

ViewPoint

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Do your callers seem angry? Are you handling more complaints, hang-ups, or even threats? If you said yes, you are in agreement with many others. The latest NPR-IBM Watson Health poll (Hensley, 2019) reported 84% of people surveyed said Americans are angrier today compared to a generation ago. This perception was validated by Gallup's 2019 *Global Emotions Report* which found that Americans were angrier last year than most years in the past. Furthermore, the report found that younger Americans between the ages of 15 and 49 are among the most stressed, worried, and angry; one in four report feeling angry much of the day (Ray, 2019). As I travel the country presenting seminars, nurses report an increase in encounters with individuals and families that are confrontational and aggressive, yet nearly all nurses disclose that they do not receive training to manage angry callers.

Anger is categorized as a negative emotion, but it is human to feel angry. In actuality, anger is not just destructive, it can be constructive. Hankins and Hankins (2000) co-authored a timeless book, *Prescription for Anger: Coping with Angry Feelings and Angry People*, which explains the difference between constructive and destructive anger. Constructive anger can initiate action, resolve differences, improve understanding, and can build a relationship. In contrast, destructive anger includes activities such as swearing and name-calling and “deters others from caring about your needs and increases the desire to respond in equally hurtful ways” (Hankins & Hankins, 2000, p. 6). It is often the manner in which the anger is responded to and managed that may transform a destructive interaction into a constructive conversation. Anger is one of the densest forms of communication. It relays more

From **Anger** to **Agreement**

Kathryn Koehne



information, more quickly, than nearly any other type of emotion (Duhigg, 2019).

Causes of Anger

Mead (2019) explains people feel angry when they view a situation as personally relevant to them, inconsistent with what they are trying to achieve, and when this is caused intentionally by another person. In ambulatory care settings, it can often be the nurse who can be perceived as a barrier when an expectation is not granted (e.g. prescription for antibiotics over the phone, homecare directions when the symptoms warrant an appointment).

Among reasons for an increase in hostility include health consumerism, the virtual nature of the encounter, the opioid crisis, and financial difficulties.

continued on page 12

3 Preceptor Education in Ambulatory Care: Implementing Introductory and Advanced Programs

CNE

9 APA Style Changes Coming

14 Emerging Clinical Issues
Ambulatory Care Nurses
Supporting Parents in
Addressing Gun Violence
with Their Children

aacn American Academy of Ambulatory Care Nursing
Many settings. Multiple roles. One unifying specialty.



Collaborating and Taking Ambulatory Care Nursing to the Next Level



Kristene Grayem

As the year comes to a close, it is a great time to reflect and celebrate our 2019 accomplishments and look forward to upcoming opportunities in 2020. In 2019, there was one common theme and that was **collaboration**. We had a record number of opportunities to build new alliances, strengthen existing collaborations, and explore opportunities for new connections. Your AAACN Board of Directors is working hard to develop and strengthen our relationships with key stakeholders to enable us to move AAACN's strategic plan forward. I will highlight many of those opportunities in this column.

We invited the 42 organizations that received HRSA 'Nurse Education, Practice, Quality and Retention (NEPQR) - Registered Nurses in Primary Care (RNPC)' grants to a special networking session at the 2019 Annual Conference. This was a prime opportunity for AAACN to proactively connect with the grantees, promote how AAACN expertise and resources can help meet grant requirements, and expand its influence to prepare a pipeline of future ambulatory care nurses. We continue to explore additional ways to engage with these individuals and partner with them as they complete their grant work, including future opportunities for presentations and publication.

AAACN had several new opportunities to partner with publications. A new CCTM column, written by a AAACN member, launched in *MEDSURG Nursing Journal* in 2019. We are also exploring an opportunity to contribute an ambulatory care column in the *Pediatric Nursing Journal*. A new taskforce will revise and update our Ambulatory Registered Nurse Residency White Paper, and include a representative from Vizient, a member-driven, health care performance improvement company, that has a hospital-based nurse residency program. We are exploring opportunities to offer ambulatory care articles and highlight AAACN's activities in the *Journal of Nursing Administration* as well.

We have continued to nurture existing relationships, including partnering with Lippincott, to develop and update ambulatory care nursing procedures for the Lippincott Procedures online resource. We have been actively engaged with MSNCB to think about the future of the CCCTM® Certification. The AAACN Board is considering options for strengthening the certification, as well as the overall CCTM RN role. AAACN continues to have representatives on the National Alliance for Quality Care and the Champion Nursing Council. We have expanded and strengthened our partnership with the Association for Nursing Professional Development (ANPD). AAACN members presented the webinar 'New Graduate Residency Program: Emerging Ambulatory Needs' for ANPD members in August. AAACN

continued on page 8

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Preceptor Education in Ambulatory Care: Implementing Introductory and Advanced Programs

Janice Mills and Mary Louise Kanaskie

Employee orientation, whether to an organization or to a new clinical setting, is important to the person's overall success. Experienced and competent preceptors who provide guidance and work alongside the new employee play a key role in this process. Nursing has a strong tradition of utilizing staff preceptors to instruct new employees on standards of care and validating staff competencies in both the inpatient and ambulatory care settings (Shinners & Franqueiro, 2015). Effective preceptors are identified as an important factor in graduate nurse transition to practice and to registered nurse transitions to new practice settings (Bontrager, Hart, & Mareno, 2016). Each preceptor provides the resources to connect the new hire to the organization, policies, standards, and procedures that are needed to function at high levels in shorter periods of time. In addition, preceptors play a key role in the validation and documentation of skills and training. In fact, The Joint Commission Human Resources Standards clearly state the organization has the responsibility to provide orientation and training of staff to support the care, treatment, and services provided (The Joint Commission, 2018).

Growth in ambulatory care services along with higher patient acuity has led to the need for increased numbers of registered nurses with experience and advanced skills to care for complex patients. Preceptors are crucial in assisting with this transition by providing new

knowledge and support (American Academy of Ambulatory Care Nursing [AAACN], 2017a). However, many experienced staff have not had formal preceptor education and have learned teaching techniques, communication skills, and conflict management skills while on the job. A formalized preceptor education program that includes these competencies is needed to sustain the preceptor workforce (Ciocco, 2015; Cotter & Dienemann, 2016). Developing staff to be preceptors who are knowledgeable, supported, and encouraged to take on this additional role can lead to successful orientation outcomes and retention of new staff (Bontrager et al., 2016; Clipper & Cherry, 2015; Nash & Flowers, 2017). Importantly, education of preceptors in ambulatory care should address the uniqueness of care delivery in this setting.

