

## CHAPTER ONE

# STRATEGIC CAREER PLANNING: PROFESSIONAL AND PERSONAL DEVELOPMENT

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

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

## Reflection

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

## 2 Chapter 1 Strategic Career Planning: Professional and Personal Development

If routine is not appealing and working on diverse projects, taking risks, and addressing systems issues that require rapid change sounds intriguing, a CNS role with a focus on short-term projects, data-driven systems changes, or Six Sigma organizations may be an ideal match. On the other hand, if careful attention to detail, consistency, and an interest in patient education, staff development, and continuous quality improvement activities are of interest, a position as a unit or program-based CNS with shared responsibilities for outcomes management or staff education may be very suitable. For the CNS who feels accomplishment when “watching things grow” and appreciates opportunities to tend to the needs of developing nurses when facilitating professional growth, a position that includes teaching, evidence-based practice, or shared governance activities might be ideal.

Reflecting on the personal self is also a valuable activity and may be useful to do in partnership with professional reflection activities. Professional nurses, including CNSs, frequently advise patients, families, and colleagues to take time out for “self-care.” CNSs recognize that there is value in leisure, exercise, and physical fitness and that these behaviors are critical for long-term physical and mental health. Yet, many nurses have poor diets, smoke, do not exercise, and internalize stress.

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

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

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

## Professional Development

### *Reflective Practice*

Reflective practice is advocated in the United Kingdom (UK) as a learning process that encourages self-evaluation with subsequent professional development planning. UK practitioners are expected to meet a Continuing Professional Development (CPD) standard, and reflection is a strategy that facilitates meeting this standard for reregistration (Driscoll & Teh, 2001).

In the United States, the term *reflective practice* is increasingly visible in the nursing literature. Reflective activities are popular in baccalaureate and graduate nursing programs because the activities are valued as self-discerning. Students learn to question their practice and analyze situations to consider alternative behaviors and develop a plan for future action.

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

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

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

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

#### 4 Chapter 1 Strategic Career Planning: Professional and Personal Development

model of reflection, Kolb's Learning Cycle, and Atkins (1995) and Murphy's model of reflection.

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

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

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

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

Reflection is defined as "being mindful of self, either within or after experience, as if a window through which the practitioner can view and focus self within the context of a particular experience, in order to confront, understand and move toward resolving contradiction between one's vision and actual practice" (Johns, 2004, p. 3). Reflective practice is increasingly popular in nursing and may provide a means for connecting the art and science of nursing within a caring context. Reflective practice is action focused and supports the development of practical wisdom (Johns, 2004).

**Table 1-1** REFLECTIVE CUES—MODEL FOR STRUCTURED REFLECTION

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

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

## 6 Chapter 1 Strategic Career Planning: Professional and Personal Development

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

### *Professional Portfolio Basics*

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

The professional portfolio has become an increasingly popular modality for reflecting on professional development, self-evaluation, creativity, and critical thinking. Portfolios are also useful to track expertise acquisition and to demonstrate competency. It is important to understand the basic premise of a professional portfolio as well as to appreciate the differentiation between a portfolio and a profile.

The terms *portfolio* and *profile* are often used interchangeably. A professional portfolio provides a record of professional development. It is a collection of evidence of products and processes documenting professional development and learning (McMullan et al., 2003). A profile is derived from the personal portfolio. Materials selected for the profile vary according to the audience and the purpose (Jasper, 1995). For example, a CNS applying for advanced practice board recertification might select a photocopy of a published research study, continuing education certificates, and a transcript of a recent pharmacology course from the portfolio to include in a profile that is being submitted with a recertification application.

Portfolios in some form are often encouraged or required in undergraduate or graduate education programs (Alexander, Craft, Baldwin, Beers, &

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

Professional nurses practicing in Ontario must also meet standards of mandatory portfolio management (Cardillo, 2000). Recently, the National Council of State Boards of Nursing (NCSBN) considered a proposal for nurses to initiate and maintain a professional profile referred to as the "Continued Competency Accountability Profile (CCAP)" (Meister, Heath, Andrews, & Tingen, 2002). At this point in time, the CCAP is on hold, but NCSBN continues to work on developing methods for ensuring nurse competency to protect the public. Some individual states are testing models for competency that require professional portfolios. Cross Country Staffing is the largest travel agency in the country and maintains electronic portfolios on all its nurses (Cardillo, 2000).

