

SPOTLIGHTING
Ambulatory Care
Nursing

aaacn ViewPoint

The Voice of Ambulatory Care Nursing

The Faces of Ambulatory Care Nursing



Gwendolyn Brown, RN

Infusion Center
Atlanta, GA

In the ambulatory care setting, patients can interact with each other and with us. We deal with death and dying, but we also see the joy of remission and getting well.



Beverly Kruse, RN, CRRN

Case Manager,
Chronic Special Needs Program
Denver, CO

I chose the ambulatory care setting because it is where the first and ongoing medical interventions take place. Cooperative relationships develop with patients, which allow me to make a difference.

AAACN: A Collaborative Community

Catherine Futch, MN, RN, CNA, CHE, CHC

The American Academy of Ambulatory Care Nursing (AAACN) is a community of ambulatory care nurses bound by their interest and commitment to providing care in settings other than the traditional inpatient setting.

AAACN members come from a wide variety of arenas (ambulatory surgery centers, medical offices, dialysis clinics, infusion centers, call centers, home care, managed care, hospice, case management, and more... much more). They come representing a variety of positions from staff nurse to senior

administrator and all points in between. They provide care to patients and those who love them across the life spectrum from pre-birth to a peaceful death.

While all AAACN members may have some unique reasons for joining the association, there are some expectations that are common among most members. They want education to stay in tune with new and emerging trends in the delivery and management of health care. They want to network with their friends and colleagues from across the country to

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From the PRESIDENT

AAACN Viewpoint

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 American Academy of
Ambulatory Care Nursing

Real Nurses. Real Issues. Real Solutions

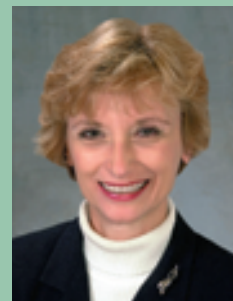
Dear Colleagues,

Welcome to this special issue of *Viewpoint*, which could be called "AAACN member, this is your life!"

You may have seen a new series that runs periodically in the newsletter, "Nurses Telling Their Stories." In keeping with this theme, the AAACN Board of Directors felt it was time not only to celebrate who we are, but also help us all to articulate that to our colleagues, our customers, and the public. Personally, I frequently find myself in situations in which someone asks me what I do and then they either look puzzled or have the assertiveness to admit they don't know what ambulatory care nursing is. No, I don't work out of an ambulance. Sound familiar?

This issue is rich with our story, as a nursing specialty and as a professional organization. On the cover, AAACN President-Elect Catherine Futch presents an informative and inspirational article about our identity, the value of AAACN membership, and what it means to be a member of the AAACN community. In her article on leadership on page 3, Nancy Kowal underscores the ways we can emerge as leaders in this community. Key articles from past issues of *Viewpoint*, written for us by other distinguished leaders Cynthia Nowicki, Sheila Haas, and Beth Ann Swan, highlight how we might demonstrate the value of ambulatory care nursing practice (see pages 14 and 16). Other articles describe credentialing through certification, use of AAACN products, upcoming conference learning and networking opportunities, and much more.

We hope you will enjoy reading these articles, and that the material will be helpful in polishing your own talking points. Feel free to share the newsletter far and wide, as it voices our pride – and yours – in our specialty and our association. Additional copies may be obtained by contacting the National Office at 800-AMB-NURS.



Candia Baker Laughlin

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Ambulatory Care Nursing Defined

Ambulatory care nursing is a unique realm of nursing practice. It is characterized by rapid, focused assessments of patients, long-term nurse/patient/family relationships, and teaching and translating prescriptions for care into doable activities for patients and their caregivers. Ambulatory care nursing is a specialty practice area that is characterized by nurses responding rapidly to high volumes of patients in a short span of time while dealing with issues that are not always predictable.

Definition of Ambulatory Care Nursing (AAACN/ANA, 1997)

1. Ambulatory care nursing includes clinical, management, educational, and research activities.
2. Ambulatory care nurses work with patients who seek care for health promotion, health maintenance, or health-related problems.
3. Ambulatory care patients provide their own care or have family or significant others as caregivers.

4. Ambulatory care nursing encounters are episodic and are less than 24 hours in duration. Encounters may occur singly or in a series lasting days/weeks/months/years.
5. Ambulatory care nursing sites are community-based in hospitals, schools, workplaces, or homes.
6. Ambulatory care nursing encounters may occur face-to-face or via telephone or other communication device.
7. Ambulatory care nursing services focus on cost-effective ways to maximize wellness and to prevent illness, disability, and disease.
8. Ambulatory care nursing services also support patients in management of chronic disease to effect more positive health states throughout the lifespan up to and including a peaceful death.

Source: Robinson, J. (Ed.). (2001). *AAACN Core Curriculum for Ambulatory Care Nursing*, pp. 3, 5. Philadelphia: W.B. Saunders.

AAACN's Leaders Steer a Steady Course

Elected officers and volunteers keep the association dynamic and progressive. Newcomers are welcome and opportunities abound.

Nancy Kowal, MS, RN,C, NP

The evolution of leadership within an organization is critical to its survival. To maintain a steady stream of qualified leaders it is essential that the organization have a process for succession planning and develop new leaders to take the place of those who have completed their leadership terms.

Leadership succession includes assuring there are opportunities for interested members to accelerate their involvement within the organization. It also provides for mentoring and ongoing development of new and evolving leaders.

There are many opportunities for members to develop or refine their leadership skills within AAACN. Members can participate in a Local Networking Group (LNG), join a Special Interest Group (SIG), serve on a variety of committees (Practice, Evaluation, and Research; Program Planning; Web Site Advisory; Membership), write articles for *Viewpoint*, and/or seek elected office to name just a few. (For more information on AAACN SIGs, LNGs, and committees, see pages 18-19).

Local Networking Groups (LNGs)

Members who choose to be involved in an LNG will make new contacts and learn more about ambulatory care nursing in their specific part of the country. They will have the opportunity to serve as a leader within the LNG or as an educator for the LNG's members.

Special Interest Groups (SIGs)

SIGs provide opportunities for members to share common interests and concerns within a specific practice area or subspecialty of ambulatory care nursing. There are several SIGs to choose from including Pediatrics, Telehealth Nursing Practice, Tri-Service Military, Staff Education, and Veterans Affairs. Within each SIG, members can be active participants and if they choose, they may seek



AAACN's Executive Director, Cynthia Nowicki (far left), joins the AAACN Board of Directors. Shown (from left) are Kathleen Krone (treasurer), Regina Phillips, E. Mary Johnson (immediate past president), Debbie Brigadier, Catherine Futch (president-elect), Nancy Kowal, and Candia Baker Laughlin (president). (Not pictured: Beth Ann Swan, secretary.)

to be elected by their peers as a SIG chair or co-chair. Serving as chair of a SIG will in turn lead to a new opportunity: the SIG Oversight Committee. This group consists of a chair, co-chair, the chairs of each AAACN SIG, and a board liaison. Members who serve this way can also expand their leadership involvement even further by seeking the role of chair or co-chair of the SIG Oversight Committee.

Committees and Task Forces

Committees: Members may choose to join one of the three AAACN standing committees: the Practice Evaluation and Research Committee, the Membership Committee, and the Program Planning Committee. In each case members have the opportunity to be active participants in the committee's work. Members also have the opportunity to seek a committee leadership position.

Task forces: As new projects or ideas are generated, task forces are convened. These groups provide an often short-term volunteer opportunity.

Elected Office Positions

As members' experience and leadership roles within AAACN grow, they often

choose to seek elected office. There are eight AAACN Board of Director positions (with 3-year rotating terms), a president-elect, president, and past-president (each serving a 1-year term). Board members assume internal leadership roles as treasurer, secretary, and liaison to *Viewpoint*, the standing committees, and SIGs.

Candidates for election to the board or as president-elect are selected based on their involvement in the organization and their history of leadership experience within AAACN. The board, in partnership with the executive director, has the responsibility and accountability for assuring the association meets its mission, envisions and prepares for the future, engages its membership, and demonstrates good stewardship in its oversight of the organization's resources.

Other elected positions include the Nominating Committee. Often cited as the most important committee in an organization, this group is responsible for recruiting those individuals who will serve as board members and lead the organization into the future. The committee also nominates its successors.

Volunteer Opportunities

Board members as well as active

members of AAACN have opportunities to serve not only the internal needs of the association but also in a broader capacity in the external professional community. Individuals may be asked to serve on special task forces or committees of other organizations; participate in membership scans; help evolve the mega issues the organization must address (see article below); and serve on editorial boards or as representatives of AAACN in a variety of other ways.

AAACN leaders, educators, and clinical experts may be asked to write articles for *Viewpoint*, *Nursing Economic\$*, and other journals. They also may be asked to make presentations at the AAACN Annual

Conference or at regional meetings. AAACN leaders also serve as experts and spokespersons for ambulatory care nursing and AAACN, and may be called on to do media interviews. This public relations and marketing role helps to educate the public and our colleagues in health care about ambulatory care nursing.

AAACN's annual leadership meeting provides an opportunity for networking, making professional contacts, exchanging points of view, and learning about leadership within an association. Participants are chosen from those who have been involved in AAACN in a variety of ways. These individuals often become the association's future leaders.