Growth in ambulatory care sites, new clinical programs, and higher patient acuity has led to increased hiring of staff at all levels. The need to prepare new and existing staff for these new roles requires knowledgeable and skilled preceptors to ensure a smooth transition to practice. The AAACN *Preceptor Guide for Ambulatory Care Nursing* (2017b) serves as a valuable resource for the development of preceptor programs in ambulatory care. The purpose of this article is to present one organization's implementation of preceptor education designed for the ambulatory care setting that incorporates AAACN's 2017

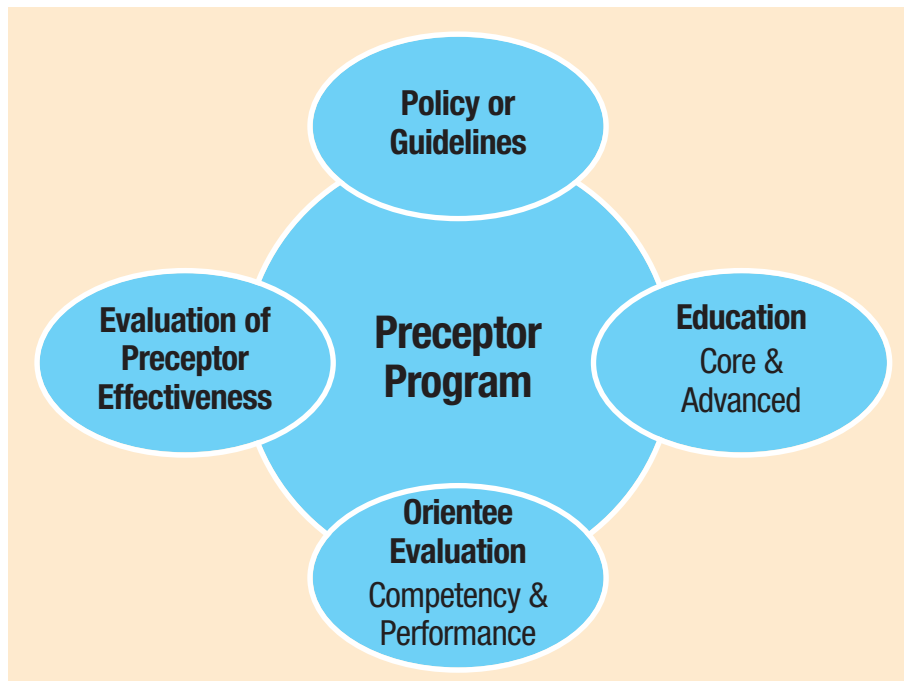
preceptor recommendations. In addition, this article offers a description of an advanced topics workshop for experienced preceptors to build on existing expertise in developing skilled communicators and facilitators of learning.

Background and Planning

Preceptor program is a broad term used in this article to describe the process and methods for orienting new employees at the unit or departmental level (see Figure 1). The preceptor program allows for assessment of initial staff competency to perform job duties, provides individualized support and training, and provision of follow-up of the employee in a new work environment. The organization's workshops and other educational activities are part of the program as they support preceptor development. Nurse educators provide the instruction and facilitation of learning in the introductory preceptor workshop and advanced preceptor education activities. The role of the nurse educator (or professional development practitioner) in this program is one that may "develop, coordinate, manage facilitate, conduct, and evaluate onboarding and orientation programs for nursing and other healthcare personnel," (Association for Nursing Professional Development, 2016, p. 17).

The need for a formalized ambulatory care preceptor education program became evident as the numbers of new registered nurse hires increased within the growing health system. The aca-

Figure 1.
Overview of the Preceptor Program Components



Note: Preceptor Program is a broad term that includes the process and methods for orienting new employees at the unit or departmental level. These components are policy and guidelines that describe who, when, and how of precepting in the organization, formal education activities, orientee evaluation both competency assessment and overall performance, and evaluation of the preceptor's effectiveness.

demographic health system's medical group currently includes 66 practice sites and a staff of 1,200 and growing. Following the publication of the 2017 AACN preceptor guidelines, ambulatory care nurse educators assessed the alignment of the existing preceptor education with the new AACN guidelines. Building on the institution's current preceptor curriculum, the AACN recommendations were incorporated customizing the program to address the unique needs of ambulatory care practice.

Strategic alignment of the ambulatory care preceptor curriculum with the existing acute care programs across the health system was helpful in gaining support of both staff and leaders. The existing acute program was already viewed as valuable and credible in producing successful preceptors and provided a curriculum that could be adapted to the ambulatory care setting in a relatively short period of time. Ambulatory care

nurse educators also partnered with the medical group leaders and collaborated with managers to identify potential preceptor candidates for all job types, promote the educational program to staff, and ensure attendance and follow through on the practice site level. This strategy to collaborate with all levels of ambulatory care leaders was important for successful implementation.

Introductory Level Preceptor Workshop

Implementation

The preceptor workshop core curriculum is an introductory level education activity offered as a 4-hour class in multiple sessions, at various times of day, and at all regional campuses of the health system. Registration for individual workshop sessions is managed through a learning management system and registered nurses receive professional organization contact hours for

completion of the education activity. Staff who attend the preceptor workshop are selected by the leadership team for their consistent positive performance and leadership potential.

Introductory level curriculum content includes a description of preceptor roles and responsibilities, communication and effective feedback techniques, learning needs assessment, and strategies to promote critical thinking. The learning objectives and agenda for the educational activity, 'Preceptor Workshop Building the Future,' are shown in Table 1. The workshop agenda includes topics and suggested time allotment for each topic. This introductory preceptor workshop includes understanding learning styles of the preceptor, as well as the new employee, to assure that activities of learning are created to match each individual learning style. Tactile, visual, and sensory teaching techniques and examples are provided. Teaching methods integrated throughout the curriculum include case examples, problem solving exercises, and small group activities. One example is an activity to identify characteristics of being a preceptor which is experienced by the group through working with putty and experiencing its common characteristics of stretching, molding, and flexibility. Videos are used to inspire and demonstrate teamwork, success, and nurturing behaviors. Strategies for managing conflict are brought to life through classic examples, as well as the participants' own experiences.

Education Evaluation

Feedback is critical to program planning and future course development. Evaluations of the last four preceptor introductory workshops, conducted from 2017 through April 2018, were analyzed. A total of 133 staff attended with an average of 33 per session. An evaluation summary revealed key learner objectives were met. Most participants believed that they learned techniques for providing effective feedback (52% very high, 46% high, 2%

moderate) and reported that they could use the strategies learned to encourage critical thinking in preceptees (45% very high, 52% high, 3% moderate). Class participants also found the learning methods, such as group activities and case studies, to be helpful and reported value in sharing stories with other preceptors that validated their struggles and successes. Several participants stated that the program content would improve their practice as they helped new staff transition to their roles in ambulatory care.

