CHAPTER 1

Strategic Career Planning: Professional and Personal Development

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Nurses have access to a wide variety of career paths and a masters or a doctoral degree provide entrance to any number of advanced roles. Some roles are considered advanced *practice*, including clinical nurse specialists (CNSs), nurse practitioners (NPs), nurse anesthetists (NAs), and nurse midwives (NMs). These advanced practice roles require national certifications and state-specific credentialing. The educational programs that provide the degrees needed for advanced practice credentialing examinations are periodically evaluated by recognized accrediting bodies that have verified the quality of the program and its adherence to established curricular requirements.

In addition to these advanced practice registered nurse (APRN) roles, nurses have options to prepare for advanced roles that do not fall under the *practice* designation. These roles directly or indirectly influence health care in some sort of clear or tangential way; but, a nurse with a graduate degree from an educational program exclusive of the four APRN roles is likely not directly engaging with patients as would nurses in advanced practice. Nonetheless, although these nurses are not titled as APRNs, their contributions to informatics, administration, education, quality assurance/improvement, risk management, and other key health care system components are important and valuable.

Given the many diverse role opportunities available to nurses, it is not uncommon for nurses to lack full understanding of the work performed by those who practice in unrelated advanced roles, including APRN roles. One such example is the lack of

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familiarity that many nurses express regarding knowledge of the roles and responsibilities of the CNS. The specialization of the CNS and the organizing framework of CNS practice, known as the CNS spheres of influence (National CNS Competency Task Force, 2010), are sometimes difficult to articulate when comparing them to the role and responsibilities of the clinical nurse leader (CNL) who may have many years of clinical practice within a particular specialty plus a graduate degree as a "nurse generalist." Some nurses are confused by the responsibilities of a certified registered nurse anesthetist (CRNA). Nurse informatics specialists are often called on to explain their unique specialization. The nurse practitioner title is highly recognizable and is usually appreciated as an APRN role; however, many members of the health care team continue to be misinformed as to the role's uniqueness as compared to physician assistants or physicians.

The takeaway message is that role diversity in nursing is one of the profession's strengths while simultaneously contributing to role confusion and, at times, role antagonisms within and outside of nursing practice. Advanced nurses, those in APRN roles and those practicing in other roles that require advanced education, specialization, and expertise, share common job tasks and professional performance expectations. Getting to know each other and working together to meet common goals are important outcomes that require acknowledgment and attention. A good starting point is to consider how nurses can strategically bloom in their respective roles while supporting other advanced nurse colleagues, working with nonnursing health care team members, and improving health care processes and health outcomes. This book is written to encourage knowledge within nursing about various roles and their unique contributions to health care outcomes while also sowing a sense of appreciation for and recognition of the tremendous contributions of all types of advanced nurses to improved individual and public health.

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

▸ Reflection and Self-Appraisal: Know Yourself

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 an advanced nurse is beginning a search for a new expanded opportunity, it is important to proactively consider aspects of potential employment prospects that are most appealing and least appealing, to distinguish opportunities that may be a good fit from those that are likely a poor match.

If routinized work patterns are not appealing contributing to diverse projects, taking risks and addressing systems issues that require rapid change improvements may sound intriguing. An advanced role, in this case, with a focus on short-term projects, data-driven systems changes, or Lean Six Sigma project implementation

may be an ideal match. On the other hand, if careful attention to detail, stability, and an interest in patient education, staff development, and continuous quality improvement activities are of interest, a position as a unit or program-based advanced nurse with shared responsibilities for outcomes management or staff education may be very suitable.

For the nurse 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 coaching, or shared governance activities might be best. Advanced nurses who prefer working with professionally diverse colleagues and shepherding new initiatives via interprofessional teams may be well served by looking for opportunities that focus on improving systems efficiencies by using nursing science and analytical sciences. Knowing what is personally appealing versus unappealing about work environments, job tasks, and role responsibilities is an important preliminary step for effective career building.

Contemplate Self-Care Practices

Reflecting on the personal self is a valuable activity and may be useful to do in partnership with professional reflection activities. Professional nurses frequently advise patients, families, and colleagues to take time out for self-care. Nurses 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 excess body weight or obesity (Miller, Alpert, & Cross, 2008). Many nurses use tobacco products, do not exercise, and internalize stress. The *Healthy Nurse, Healthy Nation* movement is a nationwide effort in which nurses participate to improve their personal health and that of their families and their patients (American Nurses Association [ANA], 2018). This initiative provides an opportunity to register at no cost and complete a health behaviors survey that assesses health strengths, risks, and possibilities for improvement. Respondents are encouraged to commit to individualized improvement goals and, if desired, communicate with others for support and networking via an active discussion board that is organized around topics of interest.

Tobacco Cessation

One particularly concerning health behavior that warrants serious reflection is tobacco use. Conversations about cigarette smoking can be difficult to initiate with colleagues because striking a balance between actively and energetically promoting nicotine cessation versus berating and chastising smokers is challenging (Zuzelo, 2017). Self-appraisal is associated with its own set of challenges because nurses who smoke often experience guilt, self-blame, and remorse. They may conceal the extent of their smoking habits. While a majority of health care professionals has not smoked, a significant number are smokers (Sarna, Bialous, Nandy, Antonio, & Yang, 2014). The good news is that the number of registered nurse (RN) smokers has dramatically decreased since 2003 with one-third fewer nurses smoking by 2011 (Sarna et al., 2014). A review of literature did not reveal RN smoking rates organized by differing types of roles; but, it is likely that the RN smoker group includes nurses practicing in advanced capacities.

The experiences of nurses who smoke are influenced by their status as health care professionals. One research study used focus groups to describe issues related to nurses' attitudes toward smoking and quitting while also examining nurses' preferences for smoking cessation strategies (Bialous, Sama, Wewers, Froelicher, & Danao, 2004). Thematic analysis revealed that nurses' experiences with smoking addiction and cessation were consistent with those experienced by the general public, including feelings of shame and guilt. These emotional experiences were particularly applicable to nurses since family and friends believed that nurses were in a position to make better choices (Bialous et al., 2004).

Advanced nurses need to consider smoking cessation as a critical intervention for self-health and also as a necessary contribution to workplace health, particularly professional role modeling. Utilizing cessation opportunities and supports, both pharmacological and nonpharmacological, may enable the advanced nurse to successfully quit tobacco usage and promote the cessation efforts of others. Tobacco Free Nurses (2017) is an initiative that works to build capacity among nurses to equip them to assist patients with tobacco dependence and to become more involved in tobacco control efforts. Its website (https://tobaccofreenurses.org/) provides links to smoking cessation programs that advanced nurses may use or recommend to staff colleagues. Cessation programs may also be available in workplace settings and, if so, they are often accessible through employee assistance or employee health programs.

Stress Management

Nurses, including those in advanced roles, are challenged by work stress, shift schedules, and other circumstances 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). Nurses often do not engage in regular physical activity and live with irregular eating patterns (Nahm, Warren, Zhu, An, & Brown, 2012). Obese people are generally stigmatized in society (Zuzelo & Seminara, 2006) and these negative attitudes may be particularly pronounced in the health care setting.

Diet and Physical Activity Challenges

Nutritional deficiencies, caloric excess, and the need for self-care may be awkward conversation topics for nurses to have with their providers or colleagues but they are concerns that require contemplation and action. Approximately 20 years ago, Jackson et al. (1999) called for nurses to engage in and promote healthy lifestyles and confront the mixed message that patients receive when interacting with obese health care professionals. These concerns persist and are likely just as significant when it is the advanced nurse who is overweight with poor physical stamina given that nurses in leadership roles are perceived as role models and often expected to serve as examples for staff and care recipients.

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, 2006). It is likely that conversation topics around nutritional challenges are equally challenging for nurses to initiate with colleagues.