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

The variability across states regarding licensure and practice regulations is also concerning and confusing to the public. Some states do not require continuing education, and some do not have CNS title protection with its associated certification requirements and educational mandates. The Pew Report (1998) raised these same concerns related to the state of self-regulation and the need to protect the public.

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

## 8 Chapter 1 Strategic Career Planning: Professional and Personal Development

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

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

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

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

Binders are available for purchase in a wide range of sizes from  $\frac{1}{2}$  inch to 6 inches. In general, purchasing a heavy-duty binder is well worth the money. The rings of economy style binders tend to slip open or have gaps when closed, leading to portfolio disarray. Professional portfolios should

be contained in a single binder. If there is a lot of documentation, purchase the heavy-duty, 6-inch binders. The CNS should anticipate paying \$30 to \$40 for this binder style.

When creating the portfolio in paper form, avoid handwritten work. Tables of contents and dividers can be easily word processed. Professional work requires a standard font style. The American Psychological Association (APA, 2005) fifth edition style manual offers suggestions for professional writing and identifies Times New Roman or Courier, 10- or 12-point font, as appropriate styles. Use black ink and avoid “word art,” dramatic shading, or friendly borders. Although such artistry may be appealing in a creative arts project, they are inappropriate for professional work.

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

**Electronic Portfolios** Electronic portfolios have many advantages over traditional hard copy portfolios. There are fewer issues related to storage, costs, handling, and loss (Corbett-Perez & Dorman, 1999). As computers become more accessible and technology skills become more requisite, electronic portfolios become more attractive. The convenience and relatively inexpensive costs associated with compact discs (CDs), digital video discs (DVDs), and flash drives should also encourage CNSs to consider developing an electronic portfolio rather than paper copy.

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

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

## 10 Chapter 1 Strategic Career Planning: Professional and Personal Development

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

### *Competing with a Curriculum Vitae*

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

The CV differs from a resume (Table 1-2). There are general, customary guidelines for CV structure. Use a standard font and consistent font size. Although bold may be used, avoid designer fonts and elaborate spacing. Customary font styles include Times New Roman, Arial, and Courier in a 12-point size. Do not use a font size less than 10 points. Spell-check is critical.

**Table 1-2** RESUME AND CURRICULUM VITAE IN CONTRAST

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

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

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

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

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

One difference between an electronic cover letter and a paper copy cover letter is the addressee. E-mails require an address, but this address is often unrecognizable as an individual's name. Given the succinct, abbreviated nature of e-mail, a salutation of some form may not even be necessary, thereby releasing the CNS from finding out the formal name and title of the intended recipient. If a salutation is preferred, a simple "Dear Employment Specialist" or "Dear Recruiter" may be appropriate.

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

## 12 Chapter 1 Strategic Career Planning: Professional and Personal Development

is required by an organization for award consideration, the CNS may wish to begin the cover letter with “Dear Awards Committee Representative.”

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

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

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

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

CV formatting varies and is primarily based on personal preference as well as the underlying purpose of the CV. For example, if the CNS is submitting a CV for consideration by a nominating committee of a professional organization for a key leadership position, the CNS may want to consider reformatting the CV to highlight the skills and experiences that are requisite for this type of opportunity. It is generally fairly easy to revise and up-

date CVs now that most documentation is in word-processed form rather than typewritten.