The preceptor workshop is viewed to be effective as a 4-hour session in achieving learning objectives. In addition, the time frame accommodates staffing patterns so staff can more easily be scheduled to participate. Ambulatory care managers and leaders at all levels have been supportive in facilitating staff attendance at the preceptor workshop which demonstrates the perceived value of the program to the organization. Staff attend on paid time and staffing coverage is provided by a float pool.

Advanced Preceptor Workshop

Overview

Nurturing a culture that promotes safety through competent staff at all levels is important to our mission and values in the ambulatory care setting. One example is the recognition that preceptor education cannot be achieved with attendance at one educational activity alone. A gap in knowledge and skill related to the complex nature of the preceptor/orientee relationship led to the development of the advanced preceptor workshop. Existing preceptors need to update and improve their knowledge and skills at various intervals in order to meet the demands of our rapidly changing health care environment. The goal of the advanced education curriculum is to meet the learning needs of the preceptors by recognizing their experience and building on their current expertise. Building on the introductory course, a 4-hour 'Advanced Preceptor Workshop for

Table 1.
Introductory Preceptor Workshop (Core) Learning Objectives and Agenda

| "Preceptor Workshop Building the Future" | |
|---|--|
| Learning Objectives: <ul style="list-style-type: none"> • Identify primary roles of a preceptor. • Describe attributes of the preceptor. • Explain the significance of learning styles. • Discuss the importance of communication and feedback. • Demonstrate how to use critical thinking strategies. • Identify ways learning needs assessment can be helpful. • Identify tools to monitor progress during orientation. | |
| Agenda | |
| Welcome and Completion of Learning Styles Assessment (20 minutes) | |
| Learning Styles: Preceptor and Preceptee (40 minutes) | |
| Preceptor Role and Attributes. Preceptor Policy Review (45 minutes) | |
| Communication and Effective Feedback Techniques (45 minutes) | |
| Critical Thinking Strategies During the Orientation Process (15 minutes) | |
| Orientation Documentation (30 minutes) <ul style="list-style-type: none"> • Preceptor responsibilities and providing feedback. • Preceptee responsibilities. • Documentation for the employee file. • Orientation schedules and competency checklists. | |
| Summary (30 minutes) | |

Ambulatory Care' (see Table 2) was offered in September 2017. Problem based learning principles are applied, allowing learners to find solutions to common questions while practicing essential skills. This student centric approach allows participants to control the direction of the discussions by taking active roles in sharing examples of difficult and successful interactions they've encountered in their preceptor experience.

The advanced preceptor workshop was adapted from the corresponding inpatient advanced program but specific to ambulatory care needs. The content includes updates to orientation plans and processes, new policies, debriefing skills for crisis management, de-escalation of bullying behaviors, and conflict management. Debriefing techniques are taught on how to give peer to peer support during difficult situations. In addition, time is devoted to communication

management, documentation, and preceptor challenges. Although addressed in the introductory workshop, discussion of the preceptor as a role model of ethical practice and champion of regulatory compliance are enriched by the experience of the participants in the advanced class. In addition, experienced preceptors identify an array of current issues some of which may include scope of practice questions, telephone encounters, recommendations for teaching, and evaluating documentation of new staff in the electronic medical record.

Evaluation

Content of the formal evaluation of the introductory and advanced preceptor workshops differ only in evaluation of specific learning objectives and presenters (see Table 2). A summary of 2017 to 2018 advanced preceptor workshop post-session surveys of 36 participants revealed learner objectives were met at



Table 2.
Advanced Preceptor Workshop for Ambulatory Care:
Learning Objectives and Agenda

| |
|--|
| Learning Objectives: <ul style="list-style-type: none">• Define the role of the experienced preceptor in communication.• Describe how to de-escalate situations that involve incivility and bullying.• Create a safe place for the new hire to successfully become part of the team.• Evaluate strategies for effective feedback, both positive and negative.• Discuss strategies for effective conflict resolution.• Explain Adult Learning Theory and Principles as they apply to new hires and experienced hires.• Describe a debriefing method and emotional mentoring techniques.• Identify the importance of preceptor documentation and feedback. |
| Agenda |
| Welcome and Introductions (15 minutes) |
| Role of Advanced Preceptor in Communication (75 minutes) <ul style="list-style-type: none">• Communication cycle.• Incivility in the workplace.• Giving feedback.• Receiving feedback.• Conflict resolution.• Debriefing and emotional mentoring techniques. |
| Adult Learning Theory & Principles/Application and Examples (30 minutes) |
| Critical Thinking, Clinical Reasoning, and Clinical Judgment (30 minutes) |
| Differentiating Between the New and the “Experienced” Hire (30 minutes) |
| Summary and Discussion (30 minutes) |

a high to very high level. In particular, topics related to communication and debriefing of difficult situations were rated high:

- *Would the education content help you to handle communication conflict?*
 - 55.6% very high, 44.4% high
- *Would the education content help you to conduct debriefing following difficult situations?*
 - 44.4% very high, 55.6% high

One participant shared, “The class helped me to refresh my knowledge and updated me on the latest policies, competency checklists, and preceptor feedback documentation.” Another stated, “There is always something new to learn!”

The advanced preceptor workshop content is updated to address changes in our health system and ambulatory

health care in general. Topics incorporated over time include:

- (a) How to prevent burnout in preceptors and how to address needed breaks in preceptor duties.
- (b) Documentation of preceptor observations on new hire competency checklists and feedback for employee file.

Content also includes:

- (a) Civility, bullying, and relational aggression among staff members in the workplace.
- (b) Critical incident debriefing with acute medical emergencies on the rise.
- (c) Assessing, preventing, and managing escalation of violence against healthcare professionals in the workplace.


Discussion

The formal preceptor education workshops led to increased awareness of the importance of the preceptor role. Both introductory and advanced workshops have grown in terms of need and popularity, with classes being offered six times per year at multiple locations. The demand for more preceptors continues as the number of employees increases across the health system. To date, 272 are active preceptors for our workforce of 1,200 (67 registered nurses along with 205 other job types).

A formal ‘Preceptor Guidelines’ document that is ambulatory care specific was approved for all job types in 2017. This document is stored alongside policies within our formal administrative and practice manual system. The guidelines provide clear value regarding the preceptor role and have helped to clarify expectations and responsibilities of the preceptor, the new employee, and manager. The purpose is to support the quality and safety of practice and to promote staff retention by creating an exceptional new employee experience. The guidelines document delineates characteristics of preceptor qualifications, required education preparation, and preceptor roles and responsibilities. In addition, guidelines are provided which assist in creating appropriate assignments for the orientee and preceptor that are focused on the orientee’s learning needs.