Physical activity is a key determinant of health condition. Midlife women are particularly at risk for inactivity and although the percentage of men in nursing has increased by 12.5% between the years 2000 and 2010, the nursing workforce is predominately female at 91% (ANA, 2014). Compiled nurse demographics reveal that most nurses are in their fifth decade and female. Over 53 percent of working nurses are over 50 years of age (ANA, 2014). 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).

Postmenopausal women are at risk for obesity as well as osteoporosis and reduced joint flexibility. These factors contribute to musculoskeletal compromise as do many of the features inherent in nurse work, including prolonged walking and standing. Technologies such as standing computer stations or computerized medication administration carts increase musculoskeletal risks by reducing opportunities to sit, contributing to problems with feet and lower legs (Zuzelo, Gettis, Hansell, & Thomas, 2008). Advanced nurses need to carefully consider these concerns and develop strategies to reduce employee health risks and enhance well-being, particularly since the health care system needs aging nurses to stay in the workforce and contribute as productive and highly skilled professionals.

Advanced nurses must evaluate their personal health profiles and encourage staff and colleagues to do the same (**TABLE 1-1**). They should think about exercise, smoking cessation, sleep patterns, stress management, habits of health promotion, and weight. Advanced roles are incredibly challenging. Whether responding to project deadlines, orchestrating work assignments across disciplines, addressing health outcomes, responding to staffing challenges, or dealing with financial ramifications associated with reimbursement penalties, nurses in advanced roles certainly work within complicated and stressful practice environments.

Prioritize Self-Care Needs

While these challenges are onerous in their own right, compounding the unhealthy effects is the nurse's tendency to 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. (1999) suggest that nurses must begin "walking the walk of a healthy life style" (p. 1) and this directive certainly includes advanced nurses.

Keep Up with Personal Primary Care Needs

One excellent tool to assist advanced nurses in their quest for good health is the *electronic Preventive Services Selector* (ePSS) (https://epss.ahrq.gov/PDA/index.jsp) developed by the Agency for Healthcare Research and Quality (AHRQ, n.d.) and available to download at no charge. Designed to assist primary care practitioners to offer evidence-based recommendations to patients, the ePSS tool offers U.S. Preventive Services Task Force (USPSTF) recommendations and provides them in rank order based on appraised evidence. Interventions range from *recommended* to

TABLE 1-1 Queries to Guide a Personal Health Improvement Plan	
Psychological/Social Queries	**Physical Health Queries**
Do I have quiet, reflective time for rejuvenating? Is there an opportunity for me to lead efforts to improve the practice environment so that a healthy milieu is created and maintained? How might I increase my opportunity for calm and solace? Is there an opportunity for incorporating meditation in my daily work routine? How do I increase my mindfulness? Alcohol intake inventory: Does my intake suggest a pattern of misuse? Depression screening Relationship health check: What is the status of my relationships? How do I want them to change and what do I need to do to achieve these goals? Am I safe from interpersonal violence?	Physical screenings. What is my current status? ■ Blood pressure ■ Blood glucose ■ Colonoscopy ■ Mammography ■ Lipid panel ■ Dental examination and cleaning ■ Vision examination ■ Sex-specific screenings: gynecologic or prostate ■ Hepatitis C virus testing ■ Bone health evaluation, including osteoporosis assessment if needed ■ Peripheral vascular health Sexual health, if sexually active: ■ Gonorrhea and chlamydia screening ■ Human immunodeficiency virus status ■ Am I a candidate for preexposure prophylaxis (PrEP)? Body mass index: ■ What is my height/weight/body mass? ■ How has my weight and body composition changed? Is this pattern cause for concern? Nutritional intake: ■ Meal patterns ■ Diet composition Tobacco-related behaviors Sleep patterns Exercise and physical activity routines

selectively recommended to *not recommended* and culminate in *uncertain* (AHRQ, n.d.). Specific USPSTF recommendations are provided with rationales, assessments, clinical considerations, burden of disease descriptions, and links to tools, including those for screening purposes. The ePSS provides an excellent guide not only for coordinating patient care but also for self-care planning. Many nurses work outside of primary care and keeping up with changes in primary care can be challenging for nurses who already struggle to maintain specialty expertise. The ePSS can be accessed via the web or downloaded onto a variety of electronic devices. It also has an application (app) available for smartphones.

The low rates of influenza vaccination among health care providers (HCPs) when compared to the 90% Healthy People 2020 target (Centers for Disease Control and Prevention [CDC], 2014) provides an excellent example of the need for advanced

nurses to act on primary care and CDC health recommendations—not only to protect patients but also to protect themselves and their loved ones. Advanced nurses should serve as role models to colleagues and to the public. The CDC analyzed data that were retrieved from an internet panel survey conducted on HCPs. Findings revealed that early 2014–2015 season flu immunization rates among HCPs were 64.3%. Vaccination coverage in descending rank order by occupation reveals that pharmacists had the highest coverage followed by nurse practitioners and physician assistants, physicians, nurses, and other clinical professionals (CDC, 2014).

Advanced nurses have a role to play in improving these rates, not only by personally contributing to successful immunization campaigns via self-immunization but also by (1) exploring policies mandating immunizations; (2) developing systems to track rates while identifying and responding to barriers; and (3) educating employees about the evidence that underlies the push to immunize for flu. Survey findings exposed learning needs of health care professionals by revealing that the most common justification for nonimmunization status was an inaccurate belief that flu vaccines do not work (CDC, 2014). The CDC recommends that flu vaccination should be conveniently accessible to health care works at no cost. While many health care systems do provide free and convenient vaccination, there is room for improvement and, in particular, more attention is required to long-term care employee immunization rates. This is only one example of where advanced nurses may contribute to improving the healthiness of work environments.

It may be difficult for advanced nurses to prioritize personal health needs. Many organizational cultures are more inclined to implicitly reward the sacrificing, busy, tired advanced nurse rather than the nurse who insists on time for exercise, healthy lunches, bathroom breaks, personal time, 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 nurses recognize the importance of teaching patients about health promotion and disease prevention. They may be neglectful of promoting these behaviors among colleagues and within their advanced practice peer group. Self-care is a worthwhile endeavor, but it must be a deliberately planned activity or it will be unaddressed. Advanced nurses should take the lead and promote smoking cessation, regular exercise, normal weight maintenance, snacking avoidance, routine healthy breakfast intake, regular sleep patterns with 7–8 hours nightly, and moderate alcohol intake. They can demonstrate this commitment to health as they strategically 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.

Advanced nurses influence through example. Those involved and engaged in professional activities 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 nurses who are less engaged. This premise applies to self-care practices as well. Advanced nurses cannot be haphazard in their approach to professional practice and must be equally disciplined in their approach to self-care. Leaders who manage their time and activities to benefit their health also benefit their families, colleagues, patients, and the organization (**EXEMPLAR 1-1**).

EXEMPLAR 1-1 The *Too Much to Do* Snare: Risking It All by Avoiding Self-Care

Judy Moore, DNP, RN, NEA-BC, is a busy administrator responsible for directing a cardiopulmonary program at a hectic university teaching hospital. Her partner, Tanya Johnson, MSN, RN, ANP-BC, is also very busy providing advanced care services in a primary care practice. Both Judy and Tanya are passionate about nursing practice and they work hard to satisfy the many professional demands of their respective roles. Their workdays begin early, typically arising by 0530 and ending late with a home arrival time that is usually around 1830. They have a teenage daughter living at home and an older son in college. Their financial status is secure although they both worry about paying for their son's college expenses while saving for their daughter's upcoming tuition following high school graduation. Judy's mother lives with them and she is helpful but does require some assistance managing her type 2 diabetes.