AAACN acknowledges the power of informed and experienced volunteer leaders. These emerging leaders are the face and future of AAACN. They are highly valued and committed individuals.

AAACN welcomes members to become leaders and volunteers and encourages all members to take advantage of these fulfilling opportunities.

Nancy Kowal, MS, RN,C, NP, is Pain Consultant, Adjunct Professor, UMMHC, Worcester, MA, and AAACN Board Liaison/Co-chair Practice Evaluation and Research Committee. She can be reached at (508) 856-1004; kowaln@ummhc.org.

The MEGA Issues Facing Ambulatory Care Nursing

Regina Phillips, MSN, RN

The AAACN Board of Directors recently identified seven "mega" issues, the most outstanding and urgent issues that will directly affect ambulatory care nursing – and AAACN, its members, and customers – in the next 5 to 10 years.

Based on these issues, the board then developed a strategic plan. Board members agreed that by naming the major issues and constructing a proactive plan, we would be better able to fulfill AAACN's role as the voice of ambulatory care nursing. (For complete article on the mega issues, see *Viewpoint*, September/October 2002, pp. 1, 8-9.)

Ambulatory Care Mega Issues

- **Expanded life expectancy.** New technologies and treatments will extend lives. As a result, there will be more elderly patients to care for, many of them chronically ill, and care delivery will move from institutional to home or ambulatory-based settings.
- **Ethics and integrity in our business and clinical practice.** Responding to calls for trustworthy organizations and safe health care services, health care providers have been challenged to implement effective and responsive compliance programs. Also, new treatments are opening a Pandora's box of ethical dilemmas that will need examination and action.
- **Legislation and regulations.** Federal and state initiatives seeking to mend the "wrongs" of health care are underway. Such issues as rising health care costs, patients' rights, regulation, and quality care will be hot-button issues that must be confronted.

- **Vulnerability imposed by war and bioterrorism.** A changed world and the need to prepare for an uncertain host of threats are requiring preparation for mass disasters and new clinical competencies for nurses.

- **Alternative sites of care.** Cost factors, new technologies, and less invasive treatment options are driving health care out of the hospital to outpatient settings. As a result, nursing skill sets will continue to change and expand.
- **Financial pressures.** As consumer demands and federal or state mandates intensify pressures about rising health care costs, the entire industry will be challenged to find solutions. The answers will involve changes in care delivery, with nurses providing care via telehealth, home visits, and on-line clinics.
- **Workplace issues.** The double whammy of a shortage in health care professionals and an aging American population will pose daunting hurdles in the future. Developing work environments that support and nurture staff, inspire and retain nurses, provide quality care, and manage scarce resources will be priorities for tomorrow's leaders.



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Collaborating for Better Care

AAACN Joins National Initiatives to Improve America's Health Care

E. Mary Johnson, RN, BSN, C, CNA

One measure of a successful professional organization is its ability to link both internally and externally with diverse audiences.

AAACN's internal audience is its members. The association's external audiences are varied in nature but share common goals that focus on improving America's health care system. Once AAACN identifies shared interests with other professional organizations, the association seeks partnerships and works toward the stated common goals.

Recognizing that such partnerships benefit the organizations themselves, the health care system, and ultimately, patient care, AAACN has in recent years actively pursued several important relationships. In most cases, the partnerships were forged when AAACN and the other group(s) identified an area of the health care system that sorely needed attention.

This effort has led to several different initiatives, and each partnership has worked the same way: AAACN appoints a volunteer as the association's official representative. The representative attends meetings and works on the project, then reports back to the AAACN Board of Directors. The Board in turn carefully examines the progress and outcomes of each initiative.

Finally, either the Board or the AAACN representative reports results via an article in *Viewpoint* or a broadcast e-mail to AAACN members.

AAACN's Partnerships

The following is a list of the organizations with which AAACN collaborates to help influence the United States health care system:

- **Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Professional-Technical Advisory Committee for Ambulatory Care (2002-present).** This committee is comprised of diverse medical professional organizations and public members. Our AAACN representative offers an important ambulatory nursing perspective in the development of standards and the survey process to the JCAHO staff.
- **American Nurses Association (ANA).**
 1. Centers for Medicare and Medicaid Services (CMS) Practice Expense Advisory Committee (2000-present), Resource Based Relative Value Scale (RBRVS). This is a collaborative effort with physician and administrative colleagues to better understand the value and services that nursing provides in helping deliver care to patients having procedures. CMS uses this kind of information in helping develop the appropriate formula for payment schedules for provider reimbursement.
 2. Nursing Outcomes Classification for Standardize Language for Measuring Outcomes in Ambulatory Care (2000-present). The purpose of this survey was to identify standardize language and methods with nursing classification of outcomes (NOC) that reflect ambulatory practice. Ambulatory nurse leaders in diverse settings and in differing parts of the country participated. Seven client outcomes categories relevant to ambulatory care were identified as a first step.
 3. American Nurses Credentialing Center – Ambulatory Care Certification Examination (1998-present). AAACN members serve on this committee and participated in the devel-

opment and continued improvement of the ambulatory care certification examination. The first exam was offered in 1999 and launched an important opportunity to recognize the professional nurse in ambulatory care.

- **Nursing Organizations Alliance (NOA).** AAACN is a founding member of this group of specialty nursing associations (2002-present). NOA was formed by dissolving the National Federation for Specialty Nursing Organizations (NFSNO) and the Nursing Organization Liaison Forum (NOLF) and reforming those organizations as the Alliance. This group of nursing leaders meets yearly to network and to influence, impact, and optimize the nursing profession, health, and health care delivery.
- **The Call to the Nursing Profession.** AAACN is one of over 60 national nursing organizations participating in an ongoing nationwide effort to address the nursing shortage. The consortium has developed a plan, "Nursing's Agenda for the Future," that identifies strategies to move the profession forward and

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Margaret Amburgery, MS, RN, CS, BC

*Psychiatric Clinical Nurse Specialist
Ann Arbor, MI*

“I get a great deal of satisfaction out of seeing people improve and in blasting stereotypes about mental illness.”

President's Message

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Strategic Business Plan 2000-2003

As your president this past year, it has been my pleasure to work with the AAACN Board in discerning a direction that will serve the needs of the membership.

In order to make knowledge-based decisions and ensure relevance, association leaders need to measure the environment and adjust, identify the association's core ideology, and then determine strategies, priorities, and resource allocation (Tecker, 2001).

As we have described in this column, and in the "Grand Scan Plan" and "Mega Issues" articles in *Viewpoint*, the Board has undertaken significant environmental scanning and strategic conversations. In the January/February 2003 issue of the newsletter, I addressed the overall Strategic Plan for AAACN, including AAACN's core ideology: the Identity Statement, Vision, and Mission. I also listed our revised goals and objectives for 2002-2003, which describe how the relevant world will be different as a result of AAACN's work, and how we will measure our success. Today, I will share some of our current and high-priority strategies for achieving those goals and objectives. The AAACN Strategic Business Plan has 48 strategies listed, all of which have time lines and leaders assigned. The following is a sampling:

Goal 1: Be the Voice of Ambulatory Care Nursing

- Identify applicable forums, partnerships and collaborative relationships to assert our presence in decision-making. We are expanding this reach, which currently includes the United States legislature; the Nursing Organizations Alliance; the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); the American Nurses Credentialing Center; and the Call to the Profession, coordinated by ANA.
- Provide a set of AAACN talking points, such as those in Catherine Futch's lead article in this issue.
- Develop AAACN leaders' and members' public relations (PR) skills and foster coverage in the nursing and lay media. This will be accomplished through PR, media, and marketing initiatives by the AAACN staff at the National Office. There will also be a media training session designed for ambulatory care nurses at the 2003 annual conference.
- Promote AAACN's exposure in other nursing publications and present AAACN members as experts and resources. For example, Maureen Espensen and Penny Meeker were featured in a live chat on March 5 by *Nursing Spectrum* regarding the Telehealth Nursing Practice Core Course (TNPCC). Board member Deborah Brigadier did an interview last year for *Advance for Nurses* about her role in the Navy and about ambulatory care nurses in the current military setting. In addition, I have done several interviews with nursing and health care publications this year.
- Establish mechanisms to obtain information from members, such as our ongoing membership scanning, conducted the past two winters by the Board.

Goal 2: Promote Professional Practice

- Continue to feature articles about evidence-based practices in *Viewpoint*, *Nursing Economics*, and other nursing publications.
- Sustain an ongoing system to evaluate and update AAACN products, like the TNPCC, and the *Telehealth Nursing Practice Administration and Practice Standards* and

Ambulatory Care Nursing Administration and Practice Standards, both currently in review.

- Complete nurse staffing research (Phase I). AAACN has applied for grant funding from Sigma Theta Tau for this work. Identify research related to effective outcomes in ambulatory care (Phase II), and related to workplace environment (Phase III).

Goal 3: Strengthen AAACN Resource Base

- Implement e-commerce capability on the AAACN Web site, an exciting project that is nearing completion.
- Market AAACN products to other specialty organizations, including those products that support certification and those that provide core skills in telehealth nursing.
- Increase corporate sponsorships, such as our new relationships with *Nursing Spectrum*, Purdue Pharma L.P., and HMS Northwest.
- Market membership and develop incentives for recruiting new and diverse members.