Preceptor performance is evaluated using feedback from both the preceptor and the new hire. A preceptor specific checklist formalized the evaluation process by providing structure and documentation. Workshop completion and active work as a preceptor has been a stepping-stone and career advancement incentive. Using formal feedback tools and checklists as described in the *AAACN Preceptor Guide for Ambulatory Care Nursing* (2017b) has been very helpful to gather and document important information for the new hire record. Discussions during the workshops with

Figure 2.
New Hire and Preceptor Weekly Feedback Form



PennState Health
Milton S. Hershey Medical Center

Medical Group
Education and Professional Development

New Hire and Preceptor Weekly Feedback

New Hire Name: _____ Today's Date: _____

New Hire and preceptor complete weekly. Real time feedback should be given.
Give completed form to Preceptor. Return original document to Manager and New Hire.
Copy will be placed in employee file.

List or describe this week's experiences: (patient diagnosis, patient needs, procedures or skills)

Preceptor Comments:

New Hire Comments:

This Week's Learning:

Met this Week's Goal: ☐ Meets Standard ☐ Approaching ☐ Does Not Meet

Next Week's Goals:

New Hire Signature

Preceptor Signature

preceptors are held to inform them of how their role in completing formal documentation of staff competency contributes to meeting regulatory and organizational standards.

Purposeful and timely recognition of preceptors is important for overall success of the program (Gueorguieva et al., 2016). Annual recognition and reward with a small gift has been effective in highlighting the contribution of preceptors in the ambulatory care setting. Recognition of staff completing the course and those continuing to serve as preceptors is ongoing. Staff are recognized with a preceptor pin and through

achievement of specific criteria within the registered nurse professional ladder and achievement ladder programs for other team members.

Lessons Learned

The preceptor workforce can tire over time and overusing staff can be harmful if preceptors feel burdened in the role. Self-care and life balance programs may contribute to a healthier and more satisfying work life resulting in providing safe, consistent patient care and preceptor effectiveness (AAACN, 2017b). Understanding the strengths and weaknesses of preceptor performance is essential to provide a collabora-

tive mentoring experience. A formal mentoring program for preceptors would be an important next step. This knowledge may also be helpful in selecting proper matches for future new employees. Matching of preceptor and new employee often includes consideration of general characteristics or known interests. Optimal preceptor orientee matches can aid the preceptor in the important role of socializer. Introducing the new employee to other staff members and promoting their socialization into the team is a critical element of orientation.

Precepting is not without its challenges. Preceptors are often caring for patients while also precepting a new employee or even managing several new employees at the same time. Coordination and support from managers ensure matching preceptors and new employees is at least considered and that work schedules are created that allow enough time to validate competencies and find meaningful experiences to achieve success.

Educators face challenges as well in maintaining an informed preceptor team. A successful strategy in keeping preceptors aware of policy changes and orientation changes has been to equip them with up-to-date information for various job types including checklists, schedules, and lists of online learning topics that are requirements of new employee orientation. Forms used for competency validation and those highlighting preceptor responsibilities are reviewed during the education sessions and periodically at staff meetings. Weekly feedback meetings between new employee and preceptor have also been successful in recognizing the orientee's weekly goals and monitoring the orientee's accomplishments (see Figure 2). These follow-up discussions facilitated by the educator contribute to a comprehensive learning plan that addresses learning objectives, skill completion, and assimilation to the work environment. In addition to creating a documented plan for the new employee, weekly feedback

creates a personal log for the preceptor of activities that can be shared with the manager during the preceptor's performance appraisal and for evidence of meeting clinical ladder requirements.

Conclusions

Continued changes in health care create an ongoing need for education of preceptors to maintain their effectiveness. Preceptor education specifically designed to address ambulatory care roles is needed. Likewise, the AACN *Preceptor Guide for Ambulatory Care Nursing* (2017b) provided a national standard with which to align our preceptor program that is thorough and comprehensive. Implementation of an introductory preceptor course based on the AACN guidelines has proven to be successful. The incorporation of advanced preceptor education has also been successful in addressing the ongoing education needs of experienced staff preceptors.

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References

- American Academy of Ambulatory Care Nursing (AAACN). (2017a). American Academy of Ambulatory Care Nursing position paper: The role of the registered nurse in ambulatory care. *Nursing Economics*, 35(1), 39-47.
- American Academy of Ambulatory Care Nursing (AAACN). (2017b). *Preceptor guide for ambulatory care nursing*. Pitman, NJ: Author
- Association for Nursing Professional Development. (2016). *Scope & standards of practice* (3rd Edition). Chicago, IL: Author.
- Bontrager, S., Hart, P.L., & Mareno, N. (2016). The role of preceptorship and group cohesion on newly licensed registered nurses' satisfaction and intent to stay. *Journal of Continuing Education in Nursing*, 47(3), 132-139. doi:10.3928/00220124-20160218-09
- Ciocco, M. (2015). *Fast facts for the nurse preceptor: Keys to providing a successful preceptorship in a nutshell*. New York: Springer Publishing Company.
- Clipper, B., & Cherry, B. (2015). From transition shock to competent practice: Developing preceptors to support new nurse transition. *Journal of Continuing Education in Nursing*, 46(10), 448-454. doi:10.3928/00220124-20150918-02
- Cotter, E., & Dienemann, J. (2016). Professional development of preceptors improves nurse outcomes. *Journal for Nurses in Professional Development*, 32(4), 192-197. doi:10.1097/NND.0000000000000266
- Gueorguieva, V., Chang, A., Fleming-Carroll, B., Breen-Reid, K.M., Douglas, M., & Parekh, S. (2016). Working toward a competency-based preceptor development program. *Journal of Continuing Education in Nursing*, 47(9), 427-432. doi:10.3928/00220124-20160817-10
- Nash, D.D., & Flowers, M. (2017). Key elements to developing a preceptor program. *Journal of Continuing Education in Nursing*, 48(11), 508- 511. doi:10.3928/00220124-20171017-08
- Shinners, J. S., & Franqueiro, T. (2015). Preceptor skills and characteristics: Considerations for preceptor education. *Journal of Continuing Education in Nursing*, 46(5), 233-236. doi:10.3928/00220124-20150420-04
- The Joint Commission. (2018). Human Resource Standard. HR.01.04.01. The Joint Commission E-dition. Joint Commission Resources.