Judy does not provide direct care but is quite engaged with her team and values the close relationship that she has with managers and staff. Tanya practices in a stressful work environment that is understaffed and underresourced. Although she enjoys her job and is dedicated to the population that she serves, Tanya is conflicted about the toll that work is having on her personal health status and worries that she and Judy are failing to realistically address their personal health needs. Both women are 50 years old and experiencing menopause. Both are committed to service and teaching and they are actively involved in running health fairs and blood pressure screening events at their place of worship. They recently participated in a community blood glucose screening event. Neither is current in their age-appropriate screenings and immunizations. Judy has not had time for a mammogram for 2 years, and Tanya needs a vision screening given her family history of glaucoma and increased intraocular pressure findings revealed during her last appointment, approximately 2 years ago. Neither woman has had cervical cancer screening for the past 4 years.

During a particularly busy workday, Judy dropped in on the employee health fair with the sole intention of receiving the required influenza immunization. The fair booth had a variety of informational pamphlets and recommended Web resources. A Healthy Nurse, Healthy Nation™ (HNHN; http://www.healthynursehealthynation.org/) flyer caught her eye and she began to chat with a clinical nurse specialist (CNS) who had familiarity with the program and expertise in women's health. Judy shared with the CNS that both she and her partner were approximately 20–30 pounds overweight. They often purchased prepared meals and enjoyed ice cream and "treats" with a glass of wine or two in the evening before bed. Insomnia was a commonly experienced symptom for the both of them, and Judy had also noticed that she was waking in the morning with a cough, sore throat, and unpleasant taste in her mouth. She suspected that she had gastroesophageal reflux disease but was self-treating it with over-the-counter, intermittently administered medications.

The CNS enthusiastically encouraged Judy to consider exploring the HNHN website at home. Judy was intrigued enough to agree to do so with a tentative plan to speak with the CNS at some point over the following week. Later that evening, Judy and Tanya completed the HNHN survey and each responded to the queries related to nutrition, quality of life, physical activity, rest, and safety. Both were distressed to find that their survey results demonstrated high to moderate risk in every category. Tanya then suggested that they quickly take a look at the Agency for Health Care Research and Quality (AHRQ) Electronic Preventive Services Selector and conduct a candid evaluation of their current state of screenings and compile these results in combination with the HNHN survey results. Their daughter became involved in the conversation as well and

EXEMPLAR 1-1 The *Too Much to Do* Snare: Risking It All by Avoiding Self-Care
(continued)

pointed out that both parents were overweight, highly stressed, and poor sleepers. She followed this observation with questions about their family history. Judy and Tanya began to earnestly consider their genograms and were compelled to recognize that Judy's familial risk for cardiovascular disease and diabetes was well established; while Tanya had a clear pattern of cardiovascular disease, glaucoma, and breast cancer.

Later that evening, Judy and Tanya developed a prioritized list of the U.S. Preventive Services Task Force recommendations that were relevant to their circumstances. They created a checklist that included mammography, colonoscopy, cervical cancer screening, and eye examinations. Tanya noted that her practice was emphasizing the importance of hepatitis screening, particularly hepatitis C. Additionally, both noted that they had not been tested for human immunodeficiency virus (HIV). They shared their disappointment in their lack of attention to their personal health, particularly given the influence that these behaviors may have on their children's prioritization of health screenings and health-promotion activities. They reflected on evidence supporting that nurses are less healthy than the average American (ANA, 2018) and are more likely to be overweight and highly stressed. The nurses also agreed that feelings of sleeplessness and sleepiness were more typical than feeling rested and that they often lamented these concerns during conversations at the dinner table that extolled their fatigue, stress, and workload anxiety.

The couple developed a plan that included their daughter so as to demonstrate the importance of self-care and to role-model behaviors that they recognized as essential to healthy aging and quality of life. This plan included biweekly engagement on the HNHN website to explore suggestions, strategies, and peer support in partnership with other nurses. Other self-care management goals included:

Judy and Tanya committed to contacting their primary care nurse practitioner to arrange for:

☐ complete physical examinations
☐ lipid panels
☐ cervical cancer screening
☐ blood glucose screening/glycosylated hemoglobin
☐ hepatitis screening
☐ total body skin checks
☐ blood pressure screening
☐ referrals for mammography and colorectal cancer screening

Age-appropriate immunizations (please refer to https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html):

☐ tetanus/diphtheria/pertussis
☐ influenza
☐ pneumococcal conjugate immunization (see Centers for Disease Control and Prevention recommendations)
☐ pneumococcal saccharide immunization
☐ hepatitis A
☐ hepatitis B
☐ Shingrix (herpes zoster protection; https://www.cdc.gov/vaccines/vpd/shingles/public/shingrix/index.html)

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EXEMPLAR 1-1 The *Too Much to Do* Snare: Risking It All by Avoiding Self-Care   *(continued)*

Health promotion plan:
- ☐ routine exercise program including flexibility, strengthening, and stamina activities
- ☐ weekly shopping plan to include healthy foods and routine meal preparation
- ☐ reduced alcohol consumption
- ☐ reduced simple carbohydrates, including avoidance of white sugar and flour in meal planning
- ☐ a sleep program that includes restful downtime 1 hour before bed, herbal tea, and no electronic devices with a scheduled time frame that allowed for 7.5 hours nightly
- ☐ Scheduled eye examination

Judy and Tanya were pleased with their plan. They recognized the challenges but also appreciated the risks associated with a continued pattern of *too much to do and not enough time to do it!* They reflected on the piece written by Kreider (2012) and attached a small sign to their refrigerator, reading "Avoid the busy trap!"

The excited nurses brought their story to their colleagues at work and encouraged their nursing friends and coworkers to consider joining the HNHN™ Grand Challenge. They discussed the HNHN™ program with the nursing administration team and established an ad hoc committee to explore a partnership relationship with the program in hopes that the promotional materials and other resources might encourage participation (http://www.healthynursehealthynation.org/globalassets/all-images-view-with-media/partners/hnhn-gc-toolkit-final.pdf).

Judy and Tanya printed their primary care and health-promotion plan checklist and shared it as well. A few colleagues contributed additional items to the checklist. Many of the nurses shared their own personal health pitfalls and they collectively decided to support one another and celebrate those who came to work sharing stories about feeling rested and happy in their lives. They vowed to bring in healthy snacks to share rather than chips, pretzels, and soda. Caffeine consumption was discussed without resolution but there was firm resolve to cut back on caffeinated beverages during the second half of each shift. The nurses working with Tanya resolved to devote 15 minutes of each weekly staff meeting sharing health-promoting tips and exploring ideas for enhancing the healthfulness of the work environment.

Advanced nurses are encouraged to build on this health-promotion plan and consider the checklist created by Judy and Tanya. While doing so, advanced nurses should reflect on the following questions:

- How might an advanced nurse begin the process of learning to prioritize self-care, if this is an area of care requiring improvement?
- What barriers to self-care are often experienced by advanced nurses? How are some nurses able to manage these challenges? What may be learned from these "positive deviants"? (Refer to Chapter 9 for information about positive deviants.)
- What sorts of workplace changes could be designed to maximize the health care setting's positive impact on nurses' and other employees' health status?
- Is there a need for interprofessional opportunities for self-care support?
- What does the published literature reveal about workplace opportunities to improve employee health, including weight management, exercise, and stress reduction programs or self-care education?

Relationships Matter: Nurture Connections

In addition to attending to physical self-care needs, nurses usually recognize that relationships are important and need to be attentively tended to be healthy and resilient. Relationships require effort and engagement. However, nurses in all sorts of roles, including advanced nurses, 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 advanced nurses 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, these committed nurses may experience personal burnout as they juggle family, clinical work, scholarship, and organizational activities.

It is imperative for nurses 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 when working to effectively meet the demands of advanced nursing roles.

