Welcome to the 2nd edition of the Baylor Scott & White Health – North Texas APRN Newsletter! We reviewed our goals for the next fiscal year, and one of them is to produce this newsletter every quarter. This will be a resource for not only us, but any of our students, and our Central Texas counterparts as well. A reminder that our APRN council meets on the 3rd Thursday of every other month from 5-7pm at BSWMC Irving; our next meeting is July 16. Dinner is served, and there is a conference line for those unable to attend in person. If you have not received the meeting planner, please let me know. Also, feel free to invite APRN students! They are the future of our profession and we’d love to network with them. Have fun reviewing our colleagues’ professional accomplishments and any educational opportunities we have coming up in the remainder of this newsletter. See you all in July!

Megan Wheeler, MSN, RN, ACNS-BC

A big THANK YOU to Stacy Tackett, MSN, RN, ANP-BC, ACHPN, for serving as chair of the BSWH North Division APRN Council for the past fiscal year. We appreciate your leadership!
Podiums, Posters, Publications, & Professional Achievements

July through December, 2014
Regional, State, National, and International

Poster Presentations


Podium Presentations

North Texas Clinical Nurse Specialists, Fort Worth, TX – July 2014
- Susan H. Smith. Participation of nurses in health services decision-making and policy development: Ensuring EBP around the globe.

ANCC National Magnet Conference, Dallas, TX – October 2014
- S. Flanders, Sharon Gunn DNP, RN, ACNS-BC, CCRN, Dora Bradley, PhD, RN –BC, FAAN & Virginia Payne, BSN, RN. The Big Bang Theory: Innovations in Geriatric Education.

Geriatrics Conference, Dallas, Texas – October 2014
- Sonya Flanders. Health Literacy and Older Adults. How YOU Can Help.
- Monica Spencer, MSN, RN, FNP-BC, BUMC-Dallas. Wound Care.

Association of Medical-Surgical Nurses, Dallas, TX – October 2014
- Susan H. Smith. Sepsis: When minutes count.
- Joanna Briggs Institute International Colloquium, Singapore – November 2014
- Susan H. Smith. Participation of nurses in health services decision-making and policy development: Ensuring EBP around the globe.

PCNA Fall Conference, Fort Worth, TX – November 2014
- Peggy McAtee, RN, MN, ACNP-BC, CCRN. Update on the Management of Hypercholesterolemia.

Scientific Sessions 2014 sponsored by the American Heart Association, Chicago, IL – November 2014

Cardiovascular Nursing Symposium 2014 sponsored by the American Heart Association Council on Cardiovascular Stroke Nursing, Chicago, IL – November 2014
- Bobbi Leeper. Cardiogenic Shock Management: Drugs and Devices.

Institute for Healthcare Improvement, Orlando, FL – December, 2014
- Susan Smith. Insights on implementing a bundle to prevent ICU Delirium.

Lung Cancer Symposium, Dallas, TX – January 2015
- Jame Restau, MSN, RN, ACNS-BC, ACHPN. BSWMC-Irving. Tumor Markers for Lung Cancer Diagnostics and Prognosis.

Publications


Professional Achievements

- Sonya Flanders, President-elect Texas Clinical Nurse Specialists organization
- Pamela Green, Graduated with DNP from UAB December 2014
- Marygrace Hernandez Leveille, Vice President Southern Nursing Research Society
- Peggy McAtee, Secretary Cat City (Fort Worth) chapter of Preventive Cardiovascular Nurses Association
- Jame Restau, Treasurer Texas Clinical Nurse Specialists organization
Displaying Your Credentials

Perhaps you’ve seen several variations of how nurses, including APRNs, display their credentials. Credentials are typically displayed in several circumstances including email signatures, identification badges, presentation title slides, along with authors' names on manuscripts and on presentation slides and handouts. To untangle the complexity, the ANCC published guidelines about the preferred way to list your credentials. A handy brochure on the topic, along with relevant FAQs, may be found here.

The preferred order is:

- Highest earned degree (e.g. PhD, DNP, MSN)
- Licensure (e.g. RN)
- State designations (e.g. Clinical Nurse Specialist – Adult Health, Nurse Practitioner – Acute Care Adult, Nurse Midwife, Nurse Anesthetist)
- National Certifications (e.g. AGPCNP-BC, GNP-BC, AGCNS-BC, ACNPC, CCNS)
- Awards and honors (e.g. FAAN)

But that’s not all...