From the President

continued from page 2

members also contributed an ambulatory tab to ANPD's Clinical Education Matrix, and our continued collaboration on this project has been requested. AACN's leadership participated in the Nursing Organizations Alliance meetings in August and November, as well as the American Nurses Association Organizational Affiliates meetings in June and November.

The Board is currently exploring potential future partnerships with other organizations. We have had introductory conversations with the Alliance for Nursing Informatics to explore membership benefits for AACN and its members. We are having conversations with the Veterans Health Administration Office of Nursing Services on potential collaboration on nurse-sensitive indicator (NSI) work. Following the Press Ganey acquisition of CALNOC in 2019, AACN leaders have been in contact with Press Ganey about our past ambulatory care NSI work and are having quarterly strategy meetings to discuss what a partnership could look like moving forward. AACN was represented at the ANCC Magnet Conference with an exhibit booth for attendees to learn more about AACN and to showcase ambulatory care nursing. With the increased focus on ambulatory care in Magnet applications, AACN and Magnet have been holding quarterly calls to discuss issues and trends in ambulatory care. A possible future project involves teaming up to create and administer a survey of our members on Magnet-related topics and challenges where they would like assistance.

AACN was invited to present comments at the Future of Nursing (FON) Town Hall on the topic of payment and care coordination for complex health and social needs in Philadelphia in July. As I said in my address to the FON Committee, ambulatory care nursing is the future of nursing. Others are realizing that there has been a shift in the volume of care that is being delivered in the ambulatory care space. As health care continues to shift from inpatient to ambulatory care, and our payment models shift from volume based to value based, AACN's opportunities to partner with organizations that have been traditionally more inpatient focused increases.

Now is the time for AACN to build strategic partnerships to move our mission of advancing the art and science of ambulatory care nursing forward. It is a great time to be an ambulatory care nurse! I wish each of you a healthy and happy holiday season.

Kristene Grayem, MSN, CNS, PPCNP-BC, RN-BC, is Vice President, Population Health Management, Akron Children's Hospital, Akron, OH. She may be contacted at president@aaacn.org

“Now is the time for AACN to build strategic partnerships to move our mission of advancing the art and science of ambulatory care nursing forward.”

• Have you renewed your AACN membership for 2020? Visit aaacn.org to renew and continue receiving your valuable membership benefits, like *ViewPoint!*



APA Style Changes Coming



Kitty Miller Shulman,
MSN, RN-BC

When a potential author reviews the author guidelines for *ViewPoint*, they are instructed to follow the *Publication Manual of the American Psychological Association (APA)*, *Sixth Edition*. This edition was published in 2009. This summer, the APA announced it would be publishing a seventh edition, available now for purchase and effective January 2020. What is the *Publication Manual of the APA* and what does this mean for authors submitting to *ViewPoint*?

The *Publication Manual*, first developed in 1929, provides guidance to writers mostly in the social and behavioral sciences. This manual provides publishing rules with the goal of clear communication. The manual was developed by a committee of social scientists who wished to establish standards of communication where none existed before (APA, 2019; Breitenbach, 2016). When following the *Publication Manual*, the writer is given standard rules to follow concerning punctuation, abbreviation, citation of references, and presentation of statistics, among others.

The seventh edition of the *Publication Manual* (2020) updated many items in its 12 chapters, but I will only highlight those items we want potential authors to particularly note:

- The singular “they” is now supported as a way to be more inclusive rather than the use of ‘he/she’ (Chapter 4).
- Only one space is now used after a period at the end of a sentence rather than the previous two spaces (Chapter 6).
- When adding tables or figures to a manuscript, an author should add these after the references and refer to them in the text rather than embed them within the text (Chapter 7). The tables/figures are considered artwork and are handled separately from the manuscript text. The seventh edition says there is flexibility, but in this case an author should follow the publisher’s guidelines.
- In Chapter 8, a big change to current practice is noted, “All in-text citations for works with three or more authors are shortened to the name of the first author plus “et al.” (p. 4). The exception would be where ambiguity occurs with fewer authors. Also in Chapter 8, there is guidance for authors regarding how to paraphrase to achieve clear attribution without overcitation. This is always an area in which authors struggle so reviewing this information and the examples that are given will be helpful (APA, 2020).

“When following the *Publication Manual*, the writer is given standard rules to follow concerning punctuation, abbreviation, citation of references, and presentation of statistics, among others.”

The listing of references is another area in which authors should closely follow the rules set out in this edition; however, there is a new rule *ViewPoint* will not change. Up to 20 authors are now allowed to be included before names are eliminated with an ellipsis. *ViewPoint* will continue to use the old rule of using an ellipsis after six authors with the last author then listed after the ellipsis. We are continuing to use the total of seven author limit in order to manage publication space. Another reference rule change is the elimination of “Retrieved from” in front of a URL unless there is a needed date. Refer to that new rule in Chapter 9 for examples. Finally, in Chapter 10, there are some small rule changes to how a reference is listed. A publisher’s location is no longer required.

The new edition has been published and *ViewPoint* will begin using the rule changes beginning in January 2020. If you are in the process of writing a manuscript or column for *ViewPoint*, please update those items listed in this editorial. *ViewPoint*’s Managing Editor, Kaytlyn Mroz, will catch APA style changes that are missed. We will have updated Author Guidelines posted on the AAACN *ViewPoint* webpage before the New Year.

You can view the Author Guidelines at <https://www.aaacn.org/sites/default/files/documents/viewpoint-author-guidelines.pdf>

Kitty Miller Shulman, MSN, RN-BC, is the Editor of AAACN’s official publication, *ViewPoint*.

References

- American Psychological Association (APA). (2020). Introduction. *Publication Manual of the American Psychological Association* (7th Ed., pp. xvii-xxii). Washington, DC: Author.
- Breitenbach, A. (2016). *The origins of APA style*. Retrieved from <https://blog.apastyle.org/apastyle/2016/07/the-origins-of-apa-style.html>

Leveraging the Licensed Practical Nurse in Ambulatory Care

Patty Hughes

As health care delivery increases in complexity, health care organizations must continually revise care delivery models to ensure quality, safety, and service needs are being met while remaining cost effective. It is imperative that all health care team members function to the full extent of their license. As a result of the Institute of Medicine's (2011) work on the future of nursing, health care organizations have focused on the advancement of entry-level nurses to the baccalaureate degree (BSN) in recent years. Along with a focus on BSN preparation, University of Kentucky HealthCare (UKHC), a major academic health care system with a medical center, community hospital, children's hospital, and over 100 clinic/outpatient procedural locations, looked strategically at ways to leverage the licensed practical nurse (LPN) skill set. Less than 15% of LPNs nationwide work in ambulatory care settings (U.S. Bureau of Labor Statistics, 2019). LPNs are highly qualified professionals who share the same commitment to quality, safety, and patient-centered care as other members of the health care team. As the anticipated nursing shortage looms, LPNs are an untapped resource which can be leveraged and developed through education, recognition, and progression.