Goal 4: Develop AAACN Leadership Ability and Capacity

- Utilize AAACN experts as speakers and consultants as part of the public relations initiatives mentioned earlier.
- Enhance leadership development for AAACN members, as in the invitational leadership pre-conference and in annual conference content.
- Continue Board development at each face-to-face Board meeting, guided by the expertise of our Executive Director Cynthia Nowicki.
- Develop succession planning for leadership of AAACN, as described in Nancy Kowal's article in this issue.
- Identify, prepare, and mentor members to represent AAACN at professional meetings and other organizational conferences. This year, AAACN was represented at Contemporary Forums, the Forum on Healthcare Leadership, the Nursing Organizations Alliance, the Academy of Medical-Surgical Nurses, the Nursing Leadership Academy for End-of-Life Care, the American Association of Critical-Care Nurses, the Association of Women's Health, Obstetric, and Neonatal Nurses, and the Association of Perioperative Registered Nurses.

Although these are important strategies, this is not an exhaustive list, nor is it "exhausting" – we have been energized by these efforts.

If there is a priority that you feel we have overlooked, it may be among those not detailed here. In any case, I would very much like to hear from you. This plan is intended to be about what you, the AAACN member, want from AAACN, so feel free to e-mail me at candial@umich.edu.

I congratulate the Board, staff, and our volunteer leaders for all their hard work. It is truly amazing what a team of dedicated individuals can accomplish.

Reflection

Far and away the best prize that life has to offer is the chance to work hard at work worth doing."

Theodore Roosevelt

Reference

Tecker Consultants, LLC. (2002, January). ASAE CEO Symposium. West Palm Beach, Florida.

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Ambulatory Care Nursing Certification:

A Validation of Expertise

Candia Baker Laughlin, MS, RN, C
Cynthia Marquardt, MS, RN, BC, CPHQ

A Registered Nurse license assures the public that a nurse has the required entry-level knowledge and skills to care for patients. However, providing expert nursing care to patients and families in an ambulatory care setting requires skills, knowledge, and experience beyond that of an entry level nurse. Certification provides validation of such specialized abilities.

Recently released studies (Cary, 2001) concluded that certified nurses experienced fewer adverse events (errors) in patient care and received higher patient satisfaction ratings. Certified nurses also felt more confident in their ability to detect early signs and symptoms of complications. They were also able to initiate early and prompt interventions in patients experiencing complications. Certification has also been correlated with high nurse job satisfaction, better workforce retention, and a higher degree of accountability, autonomy, growth, confidence, and credibility.

AAACN has partnered with the American Nurses Credentialing Center (ANCC) to develop, provide, and maintain the Ambulatory Care Nursing Certification, which has been available since 1999 (see page 9).

The modular exam has two versions. One version (Test A) is for nurses who already hold a core nationally-recognized certification and it tests expert knowledge in ambulatory care nursing. The second version (Test B) is comprised of two components: the test of expert knowledge in ambulatory care nursing, and an additional general nursing component. A BSN is **not** required to take either version of the exam. For more information, visit the ANCC Web site, www.ana.org/ancc/certify/cert/catalogs/gnlscat.pdf.

Cynthia Marquardt, RN, BC, MS, CPHQ, represents AAACN on the ANCC Content Expert Panel (CEP) for the Ambulatory Care Nursing Certification. Cynthia Nowicki, AAACN executive director, and Candia Laughlin, AAACN president, hold quarterly calls with ANCC leadership. Both the AAACN leaders and the CEP, with Cynthia Marquardt's input, have recommended changes to the modular exam, which are now under consideration by the ANCC board. We will provide updated information to AAACN members as soon as we are informed of their decisions.

Additionally, the National Certification Corporation (NCC) has developed a certification for nurses in Telephone Nursing Practice, which was first offered in 2001. Sherry Smith, Elizabeth Jerabeck, and Helen Breton, members of AAACN's Telehealth Nursing Practice Special Interest Group (TNP SIG), have worked with NCC to develop the examination. More information about this certification may be found at <http://nccnet.internet4associations.com/public/pages/index>.

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The Faces of Ambulatory Care Nursing



Twila Paul, RN

*Telehealth Nurse
Denver, CO*

“I enjoy the flexibility of working evening hours so I can work on my writing career at home. I also love being able to use 30 years of nursing experience in making critical judgements in patient care.”



Lisa Melton, RN

*Advice Nurse, Pediatrics
Atlanta, GA*

“I was born to be a nurse! I practice in an innovative way, not with physical assessment but by questioning and listening to the patient. It is challenging, but it makes a difference in patients' lives.”

Pat Thomas, RN

*Advice Nurse, Pediatrics
Atlanta, GA*

“When I came to the pediatric unit, it was a fulfillment of my dreams. I always wanted to be a nurse, and I love children. It is an excellent practice to work in.”

Collaborating for Better Care

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ensure consumer access to high-quality nursing care.

- **Invitational Conference on Cardiovascular Health for Women** (December 2001). AACN representatives attended this conference in Phoenix, AZ, which focused on educating nurses about women's cardiovascular health. The conference, which was sponsored by the Association of Women's Health, Obstetrics, and Neonatal Nurses (AWHONN) also sought to provide guidance and resources for professional development and community outreach programs. AACN will continue to be involved in this initiative.
- **Nursing Leadership Academy for End-of-Life Care.** The Institute for Johns Hopkins Nursing in Baltimore, MD, is leading an ongoing education effort for nurses on end-of-life and palliative care issues. The Academy also seeks to improve end-of-life care by increasing leadership capacity within national professional nursing organizations. AACN was one of over 40 nursing organizations who sent participants to a 2002 workshop in Baltimore, MD. AACN will continue to be involved in the Academy and our representatives will regularly report on outcomes and strategies as they are developed.

Effort is Worthwhile

Professional organizations have an obligation and responsibility to work toward improving both the profession and the mission they represent. Often these relationships are formed because of specific interests that become confluent with other organizations. These partnerships involve extensive time, effort, and energy on the part of our volunteers and for that we are both proud and

grateful, because we believe that these efforts make a difference in the health care world.

E. Mary Johnson, RN, BSN, C, CNA, is Credentialing Consultant, Cleveland Clinic Foundation for Advanced Practice Nurses, Cleveland, OH. Mary is AACN Immediate Past-President. She can be reached at (330) 467-6214 or emjrn@adelphia.net.

Ambulatory Care Certification

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Our hats are off to all the nurses currently certified in our specialties. Please be certain that your employer knows what an asset you are to your institution, given the research findings. If you are not yet certified, please consider joining your peers as a recognized expert. Please turn to page 13 and review AACN's materials and education programs that will support you as you seek your certification.

Reference

Cary, A.H. (2001) Certified registered nurses: Results of the study of the certified workforce. *American Journal of Nursing*, 101(1), 44-53.

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Conversations at the End of Life – A Communications Skills Training Program for Clinicians



Communication skills are key in the successful delivery of palliative care. *Conversations at the End of Life (CEOL)* consists of six, one-hour modules and a follow-up exercise:

- | | |
|----------------------------|---|
| Module 1: | Defining Palliative Care and “A Good Death” |
| Module 2: | Discussing Advance Care Plans |
| Module 3: | Shifting Focus to Palliative Care |
| Module 4: | Preparing for a Death, Death Notification, Grief |
| Module 5: | Managing Family Anger and Distrust |
| Module 6: | Resolving Conflict Arising from Cultural Differences |
| Follow Up Exercise: | Talking with Families |

Each CEOL module includes a brief didactic presentation and an interactive video exercise and ends with “homework” to promote further learning and reflection. The modules build upon each other but can also be used alone. The CEOL workbook includes an extensive annotated bibliography.

A complete CEOL Training Kit can be purchased for \$500 from the Bayer Institute. Each kit includes: 1) Leader's Guide; 2) diskette with PowerPoint slides; 3) workshop video; 4) workbook; and 5) workbook order forms. Additional workbooks can be purchased for \$15 each. Participation in a one-day faculty development course is recommended and can be arranged at additional cost.

To order or for more information, call 1.800.800.5907 or e-mail bayer.institute@bayer.com



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The Ambulatory Care Nursing Certification Review Course



Description

AAACN understands your desire to reach a higher level of professional practice, so we have partnered with DigiScript, Inc.™ to offer the Ambulatory Care Nursing Certification Review Course on-line and on CD-ROM. This course provides an overview of the potential content on ANCC's ambulatory care nursing certification exam.

This course will:

- Reinforce your knowledge of ambulatory care
- Identify your weak areas
- Present new information

It is designed for:

- Registered nurses interested in taking the exam
- Nurses seeking a refresher course

Can also be used to:

- Orient nurses new to ambulatory care



How to Order

1. Subscribe to view the course on-line for 1 year. Go to: <http://aaacn.digiscript.com/index.cfm>.
OR
2. Subscribe (#1 above) PLUS order a CD-ROM. Call DigiScript at (800) 770-9308.