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

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**Table 1-3** SUGGESTED CV ORGANIZATION

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CURRICULUM VITAE ORGANIZATION

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Education

Licenses and certifications

Employment history (begin with most recent)

Consultation activities

Professional organizations: Emphasize leadership roles

Presentations

Papers

Refereed review

Nonrefereed review or invited

Posters

Refereed review

Nonrefereed review or invited

Publications:

Refereed

Research

Theoretical

Nonrefereed

Invited

Books

Awards

Grants

Continuing education (consider limiting to previous 5 years)

Community service

References: Consider this

Revision and file path

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## 14 Chapter 1 Strategic Career Planning: Professional and Personal Development

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

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

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

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

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

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

Community activities, including leadership roles, should be documented on the CV. This area of the CV demonstrates citizenship and can be important in a competitive job search. Do not include trivial activities that contribute very little to the overall picture. For example, routinely donating money to a particular charity or tithing to the church are inappropriate to include on a CV. Serving on the church board of directors or volunteering with the Girl Scouts of America are important to include because they require individual sacrifice and benefit a larger societal good in an organized fashion with recognized duties.

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

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

### *Resume*

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

### *Searching for the Ideal Position*

If the CNS is looking for a position and is considering using a Web-based job search engine, the CNS must keep in mind that electronic resumes will

## 16 Chapter 1 Strategic Career Planning: Professional and Personal Development

be found only via keywords that have been selected by a potential employer. Some applicant tracking systems search approximately the first 80 words of a document, so be certain to include critical phrases and terms early in the resume. Avoid graphics, shading, italics, and underlining in electronic resumes; however, this suggestion is reasonable for resumes of any type.

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

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

Many resources are available for creating resumes. CNSs interested in constructing a resume should utilize these resources and request guidance from experts. Many resources are Web based and user friendly.

### References

The CNS should give careful thought to references. In general, employers are interested in hearing from individuals that can substantiate the character and abilities of the applicant. Most institutions have a standardized reference form, although reference letters may be acceptable.

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

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

later date for validation of the reference. Having written reference letters at the start of a process can save valuable time.

### *Professional Organizations*

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

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

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

Many organizations have broad agendas focused on clinical excellence, research, leadership, and political action. CNSs select these organizations based on a particular clinical focus. A few examples of such organizations include the Oncology Nursing Society (ONS, 2006), American Association of Critical Care Nurses (AACN, 2006), Association of Rehabilitation Nurses (ARN), American Psychiatric Nurses Association (APNA), and the Association

**18** Chapter 1 Strategic Career Planning: Professional and Personal Development**Table 1-4** PROFESSIONAL ORGANIZATIONS AUDIT: SELECTING AN ORGANIZATION TO JOIN

The CNS should consider each of these criteria.

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

of periOperative Registered Nurses (AORN). It is customary for CNSs to have some type of membership status with their specialized clinical organization.

The National Association of Clinical Nurse Specialists (NACNS) is the only national organization focused on CNS practice regardless of the area of clinical practice. This organization is relatively new, initiated in 1996, and is recognized as an organizational affiliate by the American Nurses Association. Its mission is “to enhance and promote the unique, high value contribution of the clinical nurse specialist to the health and well-being of individuals, families, groups, and communities, and to promote and advance the practice of nursing. Members of NACNS benefit from national, regional, and local efforts of the Association to make the contributions of CNSs more visible” (NACNS, n.d. 1).

NACNS offers a variety of membership benefits and provides opportunities for CNSs to interact with other CNSs. These types of networking op-

portunities are valuable and allow CNSs to cross disciplines and gain perspectives on the larger issues of advanced practice nursing. Members benefit from a full text online and print subscription to *Clinical Nurse Specialist: The Journal for Advanced Nursing Practice*.

### *Stepping Up and Stepping In: Getting Organizationally Involved*

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

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

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

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

### *Connecting Professionally in an Electronic World*

**LISTSERV Opportunities** There are an increasing number of listservs, discussion boards, and chat opportunities for CNSs. The CNS LISTSERV®

**20** Chapter 1 Strategic Career Planning: Professional and Personal Development

is managed by Canadian CNSs and is open to anyone in North America. The CNS-L allows CNSs to manage, create, and control electronic mailing lists using the internet (NACNS, n.d. 2).