In 2015, as UKHC embarked on their Magnet journey, there was very little nursing leadership oversight in the UKHC ambulatory care locations. Registered nurses were reporting to non-nurse leaders who could not assess scope of practice and accountability to clinical practice. While the initial focus was on standardization and oversight of the registered nurse, it was identified that the organization had many staff members trained and licensed as LPNs who shared the same job title as

the unlicensed assistive personnel. Regardless of their education, they could only function within the functions of that job title. Recognizing that there were highly trained individuals who were not working to the full extent of their license, nursing leadership was asked to explore the development of the LPN role.

An initial review of the shared job title, clinical services technician (CST), was completed by a team of ambulatory care, nursing, and human resources leadership. The intent of this review was to create a position and title that enabled LPNs to officially perform the duties outlined in their scope of practice as defined by the Kentucky Board of Nursing. By doing this, UKHC was better able to meet the evolving needs of ambulatory care operations. The reviewers found that 54 of 225 CSTs had a current and verified LPN license. An equity grid and financial impact analysis was completed and presented to UKHC leadership. The estimated total cost of full equity adjustments for these individuals was just under \$100,000.

With little financial impact to the organization and an understanding of the impact the LPN could have on the ambulatory care clinics, the LPN scope of practice was reviewed per the Kentucky Board of Nursing guidelines. An LPN/ambulatory care job title was created and a position description with major job responsibilities around patient care, service, and professional development/competency was written. A methodology was developed to ensure that these individuals received full financial credit for any years spent working as an LPN outside of UKHC and for any years spent working as a CST within UKHC. Human resources leadership worked



with each staff member to ensure applications were updated and all staff who had a valid LPN license were moved to the new title. After this process, UKHC had 54 LPNs in the system ready to perform at a higher level than before. Having experienced a great deal of initial success with the addition of this skill set, emphasis has been placed on the value that the LPN can offer an ambulatory care practice. The number of LPNs in ambulatory care clinics at UKHC has increased in the last 3 years to 84.

As these changes were happening, nursing leadership also worked with a local LPN college to ensure quality graduates were available to be hired by the organization. A contractual agreement was developed with the local college to host students for their end of program synthesis experience. Students were placed in a wide variety of adult and pediatric ambulatory care clinics. The program was unable to offer students a solid pediatric rotation, so they established a focused rotation within the UKHC pediatric clinics. Ambulatory care nurse leaders from UKHC were asked to sit on the advisory board of the LPN program. As a result of these efforts, the organization was able to offer many graduates of the program jobs within the busy UKHC ambulatory care clinic setting.

Competition with local long-term care facilities for new graduates and experienced LPNs has been problematic as these organizations historically pay more than the ambulatory care setting. A market analysis was done in 2017 to ensure competitive wages were being offered to potential employees. Following the market analysis, the organization was able to offer an across the board raise of \$1/hour for the existing UKHC LPNs. An LPN market analysis report is run annually to ensure UKHC stays competitive with the local market.

Continuing to elevate the role and offer professional growth and development opportunities has been a focus of the ambulatory care leadership team. Due to the belief that the role has been so vital to the ambulatory care clinics, one member of the leadership team answered a call from the Kentucky Board of Nursing to sit on an IV therapy work group specifically related to the LPN scope of practice.

To ensure the LPNs were acknowledged as an integral part of the care team, work was done with the clinical ladder committee to determine a process by which the LPN could advance on the ladder already in place for RNs and other technical positions such as respiratory therapists and cardiopulmonary technicians. Clinical ladders are commonly designed as professional development tools to reward health care professionals for clinical skills, certifications, education,

LPNs are highly qualified professionals who share the same commitment to quality, safety, and patient-centered care as other members of the health care team. As the anticipated nursing shortage looms, LPNs are an untapped resource which can be leveraged and developed through education, recognition, and progression.”

and leadership skills. Primary reasons organizations use a clinical ladder program include staff retention, productivity, and job satisfaction. The technician advancement program at UKHC is one such program. It provides a structure for professional and para-professional development where staff can make career choices that will be recognized and regarded based upon the sustained performance and contributions to their unit/clinic, organization, and community. Offering this program to the LPN

was another strategy to remain not only competitive in the market but to create an opportunity to offer professional advancement.

Finally, and maybe most importantly, ambulatory care nursing leadership has been collaborating with the UK College of Nursing to establish an LPN to BSN program. The curriculum has progressed through the university curriculum process and is now in the final steps for approval. The first cohort of students is expected to start in spring 2020. A well-attended live lunch and learn was provided at UKHC in addition to a web-based information session (for LPNs at off-site clinics). To date, there have been 11 applicants as well as evaluation of transcripts for course transfer work for over 30 LPNs.

In conclusion, expanding the role provided new opportunities for these professionals and strengthened the care delivery model by adding an untapped skill set to many of the UKHC ambulatory care clinics. The LPN remains a valuable member of the health care team, making a significant contribution to delivery of care in the UKHC ambulatory care clinics. The U.S. Bureau of Labor Statistics (2019) indicates job prospects for the LPN are currently favorable as they are projected to grow faster than the average for all occupations (12% from 2016 to 2026). Ambulatory care clinics need qualified and experienced team members including RNs, LPNs, and unlicensed assistive personnel. The model at UKHC has proven to be a successful and cost-effective approach to meet the quality, safety, and service needs of the ambulatory care setting today and for the foreseeable future.

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References

- Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health*. Washington, DC: National Academies Press.
- U.S. Bureau of Labor Statistics. (2019). *Licensed practical and licensed vocational nurses*. Retrieved from <https://www.bls.gov/ooh/healthcare/licensed-practical-and-licensed-vocational-nurses.htm>

From Anger to Agreement

continued from page 1

Health Care Consumerism

Health care consumers are an active participant in their care which is a positive trend. However, at times the participation can slip into self-diagnosis and when the nurse attempts to engage the individual in the triage process there is resistance to engage. As the nurse persists, frustration may increase as the individual has already determined their problem and plan.

Virtual Nature of the Encounter

During the telephone encounter there is no face-to-face interaction. Talking over the phone may seem inconvenient or even passé. Callers may find it easy to be hostile or rude to a voice over the phone.