There are legal requirements, as well. Texas Board of Nursing RULE §221.2 covers authorizations and restrictions for using APRN titles. Specifically, it states, “Advanced practice nurse” shall not be used as a title; APRNs are to use the title for which they have board approval as an APRN. Examples include: Family Nurse Practitioner, Adult Nurse Practitioner, and Adult Health Clinical Nurse Specialist.

Whom you work with is just as important as what you are doing, which is why Baylor Scott and White Health, in conjunction with HealthTexas Provider Network, strive to have a level of partnership for Advanced Practice in all specialties and settings in North Texas. With renowned physicians, competitive benefits packages, national recognition, flexible schedules, and state of the art facilities—it’s easy to see why we’re a great place to work for Advanced Practice. If you, or someone you know, is interested in particular location or specialty please contact Senior Recruiter, Samantha Oakley, at Samantha.oakley@baylorhealth.edu.

For an up-to-date list of our ever-changing and exciting opportunities please visit jobs.baylorscottandwhite.com

Did you know there is an intranet site just for BSWH North APRNs?

There you will find content relevant to APRNs, so check it out and check back often!

Just click on the image to visit the page now!
Reflections of a Patient Care Experience

If you know assuredly
that pain and suffering is in store for me.
Despite all the caregivers can do
the time has come to depart from you.
Should my final days be confined to a bed
and my diet consist of being tube fed.
Should there come a day when I cannot respond
with words, or a look, or a quiet nod.
Please release me and set me free.
There is something better waiting for me.

By Pamela Green, DNP, APRN, FNP-C

Helping Future APRNs Find their Own Paths

Many of us have been approached by RNs or even student nurses who want to learn more about graduate school options, including various APRN roles and tracks. Some of us have also seen APRN students who have a goal of working in a specific clinical setting, only to find their educational program does not match the educational requirement for that “dream job.”

We have a great opportunity to ensure individuals are informed about roles, scopes of practice, and options before they invest money and time in a graduate program. While it’s easy for most of us to explain our own roles, scope of practice and career options, it may be more difficult to explain all the different APRN roles. One approach is to refer the potential APRN to colleagues in various APRN roles. Another is to share credible websites, such as the student resource center from AANP, or the NACNS site. Texas Board of Nursing APRN information also may be helpful to prospective APRN students.

Here are some journal articles with useful information related to APRN scope of practice.


Although the clinical nurse leader (CNL) role is not one of the four categories of APRNs, some may inquire about becoming a CNL, particularly because the name is similar to that of the CNS. At least two North Texas universities offer CNL programs. In the following manuscript, the author briefly compares the CNL to the CNS and NP, and identifies ways these roles can work together.


By Sonya Flanders, MSN, RN, ACNS-BC, CCRN
Over the past couple of years, a few colleagues have mentioned getting unsolicited emails inviting them to publish. The emails are often complimentary of the addressee, indicating they’d be very honored to have him or her publish in their scholarly-sounding journal. Such invitations may come from credible, ethical publishers; however, be aware of predatory journals – those promising expedited publication with little follow-up effort on your part and – oh yes – a fee you need to pay to get published. Several nursing journal editorials, including one in AJN, recently have addressed predatory publishing. Some suggest publishing in such journals can reflect poorly on authors’ credibility because of absent or questionable peer review. The topic is definitely worth a quick read if you are considering writing for publication. Beall’s List of Predatory Publishers can serve as a check to see if an invitation you receive is from a known predator.

It’s important to note not all open access journals are predatory, and there are benefits to publishing in reputable open access journals. Benefits include broad accessibility and no cost to the end-user. A directory of credible nursing journals is available from the International Academy of Nursing Editors.

Knowing predatory journals are out there needn’t deter you from writing; just counter the risk by checking a publisher’s credibility before you submit a manuscript. Writing for publication takes energy and time, and seeing your name printed in the author byline of a reputable journal is a sweet reward.