Registering for the CNS-L is simple and requires only an e-mail address. Keep in mind that there is a possibility of a large volume of e-mail. It is worthwhile to review the options for managing the mail and consider a single, daily e-mail summary rather than individual e-mails ([http://www.nacns.org/listserv\\_directions.pdf](http://www.nacns.org/listserv_directions.pdf)). It is a good idea to print LISTSERV® instructions for future reference.

Instructions for joining always include the instructions for withdrawing from the list. It is interesting to note that LISTSERV® is a trademark for a product distributed by L-SOFT® International. For this reason, LISTSERV® is capitalized. The term *listserv* is used in a variety of forms, but those groups using the LISTSERV® product refer to it in the aforementioned style.

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

Some groups use the LISTSERV® product, for example, the Agency for Healthcare Research and Quality (AHRQ). Others refer to their groups as a “listserv” and use a provider such as Yahoo to organize the group. One such example is the Society of Critical Care Medicine. Regardless of the provider or product, joining the list is easy. The LISTSERV® product offers options for organizing and delivering the electronic mail. This feature can be particularly useful when trying to minimize the number of daily e-mails or when working with vacation or part-time schedules.

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

CNSs should carefully evaluate the content and wording of postings before clicking the “send” button. Many lists have significant numbers of members. Once the message has been sent, it cannot be retrieved. Other suggestions should be considered and followed prior to participating in a LISTSERV®. If each member follows the rules, the communications and connections can be useful.

**Table 1-5** LISTSERV® RULES OF ENGAGEMENT

## Generic rules for polite LISTSERV® participation

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

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

Numerous electronic forums are also available for nurses that require registration without fees. One forum, *www.allnurses.com* (2006), boasts over 100,000 members from around the world. Discussion topics vary and are organized by subject. A variety of advertisements are posted on the Web site offering products, including education and employment opportunities, targeted to nurses. As mentioned previously, courtesy is required, and the rules are clearly posted for review.

**Develop eExpertise Electronically** Computer skills are essential. There is simply no way to effectively practice in today's healthcare environment without a basic understanding of commonly used software products. Technological competence in electronic mail, EXCEL, PowerPoint, Word, and

## 22 Chapter 1 Strategic Career Planning: Professional and Personal Development

Internet search strategies are particularly important. Database software familiarity may also be useful, for example, Microsoft ACCESS.

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

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

### *APN Certification: A Value-Added Enhancement*

The federal government defines a CNS as a master's prepared nurse educated in a clinical nurse specialist program with certification as an advanced practice nurse from an accredited credentialing organization (Zuzelo et al., 2004). To obtain Medicare provider status, the CNS must meet these criteria.

Although there are challenges associated with this regulation, including the lack of specialty certification examinations, the definition is clear. At the state level, CNS title protection is not consistent, and requirements for use of the title "CNS" vary. States that offer CNS title recognition typically require some type of advanced practice certification in a specialty area. States that do not afford the public CNS title recognition do not require certification and may not require a master's degree.

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

When this situation is viewed within the context of a lack of specialty certification examinations, it is readily apparent that certification as a CNS is not a consistent requirement. Many CNSs use the Master’s in Science of Nursing (MSN) degree in posted credentials but have certification at the basic, baccalaureate level only. For example, an MSN-prepared CNS may have certification in medical–surgical nursing and may list the credentials as “MSN, RN, C.” The certification examination for the “C” credential requires a baccalaureate nursing degree rather than a graduate degree and does not represent a CNS credential.

This same situation applies to “CCRN” and “OCN.” An oncology nurse with at least 1 year of practice who satisfies the oncology work experience and continuing education mandates is eligible to take the certification examination that will award the Oncology Certified Nurse credential. A baccalaureate degree in nursing is not required. The advanced practice CNS certification is Advanced Oncology Certified Clinical Nurse Specialist. This examination requires a master’s degree or higher in nursing and 500 hours of supervised clinical experience in oncology nursing practice (Oncology Nursing Certification Corporation [ONCC], 2004). This example illustrates that there are significant differences in requirements within and between clinical specialties for basic certification versus advanced practice certification. It is important for the CNS to consider the meaning of certification and its relationship to demonstrating clinical competence and protecting the public trust.