▶ Reflective Practice: Developing the Professional Self

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 revalidation (Royal College of Nursing [RCN], 2018). Registered nurses and midwives are required to develop a minimum of five written reflections related to selected activities. A template is provided to guide these written reflections and nurses are expected to reflect in and on action—defined as reflecting on an activity while in the midst of carrying it out or considering the practice event post hoc and creating knowledge from this consideration (RCN, 2018).

Tools are offered as resources to improve reflection, including a template to guide the written reflection, a list of tips to prepare reflections, a video that explores how to reflect as a component of revalidation, and RCN advice on reflection and reflective discussion (RCN, 2019). Several reflective models are provided to assist those nurses interested in a structured approach to reflections. Selected models highlighted by RCN (2018) include the reflective cycle by Gibbs, Johns's Model of Structured Reflection that connects reflective cues to Carper's (1978) patterns of knowing (specifically aesthetics, personal, ethics, and empirics), and Driscoll's (2007) cycle. Each model is linked to supplementary resource materials. The revalidation resources provide solid descriptive information and are rich with practical information, exemplars, and strategies (https://www.rcn.org.uk/professional-development/revalidation/reflection-and-reflective-discussion). Much of the work describing reflective practice as a strategy for facilitating continued, lifelong learning and for 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 plans 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 advanced nurses. It facilitates critical self-query and encourages movement toward the personal ideal of one's best nursing self. It is important to differentiate between thinking about daily work and reflecting on an experience, which requires intentionality and skill (Driscoll & Teh, 2001). Johns (2013) notes that reflective practice traverses from doing reflection to being reflective. Reflective practice demands the ability to analyze situations and make judgments specific to the effectiveness of situational interventions and the quality of outcomes. Johns (2017) offers a typology of reflective practices that can be quite helpful in appreciating the transition of moving from reflecting as an activity to reflection as a state of being. In other words, the practitioner moves from the act of doing reflection to the state of being reflective. When doing reflection, the practitioner contemplates on a selected situation post-event to learn and grow so that future practice is better informed. Reflective practices are considered within a typology that includes: reflection-on-experience; reflection-in action; the internal supervisor that involves self-dialogue simultaneous with conversing with another as a sense-making and response process; and, a reflective practice type of being mindful. The reflective practices transition moves from a technical/rational mode to one of professional artistry (Johns, 2017, p. 7).

Johns's work on reflective practice challenges nurses to think differently about experiences that may typically be viewed as routine and yet, upon thoughtful reflection, are likely to be revealed as incredibly powerful. One particularly interesting quote that offers interesting fodder for reflection is shared by Johns (2013, pp. 4–5):

> *There are no easy answers to the life problems that face patients and nurses who strive to care. When we think we know the solutions to complex situations, we endeavor to apply such knowledge, yet when we seek to impose control of events through applying such knowledge, we somehow miss the point. Practice is a mystery, drama unfolding. We may have had similar experiences but not this one. We draw parallels but it is not the same.*

Typically, nurses are inclined to keep care practices the same, as there is comfort in routine. Long-established rituals provide security. Reflection encourages nurses 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.

Driscoll and Teh (2001) note that the benefits of 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. There are also downsides to reflective practice:

Finding the time, being less satisfied with the status quo, being labeled as a trouble-maker, and having more questions than answers are a few of the challenges associated with the deliberate examination of practice (Driscoll & Teh, 2001).

Advanced nurses may want to consider the various reflective practice models and look for opportunities to connect with a view that is particularly appealing or, conversely, a model that challenges an individually held worldview. In general, the models encourage nurses 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 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. However, rather than offering critique of alternative models of reflective practice, Johns (2013) suggests that nurses should reflect on the models and develop insights into what might work best in practice.

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 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).

▸ Mindfulness as a Strategy to Promote Well-Being

Mindfulness is a type of meditative practice that may be viewed as a technique, strategy, intervention, or a way of life depending upon cultural influences and philosophical beliefs (Myers, 2017). Acute awareness of the present can help nurses experience

relaxation, tranquility, and self-attentiveness. Myers (2017) asserts that cultivating mindfulness in deliberate fashion can promote self-care and assist nurses in promoting well-being, particularly given the stressful practice environments in which nurses provide care. Advanced nurses have challenging roles with stressors that are multifactorial and contribute to burnout and chronic stress responses. Developing mindfulness as a component of reflective practice takes time and a commitment to regular and frequent practice. There are many free resources that offer opportunities for nurses in advanced roles to support and encourage subordinates, colleagues, patients, and families to also learn to take advantage of the benefits afforded by mindfulness meditation (**TABLE 1-2**). Wise advanced nurses need to keep in mind Myers's (2017) admonition that if leaders expect their employees to care for patients in environments that are safe, supportive, respectful, and transparent, they "must care for their employees by supporting mindfulness practices that promote well-being, joy, and meaning in the workplace" (p. 265). Of course, advanced nurses who accept this challenge will need to be knowledgeable about reflective practice and mindfulness so that they can model these desired behaviors and practices for staff.

TABLE 1-2 Opportunities for Nurturing Mindfulness		
Type of Resource	**Web Address/Contact Information**	**Descriptions/Notes**
Professional Associations/Organizations		
American Mindfulness Research Association	https://goamra.org/	Scientific database of references available for download. Links to mindfulness centers and programs.
Mindfulness Association	http://www .mindfulnessassociation .org/Home.aspx	Offers courses and resources with an emphasis on long-term, systematic training.
Center for Mindfulness in Medicine, Health Care, and Society	https://umassmed.edu /cfm/training/	The Oasis Institute is housed in the center and provides professional education and training. The center's website provides a rich repository of evidence-based recommendations, class options (online and onsite), and video resources as well as other learning supports and opportunities.

Type of Resource	Web Address/Contact Information	Descriptions/Notes
Mindfulness Everyday	http://www.mindfulnesseveryday.org/	Charitable organization that provides programs on mindfulness and mindfulness-based stress reduction for people of all ages.
Mindful	https://www.mindful.org/free-mindfulness-apps-worthy-of-your-attention/	A mission-driven nonprofit that publishes a bimonthly magazine, *Mindful,* and offers workshops, conferences, and networking opportunities to support mindfulness.
Applications for Electronic Devices (refer to Web address or app stores for details)		
Insight Timer (Newman, 2017)	https://insighttimer.com/	
Aura (Newman, 2017)	https://www.aurahealth.io/	
Omvana (Newman, 2017)	http://www.omvana.com/	
Stop, Breathe, and Think (Newman, 2017)	https://www.stopbreathethink.com/	
Calm (Newman, 2017)	https://www.calm.com/	
The Mindfulness App (Abate, 2017)	App store	
Headspace (Abate, 2017)	App store	
MINDBODY (Abate, 2017)	App store	
Buddhify (Abate, 2017)	App store	
Insight Timer (Abate, 2017)	App store	
Smiling Mind (Abate, 2017)	App store	
Meditation Timer Pro (Abate, 2017)	App store	

Nurses should consider that the tension between vision and current reality creates 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 (2004) suggests that reflection is a learning process that may develop tacit knowledge. One vehicle for reflection is journaling, whereas others include poetry writing, sharing stories, and creating a portfolio.

▶ Professional Portfolios: Opportunities to Gather Personal and Professional Insights

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 advanced nurses, as well as other nurses, 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. Advanced nurses also should evaluate the various portfolio components and identify strengths, challenges, and gaps in knowledge, expertise, or experience. The professional portfolio provides a context to examine subsets of 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 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 experiences (McMullan et al., 2003). A profile is derived from the personal portfolio and the materials selected for inclusion should vary according to the audience and the purpose. For example, a Nurse Practitioner applying for advanced practice role

recertification might select a portable document format (pdf) 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 APRNs seeking credentialing when certification examinations in unique clinical specialty areas are unavailable. Some agencies use professional portfolios as tools that document the professional development necessary for advanced practice and, in some cases, validate excellent performance (Chamblee, Dale, Drews, & Hardin, 2015).