Statewide Health Coordinating Council

Under Chapter 104 of the Health and Safety Code, the Statewide Health Coordinating Council (SHCC) works 'to ensure that health care services and facilities are available to all citizens in an orderly and economical manner'. As part of its efforts in doing so, the SHCC directs the development of and approves for the delivery of the Texas State Health Plan to the Governor. This plan is written every six years and revised every two years in between. The 2017-2022 Texas State Health Plan is due to the Governor no later than November 1, 2016.

In developing the 2017-2022 Texas State Health Plan, the SHCC is seeking the input of the Texas health care community - patients and their families, health care providers and their employers, educational institutions, advocacy groups, and many others - in two major ways.

1. **The SHCC's stakeholder engagement survey** - This brief survey of open-ended questions allows respondents to share their diverse viewpoints on three main topics: the educational system for health care providers, Texans' access to care, and the mental health system in Texas. Additionally, the SHCC is interested in hearing what other topics its stakeholders would like to see addressed in the 2017-2022 Texas State Health Plan. To participate, please respond to the SHCC's stakeholder engagement survey. If you have trouble accessing the survey, please contact SHCC@dshs.state.tx.us or 512-776-6541.

2. **The 10/22/2015 SHCC Meeting** - The SHCC will be publicly accepting comment on the development of and discussing plans for the 2017-2022 Texas State Health Plan at its council meeting on October 22, 2015 in Austin, TX. The meeting agenda, including specific location information, will be posted on the SHCC's 2015 meeting page roughly two weeks prior to the meeting date.

Questions or comments can be directed to SHCC@dshs.state.tx.us or 512-776-6541.

Thank you for your participation,
Matt Turner, PhD, MPH
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Understanding Supportive and Palliative Care for Primary and Specialty Care APPs

Supportive and Palliative Care (SPC) is a recognized medical specialty focusing on care, comfort and planning for patients and families dealing with serious and life-limiting illnesses. SPC focuses on helping patients and families not only deal with physical symptoms but also the psychosocial, spiritual and/or social stigma of their disease. Patients commonly seen by SPC services include those with congestive heart failure, chronic obstructive pulmonary disease, metastatic cancer, neurodegenerative disease, chronic liver disease, and end-stage renal disease. A patient does not need to be terminal to receive SPC services. Patients can be seen by SPC services while they are receiving treatments to treat their serious illness. SPC works with the medical team to provide services to support the patient throughout the disease process but it best serves the patient and family if SPC is consulted early in the disease trajectory and ideally at time of diagnosis with a serious or life-limiting illness.

Many APPs and other healthcare professionals confused SPC with hospice services and it is understandable as there are ways in which they are similar. Both services use multidisciplinary teams to provide care to patients and families with special expertise in symptom management, planning and prognosis. Beyond this similarity, the two services differ. Currently, SPC services are provided predominately in the acute care setting but are expanding into the outpatient setting with clinics where patients can be followed. Like SPC, hospice works to improve symptoms such as pain or dyspnea. However, hospice focuses on helping patients and families when further attempts at cure are no longer possible. Often, hospice services are provided at home but they can also be provided at longterm care centers and inpatient hospice units. To qualify for hospice services the patient must be in the terminal phase of a disease and have a physician order for hospice.

SPC has proven to be beneficial for patients and families by providing better symptom control, less emotional hardship on patients and families, improved care planning, and improved communication.

You can refer your patients from the primary care setting to one of the two outpatient clinics located at Baylor University Medical Center or Baylor Regional Medical Center at Plano. Both clinics are staffed by board certified Palliative Care physicians who will work with you to support your patient.

For more information about SPC services provided by Baylor Scott & White North Division, please go to www.mybaylor.com. From there, click on clinical links on the left hand side of the page and look for Clinical Ethics/Supportive and Palliative Care. You will find information for APPs and for patients and families. There are also printable advance directives that you can provide to your patients and families.

By Jame Restau, MSN, RN, ACNS-BC, ACHPN

But one of the hardest things to decide is who should have an SPC consult. One of the ways to do this is to ask yourself, “Would I be surprised if this patient died in the next year?” If you answer “No” to this question, your patient may be appropriate for a consult.

Please consider contributing to the next issue of this APRN newsletter. Email articles, announcements, and accomplishments (January through June 2015), to sonyaf@baylorhealth.edu by September 1, 2015.