- ◆ Have synchronized video, audio, slides, content outline, and a word-for-word transcript of each presentation.
- ◆ Be able to search the entire transcript by key word.
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Certification Review Course Pricing

	Online	CD-ROM
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Members	\$49	\$69
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#1 ON-LINE:	http://aaacn.digiscript.com/index.cfm A subscription gives you on-line access to the course for 1 year. Cost: \$99 (AAACN member), \$119 (nonmember)
#2 CD-ROM:	Subscription (#1 above) PLUS a CD-ROM version. Cost: \$119 (member), \$139 (nonmember). To order a CD-ROM, call DigiScript at (800) 770-9308.
#3 MANUAL:	Purchase the course manual with #1 or #2 above, and pay only \$39 (member) or \$49 (nonmember). That's \$30 off the regular manual prices of \$69/\$79.

In addition to the above options, a 1-day on-site course may be designed for organizations/groups. Contact AAACN for details.

For just \$30 more, the on-line course provides over 16 contact hours of continuing education credit!

To learn more about AAACN and AAACN programs and products visit www.aaacn.org, call 1.800.AMB.NURS, or e-mail aaacn@ajj.com

Orienting New Nurses

Initial results of a research project to acclimate nurses new to ambulatory care showed that AACN's education products were appropriate, valuable tools.

Ellen McKeown, BSN, RN

In 2001, publication of AACN's *Core Curriculum for Ambulatory Care Nursing* and the on-line Ambulatory Care Nursing Certification Review Course prompted the question: "Might these products have a role in the orientation of nurses new to ambulatory care?"

AACN President Candia Laughlin and I decided to seek an answer to this question. Undergoing a research project like this is not unusual for Candy and me. We work together at the University of Michigan Health System (UMHS); she is Director of Patient Services and I am the Ambulatory Care Services Educational Nurse Coordinator (ACSENC).

We took our orientation question to the AACN Board of Directors. The board supported us in our investigation by providing copies of the core curriculum as well as a CD-ROM version of the certification course, which was produced by AACN and Digiscript, Inc.

To begin, we reviewed the materials and conducted an informal needs assessment. The needs assessment was accomplished by querying nurses currently employed in ambulatory care at UMHS. We asked them what they felt a nurse new to ambulatory care must know to ensure a successful transition into this specialty role.

The nurses reported that the skills and knowledge were required in the following areas:

- Computer skills/resources
- Clinic flow/paperwork/medical records
- Prescription refill process
- Prior authorization(s)
- Insurance/fiscal management
- Patient education
- Coordination of care
- Immunizations (for primary care areas)
- Billing for nursing services
- Care of the diabetic patient
- Allergy injections (for primary care areas)
- History and physical exams
- Wounds/ostomies
- Venous access

Next, we sought to determine which of the above "need to know" topics could be successfully taught during a centralized orientation session and which topics would require a unit-level discussion or hands-on activity with a preceptor. We also considered teaching strategies that might be appropriate for the "central concepts" given that, on average, approximately



Ellen McKeown (right) reviews AACN's Ambulatory Care Nursing Certification Review Course with Medical Assistant Specialist Sheila Julien at the University of Michigan Health System in Ann Arbor, MI.

25 nurses per year are hired into ambulatory care at UMHS.

It was agreed that the module format, which promotes independent study rather than class participation, was the preferred method of educating these staff members. Hence, a comparison of the query results to the content of the core curriculum and the certification review course was the next step.

Polishing the Program

We consulted with one of UMHS's Educational Nurse Specialists, as well as our ambulatory care nursing Central Staffing Resource (CSR) float pool, and refined the draft orientation program (see Table 1, next page).

One of the primary recommendations of the CSR nursing staff was to include content tracks whereby the education needs of a nurse entering primary care would be met differently than the education needs of a nurse entering a specialty area. For instance, it was expressed that care of the diabetic patient and immunizations would be relevant for a nurse entering primary care, however a nurse entering a surgical specialty would not necessarily need to know this information to the same degree. Rather, he/she would benefit from content that covered history and physical exams, wounds and ostomies, etc. Once these suggestions were incorporated into the program we were able to move forward with a pilot.

Because float nursing positions in ambulatory care are filled more often than regular single-clinic nursing positions at

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Table 1.
University of Michigan Health System
Ambulatory Care Services
RN Orientation

Day 1 (w/Ambulatory Care Services Educational Nurse Coordinator) (ACS ENC)	Introduction/needs assessment	Review of Orientation Plan	Ambulatory Nursing Overview (AAACN/Digiscript) Organizational structure - (broad)	Discussion: Differences in Ambulatory Care Nursing vs. other specialties	Education resources	Computer module
Day 2 (unit-level)	Preceptor introduction(s), learning styles, review of needs assessment/ orientation plan	Tour of unit/work-space, staff introductions, organizational structure – (unit), unit resources	Clinic operations (opening, closing, administrative policies/procedures), shadowing w/preceptor	Skills checklist, review of orientation competencies	Communications (telephone, voice-mail, e-mail, verbal, written, fax, confidentiality), Documentation	Safety/Emergency including AED competency
Day 3 (w/ACS ENC)	Role clarification, Q&A, assessment of preceptor “fit”	Clinical Practice – Triage and Assessment, Technical Skills and Clinical Practice – (selected content) (AAACN/Digiscript)	Communications: Interpersonal Skills/Cultural Competency, Telephone/Multimedia, Documentation (AAACN/Digiscript)	Telephone Nursing Practice Administration and Practice Standards (AAACN)	Telephone Triage video (Mosby), UMHS Telephone Nursing Practice competency	UMHS Patient Education resources/practices
Day 4 (unit-level)	Shadowing w/ preceptor	Clinic paperwork, protocols, delegation guidelines, other written guidelines, Advance Directives, coordination of care	Use of dual headsets for Telephone Nursing Practice	Focus on unit-specific skills	Con’t. shadowing	Con’t. shadowing
Day 5 (w/ACS ENC)	Legal and Regulatory Issues, Systems – Operations and Fiscal Management (AAACN/Digiscript), Core Curriculum pp. 64-67, 84-95, 110-123	Delegation module	Assessment/Re-assessment guidelines, billing for nursing services, prior authorization process(es)	Prescription refill process	Review of relevant job descriptions (i.e. MA, LPN, CNI/CNII/CNIII, etc.)	Quality Improvement and JCAHO modules
Day 6 (unit-level)	Skills “lab”	Skills “lab” con’t.	Time with clerical staff as appropriate (i.e. scheduling appts. included in role)	Preceptor observation of orientee’s delivery of age-appropriate care	JCAHO “walk through” or discussion w/nurse manager	Review of unit Quality Improvement initiative
Day 7 (w/ACS ENC)	Issues and Trends – Professional Roles, Care Management/ Disease Management, Client Education (AAACN/Digiscript)	Clinical Practice (Core Curriculum – population specific content)	Explore UMHS Continuing Care Services Web site(s)	Navigate UMHS Policies/Procedures	Problem-based learning scenario	Completion of mandatory competencies as needed
Day 8 (unit-level)	Shadow LPN	Shadow MA	Primary Care track – Allergy Clinic experience (experience varies w/ track)	Allergy clinic con’t.	Allergy clinic con’t.	Allergy clinic con’t.
Day 9 (w/ACS ENC)	Tracks con’t.	Tracks con’t.	Tracks con’t.	Tracks con’t.	Tracks con’t.	Tracks con’t.
Day 10 (unit-level)	Work independently w/ preceptor as back-up	Work independently w/ preceptor as back-up	Determine unmet learning needs	Define plan for meeting unmet learning needs	Identification of post-orientation resources	Completion of evaluations

Orienting New Nurses

continued from page 10

our institution, and there was an identified need for a formalized orientation program in this area, the CSR nurse managers agreed to have their staff participate in our pilot program.

To date, the pilot has consisted of three RNs. Interestingly, all three nurses are graduates of diploma programs and are computer literate. The first nurse had 35 years of experience in a variety of inpatient and outpatient settings, both nationally and internationally. Her background included medical-surgical, orthopedic, pediatric, internal medicine, and school nursing. The second nurse had 6 years of nursing experience in pediatrics and gerontology, long-term and/or extended care. She had no previous exposure to ambulatory care nursing. The third nurse had 15 years of nursing experience, first as an LPN, second as an RN. Up until the time of her hire into ambulatory care, her nursing career had been entirely inpatient-focused in the specialty areas of pulmonary medicine, neurology/neurosurgery and hematology/oncology.

Preliminary Findings

Consistent with Table 1, a needs assessment was performed and an orientation plan was tailored to meet the individualized needs of each nurse. Due to a variety of factors, the full 10-day program, which includes both central and

unit-level content, has yet to be evaluated in its entirety. Nonetheless, valuable information has been gleaned regarding the usefulness of the core curriculum and the Certification Review Course as orientation content and/or tools.

We found that, for each of the above learners, the content in either the core curriculum or the certification review course on the following subjects was a valuable contribution to our orientation program:

- Ambulatory nursing overview/role of the ambulatory care nurse
- Clinical practice/the clinical nursing role (specific to the area in which the nurse has been hired)
- Care management/disease management
- Communications – telephone/multimedia documentation
- Legal aspects and regulatory issues
- Operations and fiscal management
- Professional roles
- Client education
- Performance improvement

We also found that, depending upon the type of learner (auditory, visual, tactile/kinesthetic, or a combination of the three), it was beneficial to have both products available. The ability to rotate between media types and styles of presenters assisted in maintaining the nurse's interest and attention.

