that progress from a reflection on experience to mindful practice, which are in juxtaposition with moving from "doing reflection" to "reflection as a way of being" (p. 2).

Reflection is defined as

> being mindful of self, either within or after experience, as if [there is] a window through which the practitioner can view and focus self within the context of a particular experience, in order to confront, understand and move toward resolving contradiction between one's vision and actual practice. (Johns, 2004, p. 3)

Reflective practice is increasingly popular in nursing and may provide a means for connecting the art and science of nursing within a caring context. Reflective practice is an active process and supports the development of practical wisdom (Johns, 2004).

CNSs should consider that the tension that exists between vision and current reality are learning opportunities (Johns, 2004). This tension may be uncomfortable, but it offers the opportunity to face and solve the problems creating the anxiety state. Johns suggested that reflection is a learning process that may develop tacit knowledge. One vehicle for reflection is journaling, whereas others include poetry writing, sharing stories, or creating a portfolio.

Professional Portfolio Basics

The act of creating a professional portfolio provides an opportunity to reflect on experiences and establish insights that may inform future decisions specific to practice, education, and professional activities. Portfolio creation compels CNSs to carefully consider a variety of potential items for inclusion and, in doing so, to contemplate the relative worth of each activity and the contribution of the parts related to the "whole" of the individual's practice. CNSs also evaluate the various portfolio components and identify strengths, challenges, and gaps. The professional portfolio provides a context to examine subsets of CNS practice with a focus on self-improvement and self-development. Just as with reflective practice, portfolio development requires self-awareness.

The professional portfolio has become an increasingly popular modality for reflecting on professional development, self-evaluation, creativity, and critical thinking. Portfolios are also useful to track expertise acquisition and to demonstrate competency. McColgan (2008) conducted a literature review to explore current thinking on portfolio building and registered nurses. The literature review revealed four themes: (1) portfolio use as an assessment method for validating competence; (2) portfolio use as a work-based reflective evaluation tool; (3) the relationship between portfolio

Table 1-1 REFLECTIVE CUES—MODEL FOR STRUCTURED REFLECTION

Reflective Cue	Way of Knowing
• Bring the mind home	
• Focus on a description of an experience that seems significant in some way	Aesthetics
• What particular issues seem significant to pay attention to?	Aesthetics
• How were others feeling and what made them feel that way?	Aesthetics
• How was I feeling and what made me feel that way?	Personal
• What was I trying to achieve and did I respond effectively?	Aesthetics
• What were the consequences of my actions on the patient, others, and myself?	Aesthetics
• What factors influenced the way I was feeling, thinking, or responding?	Personal
• What knowledge did or might have informed me?	Empirics
• To what extent did I act for the best and in tune with my values?	Ethics
• How does this situation connect with previous experiences?	Reflexivity
• How might I respond more effectively given this situation again?	Reflexivity
• What would be the consequences of alternative actions for the patient, others, and myself?	Reflexivity
• How do I NOW feel about this experience?	Reflexivity
• Am I more able to support myself and others better as a consequence?	Reflexivity
• Am I more able to realize desirable practice monitored using appropriate frameworks such as framing perspectives, Carper's fundamental ways of knowing, and other maps?	Reflexivity

Source: © Reprinted with permission from Johns, C. (2004). *Becoming a reflective practitioner* (2nd ed.). Oxford: Blackwell Publishing.

building and lifelong learning; and (4) portfolio building as a strategy to motivate and develop nurses.

McColgan (2008) noted that while there is much theoretical discussion concerning the benefits and influences of the portfolio as a vehicle for promoting professional

development, there is a lack of empirical evidence supporting these claims. The reflective activities associated with portfolio development intuitively seem connected to self-discovery, self-evaluation, and professional and personal growth; however, evidence-based practice does not prioritize intuition as an effective way of knowing (Duffy, 2007).

Differentiating Portfolios and Profiles

It is important to understand the basic premise of a professional portfolio and to appreciate the differences between a portfolio and a profile. The terms *portfolio* and *profile* are often used interchangeably but they are not the same product. A professional portfolio provides a record of professional development. It is a collection of evidence of products and processes documenting professional development and learning (McMullan et al., 2003). A profile is derived from the personal portfolio. Materials selected for the profile vary according to the audience and the purpose (Jasper, 1995). For example, a CNS applying for advanced practice role recertification might select a photocopy of a published research study, continuing education certificates, and a transcript of a recent pharmacology course from the portfolio to include in a profile that is being submitted with a recertification application.

Portfolios in some form are often encouraged or required in undergraduate or graduate education programs (Alexander, Craft, Baldwin, Beers, & McDaniel, 2002; Joyce, 2005). They also offer opportunities for advanced practice nurses (APNs) seeking credentialing when certification examinations in unique clinical specialty areas are unavailable. The UK requires a professional portfolio to demonstrate continued competency and current professional knowledge. Continued professional development (CPD) is required and is included in the portfolio (Bowers & Jinks, 2004). The portfolio is registered with the UK Central Council and addresses the need for some type of assurance that professional development has continued after basic training is complete.

Professional nurses practicing in Ontario must also meet standards of mandatory portfolio management as part of its quality assurance program (College of Nurses of Ontario, 2008). Recently, the National Council of State Boards of Nursing (NCSBN) considered a proposal for nurses to initiate and maintain a professional profile referred to as the "Continued Competency Accountability Profile (CCAP)" (Meister, Heath, Andrews, & Tingen, 2002). At this point in time, the CCAP is on hold, but NCSBN continues to work on developing methods for ensuring nurse competency to protect the public. Some individual states are testing models for competency that require professional portfolios.

This background information is important for a few reasons. Competency is a hot issue that is likely to increase in its intensity as a focal point of professional practice regulation. Sheets (1998) asserted that meeting basic licensure requirements and subsequently paying a license renewal fee does not warrant public trust in competence.

The variability across states regarding licensure and practice regulations is also concerning and confusing to the public. Some states do not require continuing education, and some do not have CNS title protection with its associated certification require-

ments and educational mandates. The Pew Report (1998) raised these same concerns related to the state of self-regulation and the need to protect the public.

NCSBN defines competence as "the application of knowledge and the interpersonal, decision-making, and psychomotor skills expected for the nurse's practice role, within the context of public health, welfare, and safety" (2005, p. 1). CNSs must give serious thought to strategies for demonstrating competence, particularly given the breadth and depth of the APN scope of practice. Portfolios may facilitate this process by encouraging reflection, strategizing, and documentation.