Opioid Crisis

"While opioid prescriptions peaked in 2012 and have steadily declined since, the clinical use of opioids in the United States remains at three times the level observed in 2000," (Schnell, 2019, para. 9). Recent efforts such as reducing refills or number of pills has led to persistent requests from patients. Nurses report multiple calls to departments across systems with individuals demanding refills.

Financial Problems

Kuchar (2019) shares that debt can be especially frustrating and infuriating. Fifty-six million adults are struggling to pay medical bills, and these medical bills are the number one reason for bankruptcy in America. When a triage nurse recommends an appointment or emergency room visit, there may be a negative response and resistance.

Understanding the precipitating factors of annoyed or angry interactions provides insight, but then the next question is: What is the best approach to handle a challenging call? This is not a skill taught in nursing curricula or orientation programs.

Energy Curve

The Energy Curve (Team Building and Events, 2014) is a pattern commonly found in angry reactions. It shows how angry reactions progress in stages and, in each stage, there are appropriate responses.

Stages of the Energy Curve:

- 1) Baseline: Rational behavior. Open for discussion about the root cause of the anger and will take place prior to any angry reaction.
- 2) Take off: Where the reaction gains momentum and anger builds. Anger will intensify until it reaches its peak.

- 3) Slow down: Coming from the individual's peak reaction (most intense feelings). The turning point when the reaction begins a steady decline.
- 4) Cool down: Individual will become calm unless provoked. Supportive behavior can be introduced once anger has subsided.
- 5) Back to baseline: Talking through the issue. Let the individual vent to get out their frustrations. (Team Building and Events, 2014)

Interventions to Prevent/Manage Anger

Motivational Interviewing

According to Rhode (2018), the spirit of motivational interviewing is built on four values: accepting the individual, compassion, collaboration, and curiosity. Motivational interviewing is an effective proactive and anger prevention intervention. The individual feels accepted and respected. While assessing callers, this patient-centered technique allows the nurse to provide focused attention and demonstrate understanding of the individual's problem/issue and give support and encouragement. This approach may prevent an escalation of emotions.

Understand Your Callers

Practice settings need to provide formalized orientation and ongoing education to appropriately prepare nurses to effectively manage individuals who are calling with health issues and symptoms. These situations may be stressful so triage nurses must be prepared to provide support to callers and manage the encounters with confidence and competence. Dialoging with a health care professional who has not received training and is not skilled in providing advice and direction can lead an already stressed caller to become frustrated and agitated.

Active Listening

- Pay attention (avoid distractions; focus on verbal and nonverbal cues).
- Use listening prompts ("I understand" or "Go on," etc.).
- Provide feedback/reflective comments ("What I am hearing you say...").
- Defer judgement (do not interrupt).
- Respond appropriately (be open, honest, respectful). (MindTools, n.d.)

Remain Calm

Maintain a sense of calmness. Do not take the criticism or hostility personally. If the caller senses that you are frustrated or intimidated, their frustration or anger may continue to escalate and not reduce to baseline.

Empathize

When appropriate, approach an agitated or angry person with empathy. *Empathy* means viewing the situation through the lens of the caller or family member. A registered nurse demon-

strates empathy by paraphrasing what the individual has said and reflecting back associated feelings.

Ask the Right Questions at the Right Time

Interviewing the patient should begin once emotions are at baseline, unless there is an emergency — then you may need to intervene earlier in the conversation.

Initiate Service Recovery

After the completion of the management of the call, ensure that the individual is satisfied with the care/service they have received. Resolving the issue that caused their anger should be lessened by the time the call concludes. If anger/dissatisfaction persists, inform your next level leader and/or the customer service department. Complete any patient satisfaction reports as necessary.

Ensure There is a Policy or Standardized Process for Managing Challenging Callers

If your setting does not have a policy or standardized process for managing angry callers, have a discussion with your next level leader to prioritize this request. It is crucial for all nurses to manage these types of calls in a standardized approach. Callers recognize if there is not consistency between nurses.

Threats of Violence

Although anger is a natural and healthy emotion, there are times when a caller's anger continues to intensify and cannot be de-escalated. Nearly eight percent of the U.S. population has inappropriate, intense, or poorly controlled anger (Okuda et al., 2015). By definition, "anger disorders are pathologically aggressive, violent or self-destructive behaviors symptomatic of and driven by an underlying and chronically repressed anger or rage," (Diamond, 2009, para. 7). Swanson and colleagues (2015) found individuals who self-report patterns of impulsive angry behavior also possess firearms at home (8.9%) or carry guns outside the home (1.5%). If a threat over the phone would become a reality in the workplace, all care settings must have an emergency plan that includes crisis prevention and active shooter training. Safety is paramount. Nurses need to be prepared and ready at all times. Threats of retaliation or violence must be taken seriously.

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References

- Diamond, S.A. (2009). *Anger disorder: What it is and what we can do about it*. Retrieved from <https://www.psychologytoday.com/us/blog/evil-deeds/200904/anger-disorder-what-it-is-and-what-we-can-do-about-it>
- Duhigg, C. (2019). *The real roots of American rage*. Retrieved from <https://www.theatlantic.com/magazine/archive/2019/01/charles-duhigg-american-anger/576424/>
- Gallup. (2019). *Gallup 2019 global emotions report*. Retrieved from <https://www.gallup.com/analytics/248909/gallup-2019-global-emotions-report-pdf.aspx>
- Hankins, G., & Hankins, C. (2000). *Prescription for anger: Coping with angry feelings and angry people*. Newberg, OR: Barclay Press.

- Hensley, S. (2019). *Poll: Americans say we're angrier than a generation ago*. Retrieved from <https://www.npr.org/sections/health-shots/2019/06/26/735757156/poll-americans-say-were-angrier-than-a-generation-ago>
- Kuchar, K. (2019). *The emotional effects of debt*. Retrieved from <https://www.thesimpledollar.com/the-emotional-effects-of-debt/>
- Mead, E. (2019). *What are negative emotions and how to control them?* Retrieved from <https://positivepsychology.com/negative-emotions/>
- MindTools. (n.d.). *Active listening: Hear what people are really saying*. Retrieved from <https://www.mindtools.com/CommSkill/ActiveListening.htm>
- Okuda, M., Picazo, J., Olsson, M., Hasin, D.S., Liu, S., Bernardi, S., & Blanco, C. (2015). Prevalence and correlates of anger in the community: Results from a national survey. *CNS Spectrums*, 20(2), 130-139. doi:10.1017/S1092852914000182
- Ray, J. (2019). *Americans' stress, worry and anger intensified in 2018*. Retrieved from <https://news.gallup.com/poll/249098/americans-stress-worry-anger-intensified-2018.aspx>
- Rhode, R. (2018). Motivational interviewing. In D. Rakel (4th Ed.), *Integrative medicine* (954-962). Philadelphia, PA: Elsevier, Inc.
- Schnell, M. (2019). *The opioid crisis: Tragedy, treatments and trade-offs*. Retrieved from <https://siepr.stanford.edu/research/publications/opioid-crisis>
- Swanson, J.W., Sampson, N.A., Petukhova, M.V., Zaslavsky, A.M., Appelbaum, P.S., Swartz, M.S., & Kessler, R.C. (2015). Guns, impulsive angry behavior, and mental disorders: Results from the National Comorbidity Survey Replication (NCS-R). *Behavioral Sciences & the Law*, 33(2-3), 199-212. doi:10.1002/bsl.2172
- Team Building and Events (2014). *How to deal with angry people in your team*. Retrieved from <https://www.tbae.co.za/blog/tag/de-escalation-techniques/>