Further Testing Planned

Based upon feedback from the nurses who experienced the orientation pilot and from those who precepted these individuals, we have once again modified our orientation program and are preparing to re-test our work in the practice arena.

Additionally, we're considering evaluating a third product, the AACN Telehealth Nursing Practice Core Course (TNPC), available in CD-ROM and on-line through Digiscript, Inc., regarding its potential contribution to the work done thus far.

Although we won't know the results of our most recent efforts for some time, the response to our program has been favorable. Candia and I believe that we have supported the hypothesis we set out to explore: The AACN Ambulatory Care Nursing Certification Review Course and the *Core Curriculum for Ambulatory Care Nursing* do indeed have a role to play in orienting nurses who are new to the ambulatory care specialty.

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- AACN. (2001). *Ambulatory Care Nursing Certification Review Course*. Franklin, TN: Digiscript, Inc.
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- Robinson, J. (Ed.). (2001). *Core Curriculum for Ambulatory Care Nursing*. Philadelphia: W.B. Saunders Co.

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Ambulatory Care Nursing Resources

2000 Edition Ambulatory Care Nursing Administration and Practice Standards



This 20-page, fifth edition of the ambulatory care nursing standards includes sections on Structure and Organization, Staffing, Competency, Ambulatory Nursing Practice, Continuity of Care, Ethics and Patient Rights, Environment, Research, and Quality Management.

Ambulatory Care Nursing Certification Review Course Syllabus



Straight from the live Ambulatory Care Nursing Certification Review Course to you is this comprehensive course syllabus.

Highlights:

- **CONTENT** is based on the Test Content Outline for ANCC's Ambulatory Care Nursing Certification Exam
- **CONTENT** outlines can be used to design your individualized study plan for the exam

Ambulatory Care Nursing Self-Assessment



This valuable resource provides over 200 multiple choice test items covering various components of ambulatory care practice. You will be able to test your knowledge of your specialty and practice answering multiple choice questions written in the same format as the certification exam.

This Self-Assessment will provide you with an excellent assessment and validation tool.

The multiple choice items are grouped into 5 topic areas which are Clinical Practice, Systems, Communication, Patient/Client Education, and Issues and Trends.

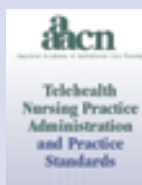
Examination Preparation Guide for Ambulatory Care Nursing Certification



A 48-page guide designed to help you learn specifics about the exam, develop your own study plan, and review test taking strategies.

Telehealth Resources

Telehealth Nursing Practice Administration and Practice Standards (2001)



This document identifies the practice standards that define the responsibilities of both clinical practitioners and administrators responsible for providing telephone care across a multitude of practice settings.

Telehealth Nursing Practice Core Course (TNPCC) Manual (2001)



The TNPCC focuses on the essential competencies associated with delivering nursing care to patients via telecommunications technologies. This 250+ page manual was developed by telehealth experts. Use this manual to understand practice issues related to telehealth nursing; orient nurses new to the role of telehealth practice; brush up on the skills needed to practice telehealth successfully and to study for the NCC's Telephone Nursing Practice Certification Exam.

Telehealth Nursing Practice Resource Directory (2002)



This 35-page manual contains a detailed listing of resources helpful for any telehealth practice including references, web sites, conferences, consultants, and much more.

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Ambulatory Care Nursing Conceptual Framework

Cynthia R. Nowicki, EdD, RN
Sheila A. Haas, PhD, RN, FAAN

The ambulatory care nursing conceptual framework was developed in 1998 as a precursor to the ambulatory care nursing certification exam. A "think tank" group of AACN members was convened by Sheila Haas, PhD, RN, a AACN past president, to develop a framework that described the ambulatory care nurse role and the essential knowledge and skills required by nurses practicing in this role.

A conceptual framework is a diagram that specifies essential major concepts and skills in an area of practice and also spells out the relationships between major content and skill areas. The goals of the think tank were to provide such a framework to help develop the certification exam, a core curriculum textbook, and certification review programs to aid those studying for the exam.

Using a nominal group approach, members enumerated the major areas of practice, knowledge, and skills

required for ambulatory care nursing. The think tank listed 61 core knowledge and skill areas, some more global than others. They were then asked to specify how these areas are related to each other in the overall ambulatory nurse role. Three broad roles were identified as "Clinical Nursing," "Organizational/Systems," and "Professional."

The 61 core knowledge and skill dimensions were then organized under each role and became the vertical axis of the conceptual framework. To complete the framework, think tank participants defined the ambulatory patient population in the categories of "Well," "Acute," "Chronic," and "Terminally Ill." These categories are listed on the horizontal axis of the framework are shown in Table 1.

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Table 1.
Ambulatory Care Nursing Conceptual Framework

Ambulatory Care Nursing Conceptual Framework	Patient Population			
	Well	Acute	Chronic	Terminally Ill
Clinical Nursing Role Patient Education Advocacy (compassion, caring, emotional support) Care Management Assess, Screen, Triage Telephone Practice Collaboration/Resource Identification and Referral Clinical Procedures, Independent/Interdependent/Dependent Primary, Secondary, and Tertiary Prevention Communication/Documentation Outcome Management Protocol Development/Usage				
Organizational/Systems Role Practice/Office Support Healthcare Fiscal Mgmt. (reimbursement and coding) Collaboration/Conflict Mgmt. Informatics Context of Care Delivery/Models Care of the Caregiver Priority Management/Delegation/Supervision Ambulatory Culture/Cross Cultural Competencies Ongoing Political/Entrepreneurial Skills Structuring Customer-focused Systems Workplace Regulatory Compliance (EEOC, OSHA) Advocacy Inter-organizational and in Community Legal Issues				
Professional Role Evidence-based Practice Leadership Inquiry and Research Utilization Clinical Quality Improvement Staff Development Regulatory Compliance (risk management) Provider Self-Care				

Updated and reprinted from Haas, S. (1998). Ambulatory care nursing conceptual framework. *Viewpoint*, 20(3), pp.16-17.

Board-Staff Partnership: A Vital Ingredient to AAACN's Success

Cynthia R. Nowicki, EdD, RN

Critical to the success of any organization is its ability to be well led and well managed. The AAACN Board's ability to lead the organization into the future is contingent on having the partners to assist them in accomplishing this responsibility.

One of the key partnerships that exists within AAACN is the relationship between AAACN and its management firm, Anthony J. Jannetti, Inc. (AJJ). AJJ participates with AAACN in leading the organization, but more importantly, the firm serves as AAACN's headquarters or national office and manages the day to day activities of the association.

AAACN and AJJ began their partnership in 1984 when AAACN was only 6 years old. As the association grew, the services provided by AJJ grew also. Established in 1972, AJJ is a national health care association management, marketing, communications, and publishing firm located in Pitman, NJ. In addition to AAACN, AJJ provides management services to six other specialty nursing organizations and six certification boards. AJJ also provides partial management services, such as conference, exhibit, registration, and publication management for over 40 clients.

AAACN contracts with AJJ to provide management services. Over 70 people work at AJJ, 25 of whom work intermit-



AAACN President-Elect Catherine Futch (left) joins Executive Director Cynthia Nowicki at the 2003 CEO Symposium in Coral Gables, FL, sponsored by the American Society of Association Executives. This symposium prepares these two leaders for the partnership they will form as they serve as the chief elected and chief staff officers for AAACN.

tently with the AAACN volunteer leaders to provide services to AAACN members and promote the organization to future members and customers.

The primary services provided by AJJ include executive management, accounting, art and production, conference management, printing, editorial and publications, education services, fulfillment and information services, mail services, marketing, public relations, and Web site development/management.

The healthy, trusting relationship between the AAACN board and AJJ staff is key, with both working together as partners to build and maintain a successful association.

Cynthia R. Nowicki, EdD, RN, is AAACN Executive Director and Vice President, Nursing Education, Anthony J. Jannetti, Inc. She can be reached at nowickic@ajj.com.

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Choosing Outcome Measures In Ambulatory Care

Beth Ann Swan, PhD, CRNP

The demand for information about outcomes is greater now than ever. Focus on client outcomes in assessing and evaluating health care services has gained wide acceptance because of the need to demonstrate quality care. A key element in documenting health care quality is the ability to measure the quality of care and provide easily understood, comparable information. Despite the significance of client outcomes to consumers, providers, and insurers of health care, measuring client outcomes in the ambulatory care setting remains challenging.

There are many local, state, and national resources to help nurses in ambulatory care settings make informed decisions when choosing outcome measures. These resources include:

1. The Agency for Healthcare Research and Quality (AHRQ)
2. The Bureau of Primary Health Care
3. The American Diabetes Association
4. The Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure
5. HEDIS guidelines
6. The National Heart, Lung, and Blood Institute

Evidence-based practice guidelines in the literature are resources for choosing outcome measures for specific patient populations. Managed care organizations require periodic measurement of specific outcomes. Table 1 includes examples of outcome measures for select ambulatory care settings such as primary care, women's health, chronic care, occupational health, and rehabilitation care. Time frames for measuring outcomes are guided by specific client populations and the health/disease state continuum, whether acute or chronic. Measurement intervals include immediate, short term, and long term.