Contextualizing the Professional Portfolio

Keep in mind that a portfolio provides a record of growth and change. Think of a portfolio as an evidentiary collection of products and processes (McMullan et al., 2003). The idea of a professional portfolio originated with professionals who were expected to display their work in a portfolio; for example, artists, models, and architects. Portfolios offer the CNS a chance to reflect on achievements, develop goals, and forge new insights. A portfolio is also useful for developing clinical career pathways (Joyce, 2005).

Portfolio contents vary, but most include a résumé or curriculum vitae, selected examples of individual or group projects, letters of recommendation or commendation, awards, transcripts, continuing education certifications, community service activities, publications, and presentation abstracts or handouts. In general, a professional portfolio is an excellent way to organize your best work for personal perusal, but it is also a great vehicle for showcasing your work to future employers or for peer review. Portfolios can also assist in self-evaluation or reflective practice strategies, and they provide a physical structure for organizing materials that support the premise of competency.

Organizing the Portfolio

The physical nature of the portfolio may exist in an expandable file folder, a three-ring binder, or any other type of form that is portable, professional, and visually appealing. The CNS needs to carefully consider the contents of the portfolio. If too much documentation is included, it can become unwieldy and overwhelming. Deciding exactly what to include versus exclude is a reflective process. In general, view the portfolio as a valuable tool for formative assessment rather than summative assessment. Portfolio perusal provides evidence of professional growth over time rather than providing a summary of the CNS's expertise or talents.

Jasper (1995) suggested that the portfolio resembles a scrapbook and noted that Benner's (1984) model of skill acquisition is compatible with the portfolio strategy. Meister, Heath, Andrews, and Tingen (2002) recommended that portfolios include a table of contents, provide section dividers, and use high-quality paper. Bright white paper greater than 90 brilliance with weight greater than 20 pounds will provide a professional look and feel to a hard-copy portfolio.

Binders are available for purchase in a wide range of sizes from 1/2 inch to 6 inches. In general, purchasing a heavy-duty binder is well worth the money. The rings of economy style binders tend to slip open or have gaps when closed, leading to portfolio disarray. Professional portfolios should be contained in a single binder. If there is a lot of documentation, purchase the heavy-duty, 6-inch binders. The CNS should anticipate paying $30 to $40 for this binder style.

When creating the portfolio in paper form, avoid handwritten work. Tables of contents and dividers can be easily created with a word processor. Professional work requires a standard font style. The fifth edition of the *Publication Manual of the American Psychological Association* offers suggestions for professional writing and identifies Times New Roman or Courier, 10- or 12-point font, as appropriate styles. Use black ink and avoid "word art," dramatic shading, or friendly borders. Although such artistry may be appealing in a creative arts project, they are inappropriate for professional work.

Plastic page covers or sheet protectors provide convenient, attractive protection for the portfolio contents. Several styles of sheet protectors are available. A heavyweight, diamond clarity type of protector will allow clear visualization of the covered documents without lifting print. Purchase the acid-free variety for archival quality. Remember that the portfolio is meant to provide formative evaluation data and will be useful for decades.

Electronic Portfolios

Electronic portfolios have many advantages over traditional hard-copy portfolios. There are fewer issues related to storage, costs, handling, and loss (Corbett-Perez & Dorman, 1999). As computers become more accessible and technology skills become more requisite, electronic portfolios become more attractive. The convenience and relatively inexpensive costs associated with compact discs (CDs), digital video discs (DVDs), and flash drives should also encourage CNSs to consider developing an electronic portfolio rather than a paper copy. The electronically produced portfolio also validates the technology skills of the CNS and may suggest that the CNS is current and engaged in using recent technological advances. Certainly such an impression is important given the high-tech nature of many healthcare settings.

Flash drives, which are easily attached to key rings, attaché cases, or handbags, may hold up to eight gigabytes of data and are the size of a stick of chewing gum. Two gigabytes of data is about three times the storage of a standard compact disc (USB Flash Drive Alliance, 2005).

Electronic portfolios allow video, audio, and interactive components to be included in the formative data set. The multimedia presentation maximizes individualism and gives the reviewer a real look at the interactive and presentation skills of the CNS. For example, a hard-copy presentation built in PowerPoint software offers less information than the actual slide show with embedded files and hyperlinks. It is also possible for the CNS to include a video stream of an actual slide show presentation that includes the CNS interacting with the audience.

Web-Based Portfolios

There are an increasing number of Web-based commercial options for maintaining a professional portfolio. In general, the CNS consumer begins by establishing an account for a set fee. Once the account is created, the CNS uploads pertinent documents and enters data into the portfolio system. Data may be retrieved in the form of comprehensive or mini-portfolios, depending upon the situation. Initial data entry may be time consuming; however, once the account is established, portfolio maintenance is simple and very convenient. Web-based portfolio systems are also available for entire departments and institutions. Such a system can be very useful for Magnet certification and recertification processes.

The American Nurses Credentialing Center (ANCC, 2008), Sigma Theta Tau, International, and the National Student Nurses Association use electronic portfolio services offered through Decision Critical, Inc. The Critical Portfolio service costs about $60 annually and provides a vehicle for electronically storing background information, professional development activities, service activities, honors, awards, grants, scholarships, research activities, publications, and any other relevant documentation (Decision Critical, 2009). Profiles may be created in a variety of forms, a useful feature that has the potential to save a lot of time. CNSs may find that the profile development feature is also useful for annual performance evaluation or quarterly productivity documentation.

Portfolio Concerns

Portfolios require reflective practice, a process of self-scrutiny. Ideally, this scrutiny includes peer review. It is very likely that in the process of self-evaluation or peer review, errors or weakness in practice may be identified. When a portfolio is used as a public document to renew professional licensure or regulation, as in Canada or the United Kingdom, it is possible that if an area of practice has been identified as "weak" within a portfolio and a CNS makes an error in this particular area of practice, this may be particularly problematic in lawsuits. At this point in time the concern is unresolved but recognized.

Competing with a Curriculum Vitae

A curriculum vitae (CV) is a comprehensive list of professional accomplishments. The term is derived from the Latin *curriculum* (course of action) and *vitae*, meaning life (Weinstein, 2002). The CNS should view the CV as the "door opener" to opportunity. It should accurately reflect the accomplishments and interests of the CNS to provide the reader with a solid sense of the CNS's professional identity. The CV is a marketing tool as well as a record. The acknowledged "4 Ps" of marketing include *product*, *promotion*, *price*, and *position*. Weinstein suggests that the fifth P is *portfolio*.