Ambulatory Care Nurses Supporting Parents in Addressing Gun Violence with Their Children

Kirsi Hayes



Annually, tens of thousands of Americans are injured and over 36,000 die from incidents related to firearms (Hargarten et al., 2018). One in four students in the United States experience or witness a violent event before they are 4 years old, and by 6 this has happened to two-thirds of our children (Francis, 2018). Without even being at the scene, because of the extensive media coverage, we are faced in real time with the horrific sights of the shootings that happen in our communities as the events are unfolding. Our children are also watching, and psychological trauma is common among children exposed to a high level of violence through media exposure (The David and Lucile Packard Foundation, 2002). Active shooter drills and lockdowns are a regular occurrence in our schools. Related to all of this, the physical and mental wellbeing of our children has now become a public health concern (Slovak, 2002).

Community and school violence are particularly worrisome because it can affect many youths at one time. When exposed to violence in the media, children can become desensitized to violence. They may become more prone to violent behavior themselves and use aggression in resolving conflicts. The world around them becomes a frightening place (The David and Lucile Packard Foundation, 2002). After witnessing violence, individuals are at increased risk for mental health issues that manifest in varying ways such as depression, post-traumatic stress disorder, substance abuse, risky sexual behavior, academic performance, or delinquency (Francis, 2018). It is understandable that children witnessing gun violence and being fearful of something like that happening to them concerns their parents, too.

The healthcare community has been called upon to provide firearm-related education. If we address gun violence through the disease model, as a biopsychosocial disease that is preventable and controllable, we can understand the risk factors and identify means of prevention and control. Morbidity and mortality can be reduced when all sectors of the society — public health, healthcare, schools, fire and police departments, and businesses — work together (Hargarten et al., 2018). Ambulatory care nurses also understand the social context of their patients' health and can assess if there is a need for further evaluation due to an exposure to a traumatic event.

In an interview, Dr. Nicholas J. Westers, a Clinical Psychologist at Children's Health in Dallas, TX, and an Assistant Professor in Psychology at University of Texas, Southwestern, shared tips those in the community, as well as ambulatory care nurses, can use

when discussing tragic events such as a mass shootings with children or their concerned parents (Churnin, 2016). The simplest approach is to ask if the child has heard anything and what that was. Listen to their answers and encourage him or her to ask questions. If the child is not aware that something has happened and will likely not hear anything, there is no need to share anything about the events. However, we should not downplay the seriousness of what happened because we want to encourage conversation and correct any misinformation that the child may have. Another good question is to ask is what the child is most worried about. Dr. Westers points out parents should also limit the child's exposure to the negative news as it can cause anxiety in older children. Consistency helps children control anxiety and we should maintain routines such as playtime and bedtime as usual. Sometimes it is impossible to avoid seeing the news. According to Dr. Westers, we should then not concentrate on the destruction, but on the people who are helping others while working together. Parents can also find ways to involve children in the community to see that there are many good people doing good things in the world (Churnin, 2016).

Gun violence in schools and communities, a public health concern that traumatizes our children, has created yet another topic for patient education by the ambulatory care nurse. Ambulatory care nurses can support parents who are voicing concerns about how to address gun violence with their children by listening and, if asked, providing tips about how to approach communicating with their child. The concerns of parents and children about the mental health issues these events can create must be addressed and further treatment can be

recommended as needed. It is important that we support parents in these discussions with their children and share evidence-based practices. Gun violence is prevalent in our society and ambulatory care nurses can provide support and education to assist in alleviating pain and suffering in children and their families.

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References

- Churnin, N. (2016). Top 5 tips for talking to kids about Thursday's tragic killings in Dallas. *The Dallas Morning News*. Retrieved on 8/30/2019 from <https://www.dallasnews.com/news/2016/07/08/top-5-tips-for-talking-to-kids-about-thursday-s-tragic-killings-in-dallas/>
- Francis, M. (2018). A narrative inquiry into the experience of being a victim of gun violence. *Journal of Trauma Nursing*, 25(6), 381-388. doi:10.1097/JTN.0000000000000406
- Hargarten, S.W., Lerner, E.B., Gorelick, M., Brasel, K., deRoos-Cassini, T., & Kohlbeck, S. (2018). Gun violence: A biopsychosocial disease. *Western Journal of Emergency Medicine*, 19(6), 1024-1027. doi:10.5811/westjem.2018.7.38021
- Slovak, K. (2002). Gun violence and children: Factors related to exposure and trauma. *Health & Social Work*, 27(2), 104-112. doi:10.1093/hsw/27.2.104
- The David and Lucile Packard Foundation. (2002). Children, youth, and gun violence. *The Future of Children*, 12(2), 11. Retrieved from <http://dl.icdst.org/pdfs/files2/20620851a338416420113438d015a220.pdf>

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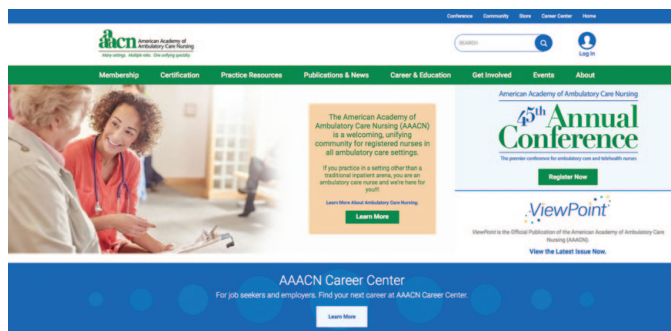
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The new site features a new and modern look and feel, improved search function, a more organized navigation, and updated content and photos. We look forward to sharing the new aaacn.org with you in the coming weeks!



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