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). 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. One analysis paper published by NCSBN (2005) explored continued competence in nursing and the important issues and challenges associated with regulating competence and assuring the public that competence is, in fact, present. NCSBN identified the barriers to establishing a national system for competence regulation and described the various state-level efforts to address competence.

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. Unsafe nursing practice poses public risk and, as a result, assurance of professional competence is a perpetual concern that requires consideration and regulation supported by states' consensus.

Variability across states regarding licensure and practice regulations is concerning and confusing to the public. Some states do not require continuing education, and some have varying title protections with differing licensure requirements and educational mandates. The Pew Health Professions Commission (1998) and Institute of Medicine (2011) raised similar 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). Advanced nurses must give serious thought to strategies for demonstrating competence, particularly given the breadth and depth of the scope of advanced practice and the varying competencies and standards applicable to each advanced nursing role, whether an APRN role or a role associated with advanced certifications that build on recognized standards 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). A portfolio showcases accomplishments and serves to display the unique experiences of an individual nurse's professional efforts and expertise (Chamblee et al., 2015). The idea of a professional portfolio originated with professionals who were expected to display their work in a portfolio (e.g., artists, models, and architects). Portfolios offer advanced nurses a chance to reflect on achievements, develop goals, and forge new insights. In some cases, a portfolio may be required for professional advancement. A portfolio is also useful for developing clinical career pathways (Joyce, 2005) and is frequently encouraged within academic centers as a vehicle for self-assessment and professional development.

Portfolio contents vary, but most include a résumé or curriculum vitae (CV), 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. Typical portfolio components may also include evidence that support an individual's experience with the appraisal of colleagues including mentoring, educating, and precepting. Evidence-based practice activities are also often included (Chamblee et al., 2015). In general, a professional portfolio is an excellent way to organize personal best work products for private perusal, while also serving as a vehicle for showcasing work efforts to future employers or to peer review panels. Portfolios can 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 as an electronic folder, expandable file folder, a three-ring binder, or any form that is portable, professional, and visually appealing. An electronic portfolio is likely the best choice given that it can be easily printed into hard copies. It is also readily backed up, secure, and conveniently shared with others via email, share services, or other modalities. Creating the portfolio in an electronic form suggests that the advanced nurse is comfortable with technology and has an appreciation for the benefits of keeping current with required skill sets.

Another less obvious benefit of an electronic versus hard copy portfolio is that credentialing applications are more efficiently submitted using copy and paste functions across electronic mediums. The American Nurses Credentialing Center (ANCC; http://www.nursecredentialing.org/) offers an individualized member's database that can be regularly updated and used to inform applications for certification examinations or certification renewals. This database serves as an electronic portfolio, including information about continuing education, academic credits, presentations, publications or research, preceptorship experiences, and professional service.

Advanced nurses should carefully consider the contents of the portfolio. If too much documentation is included without sufficient organization, it can become unwieldy and overwhelming, regardless of whether the portfolio structure is print or electronic. In general, view the portfolio as a valuable tool for formative assessment

rather than summative assessment. Formative assessment is used to monitor professional progress and guide development, whereas summative assessment is used to measure proficiency or appraise performance. Portfolio perusal provides evidence of professional growth over time rather than providing a summary of advanced nurses' expertise or talents.

The Printed Portfolio

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 et al. (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. Even if the portfolio is housed in electronic form, keep the recommendations for hard copy portfolios in mind when printing select content areas. The intended audience is an important consideration. Do not assume that sophisticated technologies are always best. There are times when the intended audience may not have easy access to cloud storage, software platforms, or speedy Internet. In these events, a high-technology portfolio may elicit frustration from the intended viewer and an attractive, readily available hard copy portfolio may be the best option.

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. 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 sixth edition of the *Publication Manual of the American Psychological Association* (2009) 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.

The Electronic Portfolio

Electronic portfolios have many advantages over traditional hard copy portfolios. They are easily revised, stored, shared, and protected. Selected documents and activities can be quickly shared and spell check, grammar check, and formatting tools

are readily available and handy. As electronic devices 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 encourage advanced nurses to consider developing an electronic portfolio rather than a paper copy. Electronically produced portfolios validate nurses' technology skills and suggest that the advanced nurse is technologically savvy. Certainly such an impression is important given the high-tech nature of many health care settings. Do consider that many notebooks, tablets, and other electronic devices are no longer built with CD or DVD drives. Although how an advanced nurse decides to store electronic data for easy access is a personal choice, it may be best to consider a cloud service or large file transfer system as an option for delivering portfolios to intended recipients. Doing so will avoid possibly vexing access issues.

Flash drives, also known as thumb drives or USB drives, are easily attached to key rings, attaché cases, or handbags and are conveniently shared. A thumb drive may hold up to 1 terabyte of data and is the size of a stick of chewing gum. Keep in mind that the greater the memory capacity, the more expensive the flash drive. A 1-terabyte drive may cost approximately $50. Lower capacity drives may be purchased at a more reasonable cost; however, it is important to select a flash drive that has the capacity to store the entire portfolio. The portfolio may demand significant memory if it includes videos, hyperlinks, presentations, and other multimedia files. Many electronic devices have USB ports making the flash drive a convenient and likely practical choice for physically transporting the electronic portfolio.

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 advanced nurse. 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 to include a video stream of an actual slide show presentation that includes the advanced nurse interacting with the audience. The possibilities are practically endless and it is this sort of creative effort that builds on reflection. Keep in mind that few people will want to view numerous full-length presentations or program events. Rather, it is best to also reflect on the sections of a presentation that provide the richest opportunity to best represent the total work product.

The Web-Based Portfolio

There are an increasing number of Web-based commercial options for maintaining a professional portfolio. In general, the consumer begins by establishing an account for a set fee. Once the account is created, the advanced nurse 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 Heart Association, Sigma Theta Tau International, the Academy of Medical Surgical Nurses, and multiple health care systems and agencies use electronic portfolio services offered through HealthStream (2017). This is one example

of a talent management system that combines credentialing, education, and other administrative features using a comprehensive Web-based system. These types of systems are increasingly popular to provide standardized and timely documentation of education and credentialing as well as to centralize data collection and analysis with attention to improving various outcomes. While this is one example of a fee-based product, the benefits of a systemwide electronic portfolio are somewhat similar to the benefits of establishing and maintaining an individual professional electronic portfolio.

Potential Risks of Portfolio Assessment

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 nurse makes a mistake in this particular area of practice, potential defense from lawsuits may be problematic. At this point in time the concern is unresolved but recognized.

▶ Publicizing Professional Experiences and Expertise: The Curriculum Vitae and Résumé

Advanced nurses must develop and maintain a written log that showcases their education, work history, contributions to the profession, awards and honors, and other key components that demonstrate a richly engaged professional life. This record may be in the form of a CV or résumé. Many advanced nurses have both types of records available for relatively quick review. They differ from each other but both require constant maintenance and each has a unique role to play as advanced nurses progress in their professional development.

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* ("life") (Weinstein, 2002). The advanced nurse should view the CV as the "door opener" to opportunity. It should accurately reflect the accomplishments and interests of the advanced nurse while providing the viewer with a solid sense of the nurse's professional identity. The CV is a marketing tool as well as a record. The acknowledged four Ps of marketing include *product*, *promotion*, *price*, and *position*. Weinstein (2002) suggests that the fifth P is *portfolio*. It may be that a sixth P is worth acknowledging and avoiding—specifically, *padding* of the vitae. Cleary, Walter, and Jackson (2013) describe padding as "misrepresenting one's achievements or contributions to a particular field, with the aim of inflating one's record or role(s) for the purpose of securing an unfair advantage over others in competitive endeavours [*sic*]" (p. 2363). CV padding is usually more subtle than overt record falsification but is still a dishonest approach to self-representation (**BOX 1-1**). Advanced nurses should make certain that they regularly update their CVs and also carefully scrutinize the document to ensure veracity.