The CV differs from a résumé (Table 1-2). There are general, customary guidelines for CV structure. Use a standard font and consistent font size. Although bold may be

used, avoid designer fonts and elaborate spacing. Customary font styles include Times New Roman, Arial, and Courier in a 12-point size. Do not use a font size less than 10 points. Using spell-check is critical.

CVs should be printed as one-sided documents usually on quality paper. In general, the CNS will not err by selecting bright white paper of 92 or greater brilliance in 24-pound weight. Other paper forms are acceptable, including 100% cotton fiber; however, it is best to avoid pastel or tinted paper unless the color is off-white.

Create a header and include the last name with page number. Although it is acceptable to staple the pages together, there is still a possibility that pages will detach. A header or footer will make it easier to identify missing pages. Also, the CNS may find it necessary to electronically send the CV, and a paginated header or footer will assist the recipient in keeping the CV organized.

The CV is often submitted in response to a query for background information or as an initial step in a job search, particularly in academic environments. The CV is sent electronically or in hard-copy form, depending on the instructions of the request. In both instances, a cover letter is necessary. The cover letter to an electronically attached CV may be submitted as an e-mail message.

If the CV is mailed in paper copy, the cover letter should be consistent with the CV in style and form. The paper or electronic cover letter should include an acknowledgment of why the CV has been forwarded. If there is specific information related to a job opening position number, name of an award, or request, this should be included in the letter. The cover letter should be brief but cordial. Acknowledge the availability of references on request and thank the reviewer for interest in the CV. The CNS should offer to be available for questions or if additional information is required.

One difference between an electronic cover letter and a paper copy cover letter is the addressee. E-mails require an address, but this address is often unrecognizable as an individual's name. Given the succinct, abbreviated nature of e-mail, a salutation of some form may not even be necessary, thereby releasing the CNS from finding out the

Table 1-2 RÉSUMÉ AND CURRICULUM VITAE IN CONTRAST

Résumé	Curriculum Vitae
Overview	Extensive description
One page in length—never more than two	Several pages in length. May be dozens of pages, depending on career length and productivity.
Job application	Multiple uses including professional office, job application, awards, grants, presentations
Employment origins	Academic origins

formal name and title of the intended recipient. If a salutation is preferred, a simple "Dear Employment Specialist" or "Dear Recruiter" may be appropriate.

Paper cover letters require a recipient name and address. The CNS needs to make certain that the addressee's name is spelled correctly and that the job title and credentials are also correct. If there is uncertainty as to any of this information, the CNS should attempt to contact the organization and verify the addressee's information. If contact information is not available and a position title rather than an individual name is provided, the CNS should begin the letter with an appropriate salutation. For example, if a CV is required by an organization for award consideration, the CNS may wish to begin the cover letter with "Dear Awards Committee Representative."

If the cover letter and CV are sent electronically and it is important to ensure that they have been received, use the e-mail system "message options" functions (or use the Help function to search for "read receipt") to request a delivery receipt and a read receipt. The delivery receipt will acknowledge that the electronic message was received by the Internet Protocol address. The read receipt will ask the recipient to acknowledge that the CV was received. These options allow the CNS to verify that the materials were received in a timely fashion.

If a CV is being mailed, particularly if the CV is related to an important professional opportunity, the CNS should consider using certified mail. When certified mail is used, mail travels as first class, and delivery is confirmed. Certified mail is a smart choice for the CNS who may need to substantiate that the CV was mailed. These confirmation and verification suggestions are applicable to any situation in which the CNS is committed to replying to a request for written materials or submitting completed work.

Structuring the CV

Format the pages with the CV's headings flush with the left margins. Consider 1-inch margins or less. In general, begin with name, home address, and home telephone number. Consider including work address and work telephone number. Include electronic mail contact information.

Although some publications recommend including a Social Security number (Hinck, 1997), given the possible distribution of the CV and the increasing threat of identity theft, this may not be a wise decision. Professional license numbers should be included. Do not use pronouns. Use an active voice with appropriate tense and phrases rather than full sentences. For example, avoid, "I developed a research-based protocol for bladder ultrasound in lieu of bladder catheterization with annual savings of $165,000." Instead use, "Designed and implemented bladder ultrasound program with $165,000 annualized savings."

CV formatting varies and is primarily based on personal preference as well as the underlying purpose of the CV. For example, if the CNS is submitting a CV for consideration by a nominating committee of a professional organization for a key leadership position, the CNS may want to consider reformatting the CV to highlight the

skills and experiences that are requisite for this type of opportunity. It is generally fairly easy to revise and update CVs now that most documentation is in word-processed form rather than typewritten.

There are many ways to structure a CV (Table 1-3). Most list recent experiences first and move in a reverse chronological order. For example, the highest degree earned is identified followed by the next highest degree. Do not include postsecondary school education prior to college. Include nondegree course work under continuing education or as a separate category.

Professional certifications should be noted on the CV. Certification as an advanced practice nurse is increasingly important for CNS practice, albeit inconsistently mandated at the state level. The CNS should note all types of certifications, including advanced cardiac life support (ACLS), cardiopulmonary resuscitation (CPR), chemotherapy, neonatal advanced life support (NALS), and any other relevant type of certified expertise. It may be useful to include the date of the most recent child abuse clearance and a criminal background check and offer to make these reports available on request. These clearances save time and are increasingly expected, particularly when nurses are working with vulnerable patient or client populations.

All types of publications should be listed. Consider separating publication types: research versus nonresearch, and refereed, nonrefereed, invited, and newsletters. Organize newsletters by professional organization, public organization, institution, department, or unit-based categories. Make certain to include published abstracts, but clearly identify the name of the conference proceedings and whether the abstract was accepted following peer review.

If the CNS does not have many publications, group the publications and order by date. For the CNS without publications, consider this area as a possible area for development. There are beginning opportunities to publish, including book reviews, newsletters, and letters to the editors. These first steps demonstrate an interest in writing and set the CV apart from those without publications in any form. In the meantime, if the CNS does not have publication credit, simply leave this topic off the CV. Do not include the heading and note "not applicable" or "none."