Instruments

Some examples of **general health outcome measurement instruments** include the Medical Outcome Study Short-Form (MOS-20) and the SF-36 Short-Form Health Survey (SF-36), Sickness Impact Profile (SIP), and Functional Status Questionnaire (FSQ).

Disease-specific outcome measurement instruments include the Brief Symptom Inventory (BSI); General Symptom Distress Scale (GSDS), Symptom Distress Scale (SDS) (cancer symptom checklist), and Heart Transplant Symptom Checklist. Disease-specific outcome measures can also be found in national guidelines. Organizational outcome measures may include utilization of services and client satisfaction.

Nurse Responsibilities

Ambulatory care settings provide unique opportunities to collect and act on data derived from client encounters. Nurses should take an active role in setting up outcome studies, helping to designate the outcomes, and the timing of the outcome assessment.

Outcomes must be linked to specific processes and outcomes information should involve enough of a nurse's client population to make it meaningful and useful.

The following questions need to be asked and answered when choosing outcomes measures in the ambulatory care setting:

1. What needs to be measured?
2. How will outcomes be measured?
3. When will outcomes be measured?
4. Where will outcomes be measured?
5. Who is responsible and accountable for carrying out the project?

The first step in answering the first four questions is consulting the literature and any applicable local, state, and national guidelines.

Beth Ann Swan, PhD, CRNP is Chair, Practice Evaluation and Research Committee. She can be reached at (215) 572-6351; baswan@erols.com.

Reprinted from: Swan, BA. (1999). Choosing outcomes measures in the ambulatory care setting. *Viewpoint*, (21)6, pp. 7-8.

Ambulatory Care Setting	Examples of Outcome Measures
Primary Care	<ol style="list-style-type: none"> 1. Wellness Indicators for newborn to old age including documentation of health promotion education 2. Percent of clients immunized by 2 years of age 3. Percent of clients who completed annual well check-ups per guidelines 4. Percent of males 15–35 who have a documented testicular exam and self-testicular exam education 5. Cost per visit benchmark
Women's Health Care	<ol style="list-style-type: none"> 1. Wellness indicators such as mammography, annual gyn exam, and documented health promotion 2. Percent of females (age-appropriate) who have a documented breast exam and self-breast exam education 3. Percent of females with sexually transmitted diseases with documented treatment, prevention counseling, follow-up, and condom distribution
Chronic Care	<ol style="list-style-type: none"> 1. Diabetes indicators following the national guidelines 2. Hypertension indicators following the national guidelines 3. Follow-up of Coumadin® therapy 4. Percent of kept appointments and documentation of follow-up of missed appointments 5. Adherence/compliance with medication regimen
Occupational Health	<ol style="list-style-type: none"> 1. Wellness/Preventive Care Indicators such as post-hire documentation of MMR status, result of PPD, Hepatitis B immunization status, varicella status, back injury prevention education 2. Assessment and evaluation of needlestick injuries, counseling, and follow-up (CDC & OSHA guidelines) 3. Assessment and evaluation of back injury, education, and follow-up (AHCPR guideline) 4. Ergonomic assessment, evaluation, and follow-up 5. Delay in ability to return to work
Rehabilitation Care	<ol style="list-style-type: none"> 1. Pre-assessment function followed by interval assessment and evaluation 2. Cognitive assessment (Mini Mental Status) 3. Discipline-specific assessment by nursing, physical therapy, occupational therapy, psych-mental health, social work 4. Delay in recovery time



29th Annual Conference

Forging New Partnerships and Championing Change

March 18-22, 2004

Sally Russell, MN, RN, BC

AAACN's 29th Annual Conference on March 18-22, 2004 will be held in Phoenix, Arizona, a city with spectacular western scenery, varied culture and arts, exciting shops, and memorable cuisine.

At the conference, attendees will have the opportunity to enjoy the city, attend premier education sessions, network with colleagues, and participate in special events.

Must-See Points

The Phoenix Pride Commission, created to foster a sense of community pride among the residents, has identified 27 favorite "Points of Pride" within the city limits, places that visitors are told not to miss.

The Arizona Center is in the heart of downtown Phoenix and is a wonderful marketplace featuring shopping, dining, and entertainment. There are more than 50 specialty stores and nine full-service

restaurants in the Center, each featuring patio seating. In addition, there are night-clubs offering country/western music and dancing, and a sports bar with more than 50 big-screen TVs.

Camelback Mountain is the city's most prominent landmark which along with Echo Canyon Recreation Area features sheer red cliffs, the Praying Monk rock formation and the familiar camel's silhouette. The 75.8 acre park is a favorite hiking and climbing spot.

Cultural highlights include the Herberger Theater Center, located in downtown Phoenix, and the Heard Museum, which presents the lifestyles and arts of Native Americans and the Southwest. The Heard's displays range from traditional and prehistoric artwork to contemporary cutting edge works, and has a world-famous collection of kachina dolls. The Phoenix Symphony Hall and Terrace, which is also located downtown, is home to both the Phoenix Symphony

and the Arizona Opera. The beautiful Peacock Fountain on the terrace is one of the most photographed attractions in Arizona.

Other favorite tourist spots include Cricket Pavilion, an open-air amphitheater; America West Arena, the site of more than 200 sports and entertainment event each year; Deer Valley Rock Art Center, a 47-acre preserve that contains more than 1,500 petroglyphs; the Desert Botanical Garden, featuring one of the most extensive collections of desert plants in the world; and Encanto Park, a 222-acre oasis with picnic areas, a lagoon, nature trail, and two golf courses.

More details about the conference will be published in upcoming issues of *Viewpoint* and on the AAACN Web site, www.aaacn.org.

Sally Russell, MN, RN, BC, is AAACN's Education Director. She can be reached at (856) 256-2427; russells@ajj.com.

Ambulatory Care Nursing Conference 2003

13th Annual Pacific Northwest Conference
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Shoreline Conference Center, Seattle, WA

14.6 contact hours

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This conference is endorsed by AAACN. It is an educational forum for nurses who practice in urban and rural ambulatory and specialty clinics, physician offices, day-surgery services, home health, public and community health, correctional health, occupational health, school and college health, military health, and other outpatient settings.

Two general sessions and nine sets of concurrent sessions allow participants to design a conference that meets their individual needs. The faculty includes distinguished local, regional, and national experts speaking on clinical assessment, nursing interventions, management issues, and professional development. Teaching methods include lecture, discussion, case studies, poster sessions, and collegial interchange.

We are pleased that Candia Baker Laughlin, MS, RN,C, AAACN President and Director of Patient Services, University of Michigan Health System, Ann Arbor, MI, will be joining us and presenting.

***For more information, go to www.uwcne.org.**

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Everything You Always Wanted To Know About AACN

What is Ambulatory Care Nursing?

Ambulatory care nursing is a unique realm of nursing practice. It is characterized by rapid, focused assessments of patients, long-term nurse/patient/family relationships, and teaching and translating prescriptions for care into doable activities for patients and their caregivers. Ambulatory care nursing is a specialty practice area that is characterized by nurses responding rapidly to high volumes of patients in a short span of time while dealing with issues that are not always predictable.

Source: Robinson, J. (Ed.). (2001). *AACN Core Curriculum for Ambulatory Care Nursing*, pp. 3, 5. Philadelphia: W.B. Saunders.

What is AACN?

The American Academy of Ambulatory Care Nursing (AACN) is the association of professional nurses and associates who identify ambulatory care practice as essential to the continuum of high quality, cost-effective health care.

AACN's mission is to advance the art and science of ambulatory care nursing.

AACN's goals are to be the voice of ambulatory care nursing, promote professional practice, strengthen the AACN resource base, and develop AACN leadership ability and capacity.

Who Belongs to AACN?

Ambulatory care nurses (including RNs, LPNs, LVNs), administrators, clinicians, directors, managers, nurse practitioners, clinical nurse specialists

- Community health nurses, educators
- Physician group practice and office nurses

- Public health and public sector nurses
- Hospital-based clinic nurses
- Parish nurses
- Research nurses
- Military nurses
- Occupational health nurses
- Nurse educators
- Nurse consultants
- Nurses who work in: Veterans Administration outpatient settings, corrections, diagnostic centers, ambulatory surgery centers, call centers or telehealth, emergency departments, urgent care centers, behavioral health, pharmaceutical sales
- Student nurses
- Hospital nurses transitioning to ambulatory care
- Non-nurse ambulatory care managers, administrators, and other professionals

What are the Membership Benefits?

Networking

- **Membership directory:** Members have access to ambulatory care nurse leaders.
- **Local Networking Groups (LNGs):** AACN members are welcome to join state and local member groups.
- **Special Interest Groups (SIGs):** SIGs offer access to resources, information, and expertise related to a specific area of practice. SIGs help members find the experts within AACN and facilitate interactions with colleagues across the country. Support and assistance with problems or information needs are often just a phone call or e-mail away.
 - ◆ **Pediatrics SIG** focuses on education and/or networking for members caring for pediatric patients.
 - ◆ **Staff Education SIG** promotes staff education and provides guidelines for education and assessing ambulatory care staff.
 - ◆ **Telehealth Nursing Practice (TNP) SIG** focuses on the improvement of telehealth clinical practice and the promotion of AACN's *Telehealth Nursing Practice Administration and Practice Standards* through networking, education, and research.
 - ◆ **Tri-Service Military SIG** promotes excellence in ambulatory care nursing practice within the military health care system.
 - ◆ **Veterans Administration (VA) SIG** provides a forum for VA ambulatory care nurses to discuss problems; share solutions and creative programs; and keep in touch across the country.