BOX 1-1   Padding the Curriculum Vitae

- Overstating work responsibilities, including supervisory and budgetary accountabilities
- Suggesting a greater contribution to a project, manuscript, research protocol than is accurate
- Listing published abstracts from podium presentations or poster presentations as though they are published manuscripts
- Claiming credit for student work products without fully acknowledging the actual percentage of contributed effort
- Listing committee memberships without having participated or engaged in the committee's work efforts
- Documenting works "in progress" or "under review" when the work has stalled or has been reviewed on several occasions without likely publication
- Failing to specify when professional activities have been invited or subjected to blind review
- Avoiding to note when positions are rotating appointments (e.g., taking turns) versus competitively elected roles
- Citing awards and recognitions without describing the selection process as noncompetitive, juried, peer reviewed, or student/staff initiated
- Documenting fellowships without sharing significant details, including competitive versus noncompetitive admission processes
- Taking credit for work setting projects that were group endeavors and overstating outcome improvements

TABLE 1-3   Résumé and Curriculum Vitae in Contrast

Résumé	Curriculum Vitae
Overview	Extensive description
One page in length—never more than two pages	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

The CV differs from a résumé (**TABLE 1-3**). There are general, customary guidelines for CV structure. Use a standard font and consistent font size. Although bold may be used, avoid designer fonts, colors, 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. Using spell check is critical.

CVs should be printed as one-sided documents usually on quality paper. In general, the advanced nurse 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 advanced nurse may find it necessary to electronically send the CV, and a paginated header or footer will assist the recipient in keeping the document organized.

Structuring the Curriculum Vitae

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 and/or mobile phone number. Include the preferred email contact information. Make certain that each provided phone number is connected to a voice message that is professional and is readily identifiable as the message center for the applicant. Consider that the provided email address should be designed with return address information, including any quotations or expressions that have been added to the address that is appropriate and helpful.

Although some older publications recommend including a social security number (Hinck, 1997), given the possible distribution of the CV and the threat of identity theft, this is not a wise decision. Professional license numbers and certification credentialing should be included.

In writing, 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 advanced nurse is submitting a CV to self-nominate for a key leadership position of a professional organization, the applicant may want to consider reformatting the CV to highlight the skills and experiences that are requisite for this type of opportunity. It is easy to revise and update word-processed CVs, but make certain to save revised files by the revision date for easy access.

There are many ways to structure a CV. Most list recent experiences first and move in a reverse chronological order. For example, in the education section, 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 APRN or as an advanced nurse with specialty expertise is increasingly important for practice, albeit inconsistently regulated at state levels or unevenly required across health care systems. The advanced nurse 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 patients or client populations.

All types of publications should be listed. Consider separating publication types: research versus nonresearch, and refereed, nonrefereed, invited, and newsletter contributions. List newsletter publications 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, blinded or nonblinded. Be clear about whether published abstracts pertain to competitively selected podium presentations at local, regional, state, national, or international venues versus poster presentations or group symposiums.

For the advanced nurse who has not yet published or has done so but scantily, consider this area as a possible area for development. There are beginning opportunities to publish, including book reviews, newsletters, and letters to 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 there is no publication credit, simply leave this topic off the CV. Do not include the heading and note "not applicable" or "none."

Grant applications, successful or unfunded but competitively scored, are important indicators of professional efforts. The type of grant should be notated—for example, federal, state, or local agency; competitive nature of the grant; funding request/award; contribution to the grant application endeavor if multiple people worked on the submission; and any other details that assist the reader in appreciating the significance of the grant. If there are multiple unfunded and poorly scored grant applications, it may be best to not include them on the CV. While they do demonstrate effort, there is a possibility that they also represent a lack of organization, writing ability, or appreciation for the priorities of the funding agency. Of course, the grants environment is very competitive and this context requires some consideration as well. Again, reflection is needed to make good decisions about what to include or exclude from the CV.

Professional organizations should be included on the CV. Note any leadership positions within an organization. The advanced nurse should critique the depth and breadth of the active membership 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, as well as 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 nursing organization membership, particularly if there is a nursing organization that is solely designed to address the needs of nurses within the organization's specialty or to respond to policy or politics as the representative voice of nursing.

Honor society memberships should be included on the CV. Sigma Theta Tau, International is the worldwide honor society for nursing, and admission is competitive. Other honor societies should also be listed, including those that are outside nursing (e.g., Phi Beta Kappa or Phi Kappa Phi). Honor society memberships outside nursing 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 nurse 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 is important to include because each requires individual sacrifice and benefits 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 addressed in the cover letter.

If the advanced nurse has taught in a formal academic setting or participated in precepting or formal mentorships during clinical practical experiences, include a brief description of course responsibilities. For the experienced advanced nurse who has been involved in health care education, offer specific, factual information about program development and outcomes. If the nurse is a novice in the advanced field or new to the advanced role, consider including select educational activities that were part of the graduate educational program. Remember that appropriate CV style is terse rather than detailed and narrative so keep descriptions of graduate activities to a tightly woven minimum.

Designing the Résumé

The advanced nurse should keep in mind that résumés are quite different than CVs. A résumé is usually recommended as no more than two pages in length, although some suggest that the résumé can be too constrained when subjected to the two-page rule and should, instead, be crafted within whatever page length is needed to provide the required information. Advanced nurses should give the length serious consideration and if they make the decision to go with a resume that is longer than the generally accepted two-page limit, it is imperative that the résumé be succinct, actively voiced, tightly organized, and free of embellishments and unnecessary description. The résumé is meant to provide the necessary information without unduly burdening the reader by excessive length. Generally, the résumé represents a tightly constructed 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.

The employer-focused résumé differs from the traditionally formatted résumé in that it focuses on what the employer needs and wants from the potential hire. Résumés that are crafted with employers' needs in mind are designed to speak to the skills and competencies that are required of the successful applicant (Welton, 2013). Résumés can be devised in three formats, including chronological (organized by time in a sequential pattern of most recent to later events), functional, or a combination of the two (Welton, 2013). The chronologically organized résumé is the most common style and is likely the format that is less risky to submit given its familiarity to employers.

The résumé should begin with a header that identifies the name of the candidate, credentials, and preferred contact information. This section of the résumé is the only content that may be slightly larger in font size and in bold text. Otherwise, the résumé should be consistently formatted with a font size of 10 or 12. The credentials are important. They should be correctly listed; in other words, the credentials should

reflect the actual license or earned certification. For example, if an advanced nurse is certified as an Adult Health Clinical Nurse Specialist through the ANCC examination, the correct credential is ACNS-BC to represent the appropriate board certification. The credential should not be shorted or revised to CNS. This requirement holds true for all types of advanced nurses, including those in APRN roles or those with advanced certifications (e.g., Nurse Executive Advanced-Board Certified [NEA-BC]).

The customary order of credentials is as follows: highest academic degree earned; highest academic degree earned in nursing; professional licensure; certifications; honorary awards and fellowships. The distinction between highest academic degree earned and highest academic degree earned *in nursing* is often a moot point as many nurses in advanced roles have earned master's degrees or doctoral degrees in nursing. However, there are many nurses who do earn their highest degrees in disciplines other than nursing. In this case, if the license or certification that the nurse carries requires a particular degree, it may be reasonable to avoid including the highest nursing degree in the credentials list, particularly if the list becomes cumbersome (**TABLE 1-4**).