Professional organizations should be included on the CV. Note any leadership positions within an organization. The CNS should critique the depth and breadth of the organizations and contemplate joining a collection of organizations that represent a national nursing interest, clinical area of practice, local or regional organization, scholarly activity or research focus, and an organization that reflects a commitment to relationships, such as an alumni organization. Dues can become burdensome, so it is wise to select carefully. On the other hand, advanced nursing practice demands professionalism. It is difficult to demonstrate professional commitment without any type of national or international nursing organization membership.

Honor society memberships should be included. Sigma Theta Tau, International is the international honor society for nursing, and admission is competitive. Other honor societies should also be listed, including those that are outside nursing; for example, Phi Beta Kappa or Phi Kappa Phi. Honor society memberships outside nurs-

Table 1-3 SUGGESTED CV ORGANIZATION

Curriculum Vitae Organization
Education
Licenses and certifications
Employment history (begin with most recent)
Consultation activities
Professional organizations: Emphasize leadership roles
Presentations
Papers
Refereed review
Nonrefereed review or invited
Posters
Refereed review
Nonrefereed review or invited
Publications
Refereed
Research
Theoretical
Nonrefereed
Invited
Books
Awards
Grants
Continuing education (consider limiting to previous 5 years)
Community service
References: Consider this
Revision and file path

ing are not uncommon, given the increasing numbers of nurses who enter the profession as second-degree students. Social sororities or fraternities may also be included if the CNS is actively involved.

Community activities, including leadership roles, should be documented on the CV. This area of the CV demonstrates citizenship and can be important in a competitive job search. Do not include trivial activities that contribute very little to the overall picture. For example, routinely donating money to a particular charity or tithing to the church are inappropriate to include on a CV. Serving on the church board of

directors or volunteering with the Girl Scouts of America are important to include because they require individual sacrifice and benefit a larger societal good in an organized fashion with recognized duties.

Do not include salary information or salary expectations on the CV. If the CV is in response to a potential job opportunity and salary information is requested or required by the employer, this information should be generally addressed in the cover letter.

If the CNS has taught in a formal academic setting, include a brief description of course responsibilities. For the experienced CNS who has been involved in healthcare education, offer specific, factual information about program development and outcomes. If the CNS is a novice, consider including educational activities that were part of the graduate educational program. The CNS should remember that appropriate CV style is terse rather than detailed and narrative.

Résumé

The CNS should keep in mind that résumés are quite different than CVs. A résumé is never more than two pages in length. The résumé is meant to provide an outline of educational background and work experiences with some sharing of professional activities. If more detailed information is needed, a CV may be helpful. Most academic positions require a CV, whereas business settings request résumés.

If the CNS is looking for a position and is considering using a Web-based job search engine, the CNS must keep in mind that electronic résumés will be found only via keywords that have been selected by a potential employer. Some applicant tracking systems search approximately the first 80 words of a document, so be certain to include critical phrases and terms early in the résumé. Avoid graphics, shading, italics, and underlining in electronic résumés; however, this suggestion is reasonable for résumés of any type.

The order of the résumé may be consistent with that of the CV, but the detail will be far less. The résumé may also include a statement of intent or professional interest. This statement is not usually found on the CV.

Résumés may be organized by skill sets or by work and project experiences. The more traditional format is similar to that of the CV but in abbreviated form. In general, continuing education activities are not listed on a résumé; however, the CNS may choose to include a statement about the number of annual hours of completed continuing education.

Many resources are available for creating résumés. CNSs interested in constructing a résumé should use these resources and request guidance from experts. Many resources are Web based and user-friendly.

References

The CNS should give careful thought to references. In general, employers are interested in hearing from individuals who can substantiate the character and abilities of

the applicant. Most institutions have a standardized reference form, although reference letters may be acceptable.

New CNSs are often uncertain of whom to ask for a reference. Select an individual who can offer evaluative insight and who has a clear idea of the skill set required of a CNS position. At times, graduate students will request references from professors who worked with the student during beginning graduate courses and who have little to share regarding advanced practice skills or professional attributes. This individual may not be the best referring choice.

Instead, the CNS should consider requesting references from a CNS clinical preceptor, faculty member with responsibility for evaluating end-of-program work, recent employer, or professional organization leader. It is useful to request reference letters before they are needed and include them in the professional portfolio. If references are gathered before the job search process, ask referring individuals if an employer, committee person, or admissions professional has permission to contact them at a later date for validation of the reference. Having written reference letters at the start of a process can save valuable time.

Professional Organizations

Many nursing organizations are experiencing stagnant or declining membership (White & Olson, 2004). This trend is concerning for a number of reasons. Professional organizations provide opportunities for enhancing clinical expertise; keeping apprised of regional, national, and international issues; and developing professional networks. Most groups offer continuing education programs. Some are very involved in political action and have done good work in advancing nursing and societal healthcare agenda items.

There are so many professional organizations that it would be nearly impossible for a CNS to identify an area of clinical or leadership interest that is not represented by an organization. Generally, a Web-based search will identify appropriate professional nursing organizations. It is also useful to visit the American Nurses Association Web site (www.nursingworld.org) or other large nursing organization's Web site and look for organizational links. The links will connect directly to other established, reputable organizations.

Part of the challenge of declining memberships may be that with the proliferation of organizations, nurses feel confusion and pressure specific to selecting the few organizations that are most compatible with their interests and priorities. Another reason for avoiding membership may be that family responsibilities compete for the scarce resources of a nurse's time and money. Given the busy nature of CNS work and the often simultaneous demands of family and other personal commitments, CNSs need to carefully craft a personalized strategy for involvement in professional organizations (Table 1-4). In other words, it may be wise for the CNS to carefully consider the most important aspects of professional organization

Table 1-4 PROFESSIONAL ORGANIZATIONS AUDIT: SELECTING AN ORGANIZATION TO JOIN

The CNS should consider each of these criteria:

1. Mission statement
2. Goals and objectives
3. Web-based resources
4. Membership fees
5. Ease of dues payment:
   a. Direct withdrawal from bank account (monthly/annually)
   b. Direct debit from credit card (monthly/annually)
   c. Annual dues by check
6. Continuing education opportunities
7. Journal resources
8. Database access, including evidence-based practice resources
9. Professional activities, including conferences and workshops:
   a. Regional/local activities
   b. National activities
   c. International activities
   d. Relationships to other professional organizations
10. Opportunities to volunteer
11. Opportunities for mentoring
12. Leadership and networking possibilities

membership and, having prioritized these concerns, identify the most logical organizations for membership.