Discounts on AACN Publications

- Ambulatory Care Nursing Administration and Practice Standards (2000)
- Ambulatory Care Nursing Certification Review Course Syllabus (2000)
- Ambulatory Care Nursing Self-Assessment (2000)
- Examination Preparation Guide for Ambulatory Care Nursing Certification Examination (1999)
- Telehealth Nursing Practice Administration and Practice Standards (2001)

AACN Member Demographics

Position	Area of Responsibility
Manager/Supervisor36%	Physician/Group Practice . . .40%
Administrator/Director28%	Telehealth9%
Staff Nurse/Clinical Practitioner17%	Community/Public Health/ Ambulatory Surgery/ Oncology Clinic/ Staff Education/Other . . .53%
Educator/Consultant/Nurse Practitioner/Researcher/ Other19%	
Highest Level of Education	Practice Setting
Bachelor's-Nursing29%	Military17%
Master's-Nursing24%	Group Practice/ Health Center15%
Master's-Other17%	University Hospital13%
Diploma-Nursing9%	Community/ Private Hospital13%
Associates-Nursing8%	Managed Care/HMO/PPO . . .9%
Bachelor's Other/ Associate-Other/ Doctorate/Other21%	Public Sector/Community Health Center/Public Health/Free Standing Facility/University/ College/Educational Institute/Other33%



- Telehealth Nursing Practice Core Course Manual (2001)
- Telehealth Nursing Practice Resource Directory (2002)

Education Opportunities

- Discounted fees for members
- Premier annual conference and pre and post conference workshops
- Core Curriculum for Ambulatory Care Nursing (2001)
- Ambulatory Care Nursing Certification Review Course
- Telehealth Nursing Practice Core Course (TNPCC) and manual
- Local networking group meetings
- Scholarships, research grants, and awards

Current Information on Ambulatory Care

- *Viewpoint*, a bimonthly newsletter with association news, cutting edge practice articles, political updates, and innovative programs
- Subscription of your choice to *Nursing Economic\$, MEDSURG Nursing, Dermatology Nursing, or Pediatric Nursing* journals
- AAACN column in *Nursing Economic\$* journal dedicated to current trends, issues, and programs in ambulatory care
- Opportunities for communication on the Internet
- Interactive Web site

Volunteer Opportunities

Members may choose to serve on the following AAACN committees/groups: Special Interest Groups; Annual Conference Program Planning Committee; Membership Council; Practice, Evaluation, and Research Committee; Web Site Advisory Committee; and Nominating Committee (elected positions). Members may also choose to serve as Regional Representatives.

If you wish to serve on a committees or group or if you have questions, contact the AAACN National Office. Please remember to request a Willingness to Serve form.

Why Should I Join AAACN?

You will gain rapid access to state of the art information, strategies, and support for your ambulatory care practice in today's rapidly changing health care environment.

How Do I Join?

Simply complete the membership application inserted in this newsletter and enclose your check or credit card information. Return it to the AAACN National Office by mail or fax:

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East Holly Avenue Box 56
Pitman, NJ 08071-0056
Fax: (856) 589-7463**

Join on-line at www.aaacn.org.

**Questions? Call:
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The Faces of Ambulatory Care Nursing



Terri Mauk, BSN, RN, ONC

*Lead RN, Department of Rehabilitation and Clinical Anesthesia
Denver, CO*

“The genuine appreciation I receive from patients and knowing we make a difference in their lives is extremely fulfilling. The advantages of working in ambulatory care include great hours and the continuity of patient care.”

AAACN Kicks Off the Member-Get-A-Member Campaign

- Recruit three members between April 13, 2003 and December 31, 2003 and receive \$100 off future AAACN programs or products!
- Recruit the most members (six or more) and be the lucky member who wins registration, airfare, and lodging to AAACN's 2004 Conference in Phoenix!

Membership applications may be filled out on-line at the AAACN Web site, www.aaacn.org. You may also call the National Office at 1-800-262-6877 to obtain applications. Make sure the colleagues you recruit fill in your name as the "Recruiter" on their membership applications so you qualify.

AAACN 28th Annual Conference

Networking in Ambulatory Care:
Advancing Innovative
and Professional Practice

April 10-14, 2003 • Tampa, Florida

Conference Session to Orient and Welcome New AAACN Members

The Membership Council will present a session at the AAACN 28th Annual Conference, April 10-14, 2003, in Tampa, FL, designed specifically for new AAACN members and those who are attending their first conference. The session, **AAACN 101 – How to Get the Most Out of the Conference and Your Membership**, will be held on Friday, April 11, from 7:00 am - 7:45 am.

The session, previously titled **New Member Orientation**, has been updated and expanded. We will present the benefits and opportunities of AAACN membership, answer your questions about membership in the association, and help you get the most out of your conference experience. Attendees will have the opportunity to meet the AAACN Board of Directors, members of the Membership Council, and AAACN colleagues.

The Membership Council is also organizing a “buddy system” to pair fist-time conference participants with those who have more conference experience. For those who are attending the conference solo, we will connect you with others so you may enjoy your after-hours time and join new friends for dinner.

If you have any questions before the conference please contact the AAACN National Office at 1-800-262-6877 or e-mail aaacn@ajj.com.

At the conference, make sure to look for the Membership Council members who will be wearing pink ribbons. The council members are there to help you and answer questions, and make sure you are comfortable. We look forward to seeing you in Tampa!

Pam Del Monte, MS, RN,C, is on the Membership Council and can be reached at pamela.delmonte@med.va.gov; (202) 745-8180 or (703) 450-7565.

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Telehealth Nursing Practice SIG Adopts Teleterms

Correction: In the January/February 2003 issue of *Viewpoint*, we presented the article, *Telehealth Nursing Practice SIG Adopts Teleterms* (pp. 8-10). This article was presented by the AAACN Telehealth Nursing Practice Special Interest Group (TNP SIG).

On page 10, Table 3, “Percent Agreement with Teleterms Descriptions,” the article listed incorrect data for percent agreement by survey participants and total percent agreement (i.e., participants and members). The Corrected table is shown below.

Table 3.
Percent Agreement with Teleterms Descriptions

	Survey Participants	Workgroup members (N=12)	Total (Participants & Members)
Telehealth	87% (172/197)	100%	88% (184/209)
Telemedicine	80% (154/193)	100%	81% (166/205)
Telehealth Nursing	80% (158/198)	100%	81% (170/210)
Telephone Nursing	69% (136/196)	100%	71% (148/208)
Telephone Triage	95% (184/192)	100%	96% (196/204)

Reuse of Needles and Syringes by Health Care Providers Puts Patients at Risk

Recent survey reveals compliance with infection control guidelines lacking

A recent survey of various health care providers who give medications through injections reveals that 1 in 100 reuse the same needle and/or syringe on multiple patients, according to the American Association of Nurse Anesthetists (AANA).

The telephone survey, conducted by Cooper Research, Inc., of Cincinnati, Ohio, included a random selection of health care providers in five different categories: anesthesiologists, other physicians, Certified Registered Nurse Anesthetists (CRNAs), other nurses, and oral surgeons. Prompted by news reports of Hepatitis C outbreaks in Brooklyn, NY, and Norman, OK, allegedly caused by health care providers reusing needles and/or syringes on multiple patients, the survey was undertaken to determine provider attitudes and practices concerning reuse.

Despite infection control guidelines that advise against the reuse of needles and syringes on multiple patients, the survey results suggest that there is a lack of compliance among some health care providers.

"There is no excuse for ever reusing a needle or syringe on different patients," said Rodney Lester, CRNA, PhD, AANA president. "It is most disturbing that even 1% of the health care providers surveyed do this, potentially exposing millions of patients each year to needles and/or syringes contaminated with Hepatitis, HIV, or other life-threatening infectious diseases."

Among the different categories of health care professionals surveyed, 3% of the anesthesiologists who responded indicated they reuse needles and/or syringes on multiple patients; other physicians, CRNAs, other nurses and oral surgeons reported reuse at 1% or less for each group.

Lester pointed out that even though the percentages of health care providers who reuse on multiple patients appear to be low, they translate into an alarming number of actual health care providers.

"In the anesthesia field alone," Lester said, "3% of physician anesthesiologists and 1% of CRNAs amounts to roughly 750 anesthesiologists and 250 nurse anesthetists, or a total of 1,000 providers. That is 1,000 too many."

According to Lester, reuse of the same needle and/or syringe on multiple patients is strictly forbidden in the infection control guidelines and practice standards of various professional associations, such as the AANA, American Society of Anesthesiologists, and Association for Professionals in Infection Control and Epidemiology, Inc. He added that using the same needle and syringe on multiple patients is not allowed regardless of whether the provider uses needles or a needleless system to administer medications. Many health care facilities have gone to needleless systems in recent years as a safeguard against contamination and as a precaution against needlesticks for healthcare providers. However, even with needleless systems the reuse of syringes from patient to patient is not permissible.