TABLE 1-4 Examples of Résumé Credentials		
Incorrect Credentials	**Corrected Credentials**	**Explanation**
Micah Ivers, M.S.N, B.S.N, NP, CCRN	Micah Ivers, MSN, RN, CRNP, ANP-BC, CCRN	Avoid periods. Use commas between credentials. Use the correct acronym of the earned certification credential. If CRNP is the license issued by the state and held by the candidate, it should be included.
Maria Rodriguez, DNP, MHA, BSN, RN, CRNA, FAAN	Maria Rodriguez, DNP, MHA, RN, CRNA, FAAN	The DNP degree requires the MSN or BSN so there is no need to include the BSN. The MHA (Master's Health Administration) is a nonnursing degree and may be included.
Frank Bruce, PhD, MSN, FNP-BC, CRNP	Frank Bruce, PhD, RN, CRNP, FNP-BC	Since an MSN is required for the FNP-BC certification, even if the PhD degree is in a nonnursing area (e.g., organizational behavior), it is common practice to avoid listing the MSN degree so as to avoid an overwhelming list of letters. If the state provides a required nurse practitioner credential designated as "Certified Registered Nurse Practitioner," the license should be included.

Welton (2013) suggests that it is best to avoid including doctoral degree candidacy status in the credential list. Although it is tempting for those who have nearly completed their doctorate to include PhD-C, PhD-Candidate, or DNP-Candidate, it is a highly controversial and, frankly, can trigger a negative reaction from employers, particularly those in academic positions. Candidacy status is only traditionally used by those in research degree programs who have successfully passed candidacy examinations and have transitioned into the dissertation phase. A second important point is that many people do not complete doctoral degrees, even those who have mastered the competency examinations. As a result, the candidacy credential is often viewed as a premature acknowledgment of degree completion and use of an implied degree that has not yet been earned.

It has been long-standing tradition to follow the résumé header with a statement describing the applicant's desired objective. These statements tend to lack impact because they address what the applicant hopes to obtain from the potential employer rather than responding to the needs of the person reviewing the résumé. The employer-focused résumé should offer a statement that describes the expertise and talents that the applicant has to offer to the employer, informed by the needs of the advertised position. Welton (2013) suggests that another opening approach is to provide a bulleted list or summary statement that describes the qualifications of the applicant based on the employment advertisement. This strategy potentially requires a résumé update with each submission but it may provide the sort of personalized, targeted approach that speaks to the employer who is looking for a specific skill set.

The education section typically follows the introductory information. Do not include high school data, including extracurricular activities. Do include all coursework, nursing and nonnursing, whether from a vocational/technical program, 2-year degree experience, and/or college education; include both undergraduate and graduate studies. In-progress educational endeavors should be included as well with an expected date of completion. Do not include anticipated degree programs if the plan of study has not yet been started. Welton (2013) recommends including the cumulative grade point average (GPA) if it is 3.0 or higher; however, keep in mind that most graduate programs require a maintained GPA of 3.0 or higher so a GPA that hovers close to 3.0 is actually not particularly impressive; rather, it is at or near the lowest required average. Generally, it may be wise to only include GPAs if they are exceptional overall. Otherwise, degree completion or continued enrollment in a program already support that the applicant has earned a satisfactory GPA.

For those advanced nurses who are new to their roles and have little work experience in their area of academic specialization, it is appropriate to include graduate student clinical/practice experiences, including graded projects and internship details. Once employment is found, the résumé is best served by deleting the graduate student experiences and focusing on employment projects and work experiences. Make certain to select important and quantifiable outcomes for each project that is listed on the résumé. Outcomes may be fiscal, quality based, productivity focused, or may relate to any number of focused areas of interest. Be specific but also remember to avoid padding the CV. Take ownership where appropriate and share credit as it should be shared.

Publications, presentations, research projects, and evidence-based practice endeavors should be included on the résumé. Depending on the richness of these experiences, it may be necessary to organize them using standard taxonomy. For example, research projects may be funded or nonfunded, and interdisciplinary or

unit/department based. Publications are often organized by invited versus blind, peer-reviewed statuses. Alternatively, if there are very few publications, it is reasonable to organize by chronological date and provide information that describes the individual percentage of effort, type of published media, and selection process.

Once the résumé is constructed, including pagination, make certain to solicit critique from colleagues and, if available, from those with relevant expertise. Editing suggestions should be actively solicited from those with experience. It is useful to add the last name to a footer with the page number so that if the résumé pages and cover letter become separated, the potential employer can correctly reconnect the pages and in the correct order.

Disseminating the CV or Résumé

Make certain to craft cover letters that accompany each distributed résumé. If responding to a job solicitation via traditional mail, the cover letter is included with the résumé. Keep the letter brief and in pristine form. Typographical errors or grammar mistakes offer a quick excuse for application removal from the candidate pile; so, careful proofing is essential. Make certain that the cover letter speaks to the job requirements described in the advertisement.

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 email 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 nurse 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. Emails require an address, but this address is often unrecognizable as an individual's name. Given the succinct, abbreviated nature of email, a salutation of some form may not even be necessary, thereby releasing the advanced nurse from finding out the 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 nurse 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, effort should be made 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 advanced nurse should begin the letter with an appropriate salutation. For example, if a CV is required by an organization for award consideration, the applicant may wish to begin the cover letter with "Dear Awards Committee Representative."

If the cover letter and CV or résumé are sent electronically and it is important to ensure that they have been received, use the email 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 sender to verify that the materials were received in a timely fashion.

If a CV or résumé is being mailed, particularly if they are related to an important professional opportunity, 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 advanced nurse who may need to substantiate that the CV was mailed and received. These confirmation and verification suggestions are applicable to any situation in which the nurse is committed to replying to a request for written materials or submitting completed work.

If the advanced nurse is looking for a position and is considering using a Web-based job search engine, 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.

Many resources are available for creating résumés. Advanced nurses interested in constructing a résumé should cautiously use these resources and request guidance from experts. Although many are Web-based and user-friendly resources, they can be difficult to revise and reformat. Software templates may also be difficult to reformat. Keep résumés and CVs clean and avoid creative fonts, colors, and styles, including bullet types. Developing the document without using a template may lead to a document that has greater utility and more efficient revising options. Some advanced nurses may choose to disseminate their open access publications by posting their CVs on the Web and using hyperlinks to connect to their work products (Kousha & Thelwall, 2014).

Providing References: Points to Consider

The advanced nurse 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. It is increasingly common for employing agencies to have policies in place about whether supervisors are permitted to provide references for current or previous employees and, if so, permissible information parameters. Some workplaces will not permit references while others may require that human resource department personnel generate any and all references. These rules are designed to protect the referring agency from liability but they can create challenges for the applicant and for the potential future employer.

Nurses who are new to their advanced roles may be uncertain as to 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 the advanced role position in question. 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 and this poor choice may provide a reference letter that does not speak to the relevant talents of the applicant.

Instead, the advanced nurse applicant should consider requesting references from a previous preceptor, a faculty member with responsibility for evaluating end-of-program work, a recent employer, or a 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.

One helpful strategy that the applicant may wish to consider is to offer to the potential referring professional a copy of the résumé to assist with developing reference letter content. Another useful option is for the applicant to craft a one-page categorized bulleted list of key activities and accomplishments that are relevant to the position of interest so that the referring professional can handily view dates, activities, and brief descriptions to more readily craft a meaningful reference. Make certain to offer this supplemental tool and provide it only if the person agrees that it would be helpful. Providing a résumé is always acceptable and it may be provided with the reference letter template or form, if one is provided. If not, the résumé can be shared at the time of the request for the reference.