Many organizations have broad agendas focused on clinical excellence, research, leadership, and political action. CNSs select these organizations based on a particular clinical focus. A few examples of such organizations include the Oncology Nursing Society (ONS, 2006), American Association of Critical-Care Nurses (AACN, 2006), Association of Rehabilitation Nurses (ARN), American Psychiatric Nurses Association (APNA), and the Association of periOperative Registered Nurses (AORN). It is customary for CNSs to have some type of membership status with their specialized clinical organization.

The National Association of Clinical Nurse Specialists (NACNS) is the only national organization focused on CNS practice regardless of the area of clinical practice. This organization is relatively new, initiated in 1996, and is recognized as an organizational affiliate by the American Nurses Association. Its mission is

> to enhance and promote the unique, high-value contribution of the clinical nurse specialist to the health and well-being of individuals, families, groups, and communities, and to promote and advance the practice of nursing. Members of NACNS benefit from national, regional, and local efforts of the Association to make the contributions of CNSs more visible. (NACNS, n.d. 1)

NACNS offers a variety of membership benefits and provides opportunities for CNSs to interact with other CNSs. These types of networking opportunities are valuable and allow CNSs to cross disciplines and gain perspectives on the larger issues of advanced practice nursing. Members benefit from a full text online and print subscription to *Clinical Nurse Specialist: The Journal for Advanced Nursing Practice.* Other membership benefits may be reviewed on www.nacns.org.

Stepping Up and Stepping In: Getting Organizationally Involved

New CNSs may be interested in becoming involved within an organization but may be a bit hesitant. This uncertainty is normal and understandable, but it is important to not allow reticence to impede participation. Organizations are eager to have interested, committed, and enthusiastic new members.

Professional organizations face many challenges. Nursing societies are struggling with declining memberships, an aging nursing workforce, increasing expenses, and competition among professional organizations for both members and leaders. Of course, new members should anticipate that involvement usually starts at the local level, if not geographically, then organizationally. Local or regional groups are good places to volunteer as a committee member or to begin participation by attending meetings, offering time to assist at registration tables, or contributing on an as-needed basis.

Many national organizations have committees that are filled by appointments rather than elections. It is not uncommon for organizations to publish requests for participation. Members may be asked to submit a CV and a brief letter indicating interest in the committee work.

As an example, the ONS Web site devotes a section of the membership page to opportunities for involvement in project teams, advisory panels, mentoring programs, or recruitment events. There are also opportunities noted in local chapters or special-interest groups. ONS offers application forms in PDF form on the Web site and is very user-friendly. AACN also offers lots of information on its Web page with a volunteers homepage that describes current needs and provides application forms for download. These opportunities are wonderful networking vehicles for CNSs ranging from novice to expert.

Connecting Professionally in an Electronic World

Listserv Opportunities

There is an increasing number of e-mail lists, discussion boards, and chat opportunities for CNSs. The CNS LISTSERV (CNS-L) allows CNSs to manage, create, and control electronic mailing lists. Registering for the CNS-L is simple and requires only an e-mail address. To subscribe to the CNS-L described on the NACNS Web site, send a blank e-mail to cns-listserv-on@mail-list.com. Send this message from the e-mail address that you will use to read the incoming list materials. At last count, there were approximately 600 CNS colleagues subscribed to this particular listserv (NACNS, n.d. 2). Keep in mind that there is a possibility of receiving a large volume of e-mail.

Upon joining any type of e-mail list, it is a good idea to print instructions for future reference. Instructions for joining always include the instructions for withdrawing from the list. It is interesting to note that LISTSERV is a trademark for a product distributed by L-Soft International. For this reason, LISTSERV is capitalized. The term *listserv* is used in a variety of forms, but those groups using the LISTSERV product refer to it in the aforementioned style.

Generally, there is a moderator or owner of the list. Usually there is a contact person associated with the list to whom questions and concerns may be addressed. LISTSERVs specific to organizations do not typically require membership but do require an e-mail address.

Some groups use the LISTSERV product, for example, the Agency for Healthcare Research and Quality (AHRQ). Others refer to their groups as a "listserv" and use a provider such as Yahoo to organize the group. One such example is the Society of Critical Care Medicine. Regardless of the provider or product, joining the list is easy. The LISTSERV product offers options for organizing and delivering the electronic mail. This feature can be particularly useful when trying to minimize the number of daily e-mails or when working with vacation or part-time schedules. Many LISTSERVs offer the option of a daily summary rather than receiving individual e-mails. This is a particularly important feature when receiving e-mail via portable electronic devices such as cell phones or personal data assistants as the frequent e-mail responses can be quite burdensome.

There are often guidelines for contributing to list discussions (Table 1-5). The CNS must be diligent about remembering the purpose of the list. In other words, each contributed message should relate to the overarching subject of the list. If the CNS is contributing to the CNS LISTSERV, the topic should have some connection to CNS practice. The connection may be weak but must be readily apparent.

CNSs should carefully evaluate the content and wording of postings before clicking the "send" button. Many lists have significant numbers of members. Once the message has been sent, it cannot be retrieved. Other suggestions should be considered and

followed prior to participating in a LISTSERV. If each member follows the rules, the communications and connections can be useful and the networking opportunities cannot be beat. CNSs often share policies, procedures, instruments, tools, product evaluations, and sage advice via the LISTSERV.

Discussion Boards and Electronic Forums

Electronic discussion boards and forums are handy and informative. They offer access to a variety of colleagues, sometimes around the world, and can provide important networking when looking for ideas, data, expertise, speakers, and other contacts. Many professional organizations have discussion boards available for members. Registration is free with membership, and participants usually have a self-configured password provided after the registration process is complete.

Numerous electronic forums are also available for nurses that require registration without fees. One forum, www.allnurses.com (2006), boasts over 100,000 members from around the world. Discussion topics vary and are organized by subject. A variety of advertisements are posted on the Web site offering products, including education and employment opportunities, targeted to nurses. NACNS also offers a discussion board, "CNS Exchange." Registration is free and instructions are available at www.nacns.org/bulletin_board.shtml. As mentioned previously, courtesy is required, and discussion board rules are clearly posted for review.