Source: American Association of Nurse Anesthetists

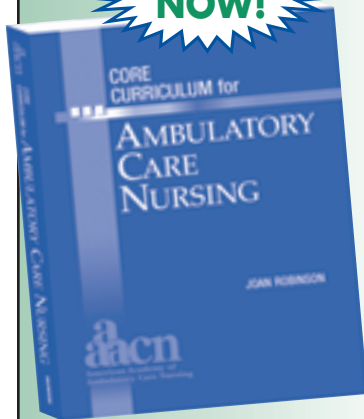
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American Academy of Ambulatory Care Nursing (AAACN)

Edited by Joan Robinson, MS, RN, CNAA; with 50 expert contributors

The Core Curriculum provides the essentials of ambulatory care nursing. The first of its kind; it:

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- prepares you to handle the full spectrum of ages and presenting conditions you'll face
- references the AAACN Ambulatory Care Nursing Administrative and Practice Standards, as well as the AAACN Telehealth Nursing Practice Administration and Practice Standards

AAACN Community

continued from page 1

learn more about how others have handled similar problems and issues. There is great comfort in being surrounded by colleagues who understand the world you work in each day. Members also want to learn how to be good leaders and to be mentored by leaders within the organization who can help them grow in their ability to influence others in positive and meaningful ways. And finally, members want information in newsletters and journals and from the AAACN Web site that will allow them to stay in touch and engaged throughout the year.

Joining for a Common Purpose

In good times and bad, people are drawn together to form communities around common interests and beliefs. Community takes many forms and shapes and can be either large or small. Webster defines community as "A unified body of individuals...an interacting population of various kinds of individuals...a group of people with a common characteristic living together within a larger society...a group of persons of common professional interests scattered through a larger academic society...a group linked by a common policy." (Webster's, 1976, p. 228).

The United States is a large community. America's citizens may become voluntary members of smaller communities, as they identify with various political parties. Neighborhoods, churches, schools, athletic teams, clubs all serve to bring individuals together for a common purpose.

Within a professional association, community evolves from a group of people who voluntarily come together to solve common problems, meet common needs, and accomplish common goals (Tecker, 2003). Community often evolves from the desire of individuals to accomplish something together that they could not accomplish alone. Thus, individuals with common goals and beliefs band together to form a collaborative community.

Individuals come together and stay together within their professional community because of their concept of what will accrue to them as a result of being a part of that community. They are united by common expectations of the information that will come to them, the benefits they will receive, the value that will come with membership, and the common self-interests that will lead to further enlightenment of the group as a whole.

The association community is strengthened when the membership perceives that the values and benefits expected from the association are actually being provided. A perception of organizational value instills pride in membership and influences members to engage with the organization and to stay engaged. Community benefit comes from those features offered to members that result in tangible value to them. In a broader sense, it is the ability of the association to clearly identify how the universe its membership serves benefits from what the association does (Tecker, 2003).

Driving Forces: Will and Fortitude

The ability of an organization to thrive in good times and to survive in difficult times is often related to the degree to which the association's volunteer and staff leaders and members understand what their responsibilities are to the organization and to each other.

Tecker Consultants, LLC, report recent research findings that suggest "successful governance of an association has more to do with the willingness of people to do things differently than with their knowing what to do differently" (Tecker, 2003). The success of the organization is believed to be dependent on the degree to which its leadership "possesses the desire, fortitude, expertise, knowledge and commitment to evolve nimble governance structures" that are capable of navigating the association through turbulent times. This concept may be referred to as "the will to govern well" (Tecker, 2003).

We are living in turbulent times. The challenges we face are many and they are not small. Questionable ethics in clinical and business practices; the need to improve our clinical outcomes and in so doing improve the safety of our patients; an economic environment that makes it difficult to find the energy and resources necessary to engage in professional and personal activities; the threat of further terrorist activity; the potential for war...all combine to create a clear awareness that we must look to the future differently if we are to continue the growth and the presence of AAACN.

AAACN's staff and volunteer leaders must have sufficient information to allow them to make informed decisions on behalf of the organization. They must be able to create and sustain a pace of change within the organization that matches the pace within the workplace. In times of scarce resources they must set priorities, understanding that an effort to do everything and do it well may result in nothing being done well. They lead through influence and understand that their primary vehicle of influence is communication.

Communication affords the leadership an opportunity to build on their reputation of being truthful, knowledgeable, and insightful about the needs of the organization; about the views of the membership; about the key values and concerns of the organization's stakeholders...they are in fact broadening and strengthening the community that is AAACN.

The staff and volunteer leadership (the executive director and the president) must also assure that we nurture three keys that are particularly important to AAACN's success. These three keys will help us demonstrate our "will to govern well." The three keys are:

- A reputation of value (having a portfolio of good stuff to offer our members).
- An enjoyable culture (based on trust and accurate timely communication).
- A nimble infrastructure that will allow us to seek out and take advantage of opportunities that will add to AAACN's value (Tecker, 2003).

The three keys to
AAACN's success are
a reputation of value, an
enjoyable culture, and a
nimble infrastructure.

Along the way we need to remember to have fun and to recognize all the good things that we have already accomplished.

Steering the Ship: The Board's Responsibilities

What is the role of the AAACN Board of Directors? The board's role is to assure that the association is running well. The board holds the executive director and the president accountable for making certain they have a shared vision of what will constitute success for the organization; for representing the organization well; and for making certain the organization is moving in the right direction and all of the different pieces of activity are fitting together well. Finally, the board has a fiduciary responsibility to assure the resources of the organization are used wisely. That entails accountability for defining what will constitute value for the organization and making certain that the identified values are being delivered.

Three more specific roles of the board are the corporate role, the legislative role, and the adjudicatory role (Tecker, 2003). In the corporate role, the board contracts with the management firm, approves and implements the strategic plan, and oversees the association's programs and resources. In the legislative role, the board establishes and updates internal operational policy and, based on their knowledge of the external health care environment, defines the association's position on issues that are of interest to the membership (for example, the Nurse Reinvestment Act, multistate licensure). In the adjudicatory role, the board debates the array of issues and activities in which the organization could or should be involved. Understanding the need to set priorities, the board chooses among the alternative positions or activities and makes choices that will add value to the organization and the members.

AAACN's Community of Members

The core of the AAACN community is its members. How do we engage them? How do we attract new members? Member involvement can take many shapes. Involvement may mean attending an annual meeting, working on a committee, chairing a special interest group or providing input on an issue. The key is to balance each member's involvement with what is right for the member.

Some individuals simply want to be identified as "members" and receive the value and benefits that come with belonging. Others will be "mailboxers" – they will find value in reading *Viewpoint* and other AAACN electronic news, and accessing the AAACN Web site. They want a regular stream of information that will be useful to them in their daily work. They want AAACN to simply be a source of information.

Other members will be "networkers." They will find value in belonging to the AAACN community. They will want to come to annual meetings and have plenty of time to meet and dialogue with their colleagues from across the country. The value of AAACN for them will be the networking opportunities.

Some members will be the "intelligentsia." This group will want regular access to cutting-edge information. They will want to know the future before it arrives. They will continue to participate in the organization for as long as their "need to know" is met. That is the value they find in AAACN.

Finally there are those members who will be "shapers" of the organization. They will influence policy-making within the organization and will help define the external positions of the

The Faces of Ambulatory Care Nursing



Robbie Grace, RN

*Case Manager, Dialysis
Atlanta, GA*

“I like the impact case management has on patient care. I make a difference by helping people learn how to deal with their illness and live with the disease.”

organization. These individuals need to be involved. They will chair committees and seek elected office. The value of AAACN for them is in the ability they find to exert influence within the organization, to feel they have made a difference and, because of their involvement, have made the organization better. Their involvement also provides them with learning opportunities that transfer to their personal lives, work setting, and career.

We must use our volunteer time wisely. Each of us is a member, a volunteer, an employee, a member of a family, a member of a host of different communities...and each role is important. The goal of the AAACN president, the board, and the management staff is to assure that our volunteer members have an enjoyable experience and that they are afforded the opportunity to do meaningful work that provides for them a sense of personal reward and enhanced professional and personal self-esteem.

Thank you for being a part of AAACN and the vibrant community of ambulatory care nursing it represents. Each of you are, in fact, the face of ambulatory care nursing.

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- Tecker Consultants, LLC. (2003, January). ASAE CEO Symposium. Coral Gables, FL.
- Webster's New Collegiate Dictionary, G. & C. (1976). (p. 228). Springfield, MA: Merriam Company.

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**AAACN
MISSION**

Advance the art and science of ambulatory care nursing

Corporate Spotlight

AAACN would like to welcome our newest Corporate Member for 2003. HMS Northwest, Inc., who joins *Nursing Spectrum* and Purdue Pharma L.P., is supporting AAACN by generously contributing funds to provide quality services to our membership.



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its organization, and extend the productivity of their internal resources.

HMS Northwest is also recognized for sponsoring the TeleHealthSurvey® on its Web site. This survey is the only industry-wide tool that collects data and benchmarking information for telehealth programs and practices.

***AAACN welcomes our new Corporate Member
and thanks HMS Northwest Inc.!***