Contributing to the Meaningful Work of Professional Associations

There are so many professional organizations that it would be nearly impossible for an advanced nurse in any role or specialty 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 ANA's website (www.nursingworld.org) or other large nursing organization's 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 nursing work and the often simultaneous demands of family and other personal commitments, advanced nurses need to carefully craft a personalized strategy for involvement in professional organizations (**BOX 1-2**). In other words, it may be wise to carefully consider personally important aspects of professional association membership and, having prioritized these concerns, identify the most logical organizations for membership.

Professional associations offer members opportunities to develop new skills, network, and participate in relevant continuing education programs (Escoffery, Kenzig, & Hyden, 2015). Organizations can be a terrific vehicle for recruiting new employees or finding a new professional position. Opportunities to develop relationships with people who otherwise would have been inaccessible or unknown are also highly valued aspects of association membership. Fully engaging in a professional organization is a win-win situation for both the member and the organization. The member contributes to the life of the association and assists in supporting its goals while the organization uses its clout and resources to advocate for its members (Escoffery et al.,

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BOX 1-2   Audit to Assist in Selecting a *Best-Fit* Professional Association Membership

The advanced nurse 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: electronic versus hard copy?
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. Volunteering options and ease of getting involved
11. Mentoring prospects
12. Leadership and networking possibilities
13. LISTSERV opportunities

2015). Membership and leadership in associations demonstrate the advanced nurse's commitment to the profession and illustrate the nurse's understanding of collective power and responsibility.

Stepping Up and Stepping In: Getting Organizationally Involved

Advanced nurses 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. Many nursing organizations are experiencing stagnant or declining membership (White & Olson, 2004). Nursing societies are struggling with declining memberships, an aging nursing workforce, increasing expenses, and competition among professional organizations for both members and leaders. 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 health care agenda items.

When an advanced nurse joins a new nursing organization, the nurse should anticipate that active involvement can be easiest to initiate 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. For those who cannot commit to a contribution of time and presence, encouraging others to join or donating monies has a positive impact on the association's fiscal health and energy.

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 website for the Oncology Nursing Society (ONS, 2016) devotes a section of the member center 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 (downloadable pdfs) on the website, which is very user friendly. The American Association of Critical Care Nurses also offers lots of information on its website, including a *Volunteer Opportunities* page that describes current needs and provides profile forms for application (American Association of Critical-Care Nurses, n.d.). These opportunities are wonderful networking vehicles for advanced nurses with an interest in acute and critical care. Other associations also solicit volunteers for any number of activities, but some are not as overt in their search. One such example is the American Nursing Informatics Association (https://www.ania.org/). A *volunteer* tab or section is not available on its website; however, a search using key word *volunteer* reveals opportunities for involvement. In addition to using the search tools available on organizations' websites, consider contacting the local chapter or national office and ask for information about calls for volunteers.

Connecting Professionally in an Electronic World
Listserv Opportunities

There is an increasing number of email lists, discussion boards, open forums, and chat opportunities for advanced nurses. One particularly useful tool for connecting with health professionals that share a common professional interest or practice area is the listserv. 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. Upon joining any type of email list, it is a good idea to print instructions for future reference or save a screen shot for convenient access to the participation "rules" of the list, including temporarily halting emails, disconnecting from the list, or rejoining. Instructions for joining always include the instructions for withdrawing from the list.

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 email address. Many lists are interprofessional and offer opportunities for engaging with a broad network of professionals. Lists vary in their audience of interest. Some lists address the needs of a particular group of nurses or health care professionals. For example, the CNS Listserv is designed to encourage connections and support shared expertise between CNSs. There are opportunities for nurse practitioners, specifically, to join a listserv and there are options for the broader group

of APRNs to contribute to lists that address a broader range of subjects that relate to advanced practice. Other groups address particular subject areas; for example, the AHRQ recently initiated a TeamSTEPPS LISTSERV for professionals interested in exchanging ideas and needs specific to this particular program (Washington Patient Safety Coalition, 2016).

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

There are often guidelines for contributing to list discussions (**BOX 1-3**). Advanced nurses 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. The connection may be weak but must be readily apparent. The advanced nurse must remember that the list is absolutely *not* for marketing or profiteering use of any sort.

List participants 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. If each member follows the rules, the communications and connections can be useful and the networking opportunities cannot be beat. Advanced nurses often share policies, procedures, instruments, tools, product evaluations, experiences, and sage advice via the listserv.

Discussion Boards and 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

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BOX 1-3 Listserv Rules of Engagement

Generic rules for polite listserv participation:

1. Use no commercial advertisements of any sort.
2. Remember that listserv participation is open to the world. There will 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 yous" 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. Avoid use of inappropriate or generally offensive language or slang.
7. Do not post personal information to a listserv. Private contact should be handled through email.

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, is reportedly the largest peer-to-peer nursing site across the globe with over 1 million members and over 1,700 posts each day from nurses around the world (Allnurses, n.d.). Discussion topics vary and are organized by subject. A variety of advertisements are posted on the website offering products, including education and employment opportunities, targeted to nurses. As mentioned, courtesy is required, and discussion board rules are clearly posted for review.

Essential Electronic Expertise

Technology skills are essential for employment in an advanced role. There is simply no way to effectively practice in today's health care environment without a basic understanding of commonly used software products. Technological competence in electronic mail, Excel, PowerPoint, Word, and Internet search strategies is particularly important. Database software familiarity may also be useful (e.g., Microsoft Access).

Technological competence is increasingly viewed as a routine expectation of advanced nurses. Abstracts for professional organization conferences as either poster or paper presentations increasingly mandate electronic submissions. Many organizations require the use of PowerPoint™ software 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 or for online viewing, synchronous or asynchronous. 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-mm 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 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. YouTube (https://www.youtube.com/) is an excellent resource for instruction on technology. A simple search using "How do I use EXCEL?" retrieved over 5 million results.

Hardware familiarity is also valuable. Mobile tools like phones and tablets use android or iOS (i Operating System or Internet Operating System). Android is an open source software that permits users to download the base software at no charge and build on it. As a result, there are many different types of android devices and accessories. In comparison, iOS is an operating system for mobile devices that was created by Apple, Incorporated and is used in Apple products including iPhones and iPads. Products that use either Android or iOS operating systems are popular and

incredibly powerful. Advanced nurses must work to develop expertise with mobile devices. Drug databases, clinical references, personal scheduling, wireless access, email options, and electronic medical record systems are increasingly designed for mobile devices. Most systems, whether android or iOS, are easy to use and intuitive. Many of the mobile programs and devices are accessible to desktops as well as the handheld devices making it easy to have uninterrupted data access.

▶ Certification: A Value-Added Enhancement

Nurses 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 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 to allow for patient access to APRN services. The model has significant implications for advanced 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). Advanced nurses of all types 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. Conversely, advanced nurses with responsibility for personnel management and program planning or program operationalization need to understand the APRN Consensus Model so as to make decisions that are consistent with policy recommendations.

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. For CNSs in particular, this proposal is quite a change and requires careful deliberation as they plan for their professional futures or nurse executives craft strategic workforce plans. For example, CNSs may identify themselves as specialized in "critical care" or "oncology" without regard for population. The APRN Consensus Model requires CNSs to be educated in 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 selected population of study would become the licensed population based on certification. Specialization would not be a component of licensure.

APRN Certification Opportunities

ANCC (2017) is a subsidiary of the ANA and is responsible for promoting worldwide excellence in nursing and health care through credentialing programs. It offers advanced role and APRN certification examinations. ANCC also provides individual portfolio creation and maintenance to facilitate future certification renewals. Certification examinations are not inexpensive but keep in mind that certification examination

development is expensive. Examinations are not constructed for practice areas that are unpopular or underutilized because examination integrity necessitates a high number of users to support test bank development and test validity.

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