Develop Electronic Expertise

Computer skills are essential. There is simply no way to effectively practice in today's healthcare environment without a basic understanding of commonly used software

Table 1-5 LISTSERV RULES OF ENGAGEMENT

Generic rules for polite LISTSERV participation

1. Absolutely no commercial advertisements of any sort.
2. Remember that LISTSERV participation is open to the world. There are going to be communication challenges related to diversity and language/communication differences. Try to be open-minded. Avoid taking immediate offense, and give the benefit of doubt.
3. Avoid sending messages to the entire subscriber group that are relevant to only a select one or two. Send "thank you" and other pleasantries to the relevant person only.
4. Do not post materials that are under copyright protection.
5. Do not attach files or hyperlinks to LISTSERV comments.
6. No inappropriate or generally offensive language or slang.
7. Do not post personal information to a LISTSERV. Private contact should be handled through e-mail.

products. Technological competence in electronic mail, Excel, PowerPoint, Word, and Internet search strategies are particularly important. Database software familiarity may also be useful; for example, Microsoft Access.

Technological competence is increasingly viewed as a routine expectation of CNSs. Abstracts for professional organization conferences as either poster or paper presentations often require electronic submissions. Many organizations require the use of PowerPoint as the presentation format and expect that presentations will be electronically forwarded to the conference committee to load the presentation for the conference and to develop conference CDs. It is increasingly rare for organizations to use hard-copy forms, and the ease of PowerPoint software makes other presentation media comparatively cumbersome and prohibitively expensive. As an example, 35-millimeter slides and overhead transparencies are not acceptable presentation formats at most national nursing conferences.

There are a variety of ways to develop software expertise. In-house educational programs are ideal. These programs are free to employees and are geared to the software and hardware used within the CNS's place of employment. The challenge lies in arranging the necessary time to attend. Community colleges and university settings offer credit and noncredit courses as do postsecondary technology schools. Online tutorials are available, and there are vendors that sell videotapes designed as user-friendly tools for learners who learn best through visual processes. Microsoft (www.microsoft.com) offers information related to tutorials and software program classes.

Hardware familiarity is also valuable. Blackberry, Palm, and other handheld devices are commonplace and, in some settings, are required as part of the arsenal of workplace tools. CNSs unfamiliar with the capabilities of these devices will be astounded by the features. Drug databases, clinical references, personal scheduling, wireless access, e-mail options, and other resources vary by device. Most are very easy to use and are synchronized through the workplace or home computer making it easy to have consistency across home, work, and pocket.

APRN Certification: A Value-Added Enhancement

CNSs may notice that the terms *advanced practice nurse* (APN) and *advanced practice registered nurse* (APRN) are used interchangeably. APRN is the designated term used by the recent APRN Consensus Work Group and the NCSBN APRN Advisory Committee, otherwise referred to as the APRN Joint Dialogue Group (APRN JDG) report (2008). This group was charged with developing a regulatory model for APRN practice to ensure patient safety and allow for patient access to APRN services. The model has significant implications for CNS practice. The model has been endorsed by many professional organizations and by NCSBN. State boards of nursing have not yet adopted this model into nurse practice acts; however, this model includes elements

pertaining to licensure, accreditation, certification, and education (LACE) (APRN JDG, 2008). CNSs should carefully review the JDG report and consider how they need to position themselves specific to professional development, education, and certification within the context of their anticipated career trajectory.

The federal government defines a CNS as a master's degree-prepared nurse educated in a clinical nurse specialist program with certification as an advanced practice registered nurse from an accredited credentialing organization (Zuzelo et al., 2004). To obtain Medicare provider status, the CNS must meet these criteria. The JDG report defines an APRN as a nurse who has met educational criteria for one of the four APRN roles within at least one of the six population foci. Specialization provides depth, but the model specifies that the APRN cannot be licensed solely within a specialty area. This proposal is quite a change and requires careful deliberation as CNSs plan for their professional futures. For example, CNSs may identify themselves as a "critical care" or "oncology" CNS without regard to a population. The APRN Consensus Model would require CNSs to be educated in one of the four roles and at least one of the six population foci: family/individual across the life span, adult-gerontology, pediatrics, neonatal, women's health/gender-related, or psych/mental health (APRN JDG, 2008).

The Certification Quandary

There are challenges associated with the proposed regulatory model as well as with existing APRN definitions. Particularly concerning is the scarcity of specialty certification examinations for CNSs. Additionally, at the state level, CNS title protection is not consistent, and requirements for use of the title "CNS" vary. States that offer CNS title recognition typically require some type of advanced practice certification in a specialty area. States that do not afford the public CNS title recognition do not require certification and may not require a master's degree.

Inconsistencies among states or between the federal government and some state governments have led to confusion and inappropriate titling. The terms *clinical specialist* or *clinical nurse specialist* may be used by nurses and/or employers to represent nurses who are not prepared at the master's level. In fact, there may be nurses using these titles who have not yet completed baccalaureate degrees in nursing. Graduate nursing programs recognize these dilemmas and, as a result, may feel less pressure to reinforce the need for CNS certification than for nurse practitioner or nurse anesthetist students.

When this situation is viewed within the context of a lack of specialty certification examinations, it is readily apparent that certification as a CNS is not a consistent requirement nor an easily acquired status within many specialty areas. Many CNSs use the master's in science of nursing (MSN) degree in posted credentials but have specialization certification at the basic level only. For example, an MSN-prepared CNS may have certification in medical–surgical nursing and may list the credentials as "MSN, RN, C." The certification examination for the "C" credential requires a baccalaureate nursing degree rather than a graduate degree and does not represent an

advanced practice credential. CNSs specializing in women's health or wound, ostomy, continence nursing are confronted by similar challenges as there are not CNS certification examinations available within these particular specialty areas. As a result, some CNSs prepare for adult health CNS certification and develop the specialization focus as best as they are able through practice, scholarship, formal educational programs, and continuing education.

It is important for CNSs to appreciate the difference between basic certified clinical specialization and advanced practice certified clinical specialization. Many CNSs practice oncology nursing, and this specialty offers an opportunity for an additional example that is not unique. An oncology nurse with at least 12 months registered nurse (RN) experience within 36 months of examination application and 1000 hours of oncology experience within the 30 months prior to application who satisfies continuing education mandates is eligible to take the certification examination that will award the oncology certified nurse (OCN) credential. A baccalaureate degree in nursing is not required (Oncology Nursing Certification Corporation [ONCC], 2008a). The advanced practice CNS certification is advanced oncology clinical nurse specialist (AOCNS). This examination requires a master's degree or higher in nursing and 500 hours of supervised clinical experience in oncology nursing practice either during or subsequent to the graduate education experience (ONCC, 2008b).

This example illustrates that there are significant differences in requirements within and between clinical specialties for basic certification versus advanced practice certification. It is important for the CNS to consider the meaning of certification and its relationship to demonstrating clinical competence and protecting the public trust.

APRN Certification Opportunities

The American Nurses Credentialing Center (2006) is the certifying arm of the American Nurses Association. It offers nine advanced practice CNS examinations. CNS examinations are also offered by the certification corporations associated with AACN, Orthopaedic Nurses Certification Board, and Oncology Nursing Certification Corporation (Table 1-6). Fourteen CNS examinations are not enough to cover the plethora of CNS specializations. This testing opportunity deficit has made it difficult for CNSs interested in acquiring a certification that truly represents practice expertise.

Certification examination development is expensive. Psychometric testing, examination administration, and test bank development necessitate a high number of users. Tests are not developed for less-popular subject areas. CNSs interested in certification but without access to a specialty examination had few options until the recent development of the CNS core examination.

Prior to the CNS core examination, CNSs often chose to sit for the adult health examination as a "generic" fit. As an example, an MSN-prepared nurse with expertise in wound, ostomy, continence nursing, or women's health, has been unable to certify as a CNS in these practice areas. As a result, since adult health nursing is viewed as the "foundation" to many nursing specialties, a disputable point but a widely held

Table 1-6 CNS CERTIFICATION EXAMINATION OPPORTUNITIES

Name of Examination	Sponsoring Organization	Web Address
Advanced Diabetes Management	ANCC (American Nurses Credentialing Center)	http://www.nursecredentialing.org/NurseSpecialties/DiabetesManagementAdvanced.aspx
CNS Core	ANCC	http://www.nursecredentialing.org/NurseSpecialties/CNSCoreExam.aspx
Adult Health	ANCC	http://www.nursecredentialing.org/NurseSpecialties/AdultHealthCNS.aspx
Adult Psychiatric and Mental Health Nursing	ANCC	http://www.nursecredentialing.org/NurseSpecialties/AdultPsychiatricMentalHealthCNS.aspx
Child/Adolescent Psychiatric and Mental Health Nursing	ANCC	http://www.nursecredentialing.org/NurseSpecialties/ChildAdolescentPsychMentalHealth.aspx
Gerontological	ANCC	http://www.nursecredentialing.org/NurseSpecialties/GerontologicalCNS.aspx
Pediatric	ANCC	http://www.nursecredentialing.org/NurseSpecialties/PediatricCNS.aspx
Home Health (only available for recertification)	ANCC	http://www.nursecredentialing.org/NurseSpecialties/HomeHealthCNS.aspx
Public Health	ANCC	http://www.nursecredentialing.org/NurseSpecialties/PublicHealthNurse.aspx
Advanced Oncology CNS	Oncology Nursing Certification Corporation (ONCC)	http://www.oncc.org/getcertified/testinformation/AOCNS/index.shtml
Adult Critical Care Nurse Specialist (CCNS)	American Association of Critical-Care Nurses (AACN)	http://www.aacn.org/WD/Certifications/Content/ccns.pcms?menu=Certification

(continues)

Table 1-6 (continued)

Name of Examination	Sponsoring Organization	Web Address
Neonatal CCNS	AACN	http://www.aacn.org/WD/Certifications/Content/ccns.pcms?menu=Certification
Pediatric CCNS	AACN	http://www.aacn.org/WD/Certifications/Content/ccns.pcms?menu=Certification
Orthopaedic CNS	Orthopaedic Nurses Certification Board	http://www.oncb.org/apnexams/apnexameligibility.html

view by some nurses, the graduate degree-prepared nurse may have opted to take this APRN examination and combine it with the basic certification exam available within the specialty.

Of course, adult health nursing is unique, and certification in this clinical area does not presume actual expertise in wound, ostomy, continence care, or women's health. As noted, the option has not been ideal. On the other hand, given that an increasing number of states, as well as federal agencies, require certification, the adult health CNS certification examination was the best option.

A New Certification Opportunity

Recognizing the imperative need to address the lack of CNS certification examinations for all specialties and the practice barrier that such a deficit presents, NACNS and the American Nurses Credentialing Center (ANCC) collaborated to develop a CNS core certification examination. This exam tests the competencies required for the CNS role, regardless of specialty focus, and across the life span (ANCC, 2008). The core exam is intended to provide an opportunity to secure certification as a CNS for practice as an advanced practice nurse within a specialty area that does not have a CNS certification examination. Candidates who successfully pass the core examination may then be required to validate their expertise within a specialty area, depending upon the requirements of the specialty organization or regulatory agency. If and when a specialty organization has enough members to justify the expense of certification examination development and to establish a data set that is valid and reliable, the core examination may not be an option in lieu of the relevant certification examination.

Personal Development and Self-Care

Healthy self-care practices are important for mental well-being, spiritual strength, emotional connectedness, and physical health. Many nurses, including CNSs, attend

to their personal needs with far less focus than they attend to the needs of others. It is not uncommon for nurses to smoke, with smoking rates of approximately 28% in the United Kingdom (McKenna et al., 2001) and 18% in the United States (Bialous et al., 2004). Like smokers in the general population, nurses are concerned about the health risks of smoking and are interested in smoking cessation programs. Nurses also experience guilt related to their continued smoking (Bialous et al.).

In addition to the damaging effects of smoking on nurses' health, research findings suggest that nurses who smoke are less inclined to address smoking cessation with patients (McKenna et al., 2001). Nurses need cessation supports similar to smokers in the general population and also need unique supports that address the guilt and shame that they may experience in relation to their persona as a nurse, a person who "knows better than to smoke."

Nurses, including CNSs, are challenged by other conditions that thwart healthy well-being. Many nurses are overweight due to job stress, snacking, inadequate exercise, and a work environment that encourages junk food, end-of-shift desserts, pizza, and pastries (Jackson, Smith, Adams, Frank, & Mateo, 1999). Obese people are generally stigmatized in society (Zuzelo & Seminara, 2006), and these negative attitudes may be particularly pronounced in the healthcare setting. Nurses tend to inconsistently address body mass index measurement with patients and avoid dietary counseling. They worry about hurting patients' feelings. As a result, many nurses avoid difficult conversations with patients about the need to diet, exercise, and lose weight (Zuzelo & Seminara).

Nutritional concerns and the need for self-care may be conversation topics that are even awkward with nurse colleagues. Jackson et al. (1999) call for nurses to engage in and promote healthy lifestyles and confront the mixed message that patients receive when interacting with obese healthcare professionals. These concerns may be more significant when it is the CNS who is overweight with poor physical stamina.

Physical activity is a key determinant of health condition. Midlife women are particularly at risk for inactivity. Nurse demographics reveal that most nurses are in their fifth decade and female. Midlife women tend to experience physiological and psychological transitions that decrease the amount of personal time available for physical activity (Dearden & Sheahan, 2002). Lack of physical activity contributes to weight gain, heart disease, and colon cancer, whereas exercise benefits physical health and mood while reducing distressing signs and symptoms of menopause (Dearden & Sheahan, 2002).

CNSs must evaluate their personal health profiles (Table 1-7). They should think about exercise, smoking cessation, sleep patterns, stress management, habits of health promotion, and weight. The CNS role is incredibly challenging. Nurses commonly place role demands ahead of self-care activities. It is easy to justify a lack of exercise when the physical work of nursing is so demanding; however, a long day at work is not equal to a 20-minute brisk walk or aerobic exercise with weights. Jackson et al. suggest that nurses must begin "walking the walk of a healthy life style" (1999, p. 1), and

this directive certainly includes CNSs. The recent attention paid to the historically low rates of influenza vaccination among healthcare providers, particularly nurses and physicians, is an excellent example of the need for CNSs to act on the primary health interventions not only to protect patients but also to protect themselves and their

Table 1-7 PERSONAL HEALTH INVENTORY

Self-Care Behavior	Personal Assessment
1. Do I typically sleep 7 to 8 hours each night? a. If I do not sleep enough, how will I increase the amount of sleep time?	
2. Do I smoke? a. If I do smoke, when will I stop, and what steps can I take to support my success?	
3. What is my actual body weight? a. What is my ideal body weight? b. What steps can I take to maintain my current weight or to reduce my current weight?	
4. Do I exercise on a regular basis? a. What is my target exercise goal, and how can I reach this target?	
5. Do I have quiet, reflective time for rejuvenating? a. If not, how might I increase my opportunity for calm and solace?	
6. What health promotion/disease prevention assessments do I need to schedule? a. Blood pressure check b. Blood sugar check c. Colonoscopy d. Mammography e. Cholesterol screening f. Dental examination g. Eye examination h. Sex-specific exam: gynecologic or prostate	
7. What age-specific evidence-based health interventions should I consider based upon AHRQ recommendations?	

loved ones while serving as role models to colleagues and the public (Pearson, Bridges, & Harper, 2006) (Figure 1-1).

CNSs who are smokers need to explore options for smoking cessation. Resources are available for nurses who smoke. Tobacco Free Nurses (2008) provides many free resources including a library with reference categories that specifically address nurses, nursing activities, and smoking. These references may be very helpful to CNSs interested in developing and nurturing smoking cessation activities for nurses in the workplace. An electronic support group, QuitNet (Healthways QuitNet, 2008) provides opportunities for networking, support, and tobacco cessation strategies.

It may be difficult for CNSs to attend to personal health needs. Many organizations are more inclined to reward the sacrificing, busy, tired CNS rather than the CNS who insists on time for exercise, healthy lunches, bathroom breaks, and adequate hydration. However, it is empowering and necessary to promote self-health. Leading staff toward positive health practices may improve the quality of health-promotion activities in which nurses engage with patients.

Most CNSs recognize the importance of teaching patients about health promotion and disease prevention. They may be neglectful of promoting these behaviors among nurse colleagues and within their CNS peer group. Self-care is a worthwhile endeavor, but it must be a deliberately planned activity, or it will be unaddressed. Callaghan (1999) claimed that nurses often adopt fewer positive, health-promoting practices

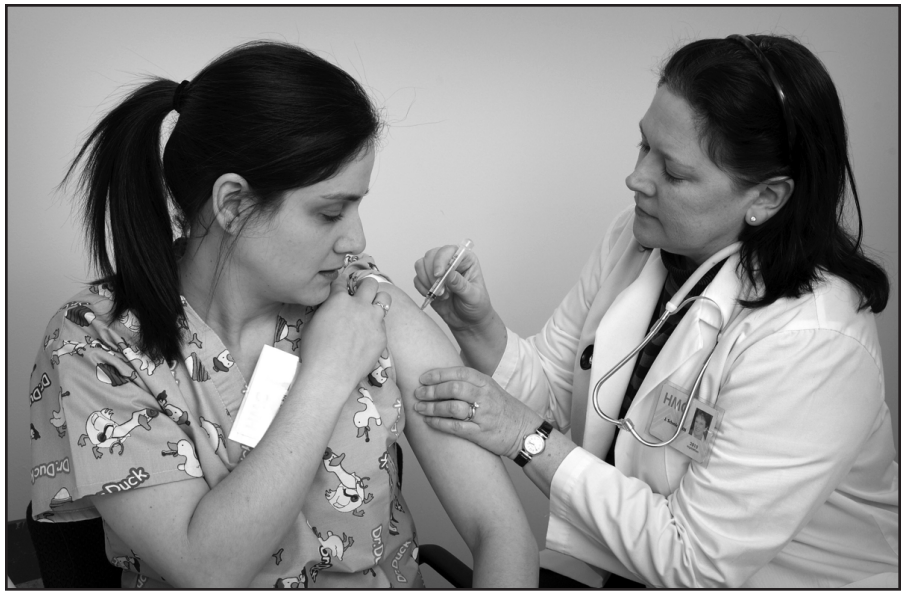

Figure 1-1 Nurse receiving an influenza immunization.
Source: James Gathany, Centers for Disease Control and Prevention.

than laypeople. It is imperative for CNSs to take the lead and promote smoking cessation, regular exercise, normal weight maintenance, snacking avoidance, routine healthy breakfast intake, regular sleep patterns with 7 to 8 hours nightly, and moderate alcohol intake.

Conclusion

CNSs must be strategic as they plan their professional and personal lives. They must proactively address both of these areas, never one at the consistent expense of the other. Professional success is enhanced by a state of personal well-being, and certainly longevity is improved when positive health practices become a routine way of life.

CNSs influence through example. CNSs involved and engaged in professional organizations tend to have more opportunities to share with interested staff. They have an increased ability to mentor because their repertoire of activities and experiences is greater than that of CNSs who are less engaged. This premise applies to self-care practices as well. CNSs cannot be haphazard in their approach to professional practice and must be equally disciplined in their approach to self-care. CNSs who manage their time and activities to benefit their health also benefit their families, colleagues, patients, and the organization.

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