### *Advanced Practice Certification*

The American Nurses Credentialing Center (2006) is the certifying arm of the American Nurses Association. It offers seven advanced practice CNS examinations. CNS examinations are also offered by ONS and AACN (Table 1-6).

**Table 1-6** CNS CERTIFICATION EXAMINATION OPPORTUNITIES

NAME OF EXAMINATION	SPONSORING ORGANIZATION	WEB ADDRESS
Advanced Diabetes Management	ANCC (American Nurses Credentialing Center)	<a href="http://www.nursingworld.org/ancc/cert/eligibility/adm.html">http://www.nursingworld.org/ancc/cert/eligibility/adm.html</a>
Adult Health (formerly Medical–Surgical)	ANCC	<a href="http://www.nursingworld.org/ancc/cert/eligibility/CNS_AdultHealth.html">http://www.nursingworld.org/ancc/cert/eligibility/CNS_AdultHealth.html</a>
Adult Psychiatric and Mental Health Nursing	ANCC	<a href="http://www.nursingworld.org/ancc/cert/eligibility/CNS_APMH.html">http://www.nursingworld.org/ancc/cert/eligibility/CNS_APMH.html</a>
Child/Adolescent Psychiatric and Mental Health Nursing	ANCC	<a href="http://www.nursingworld.org/ancc/cert/eligibility/CNS_CAPMH.html">http://www.nursingworld.org/ancc/cert/eligibility/CNS_CAPMH.html</a>
Gerontological	ANCC	<a href="http://www.nursingworld.org/ancc/cert/eligibility/CNS_Gero.html">http://www.nursingworld.org/ancc/cert/eligibility/CNS_Gero.html</a>
Pediatric	ANCC	<a href="http://www.nursingworld.org/ancc/cert/eligibility/CNS_Ped.html">http://www.nursingworld.org/ancc/cert/eligibility/CNS_Ped.html</a>
Public/Community Health	ANCC	<a href="http://www.nursingworld.org/ancc/cert/eligibility/CNS_CommHealth.html">http://www.nursingworld.org/ancc/cert/eligibility/CNS_CommHealth.html</a>
Advanced Oncology Certified CNS	Oncology Nursing Certification Corporation (ONCC)	<a href="http://www.oncc.org/getcertified/TestInformation/aocns/index.shtml">http://www.oncc.org/getcertified/TestInformation/aocns/index.shtml</a>
Adult Critical Care Nurse Specialist (CCNS)	American Association of Critical-Care Nurses (AACN)	<a href="http://www.certcorp.org/certcorp/certcorp.nsf/certcorp/ccns#Introduction%20t">http://www.certcorp.org/certcorp/certcorp.nsf/certcorp/ccns#Introduction%20t</a>
Neonatal CCNS	AACN	<a href="http://www.certcorp.org/certcorp/certcorp.nsf/certcorp/ccns#Introduction%20t">http://www.certcorp.org/certcorp/certcorp.nsf/certcorp/ccns#Introduction%20t</a>
Pediatric CCNS	AACN	<a href="http://www.certcorp.org/certcorp/certcorp.nsf/certcorp/ccns#Introduction%20t">http://www.certcorp.org/certcorp/certcorp.nsf/certcorp/ccns#Introduction%20t</a>

Nine CNS examinations are not enough to cover the plethora of practice areas specialized in by CNSs. This testing deficit makes it difficult for CNSs interested in acquiring a certification that truly represents practice expertise.

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

Although none of the options are ideal, at this point in time they are the only choices. CNSs may choose to sit for the Adult Health examination as a “generic” fit. As an example, an MSN-prepared nurse with expertise in wound, ostomy, continence nursing, or women’s health is unable to certify as a CNS in these practice areas. As a result, if medical–surgical nursing is viewed as the “foundation” to other types of nursing, certainly a disputable point but a widely held view by some nurses, the graduate degree-prepared nurse may opt to take this examination.

Of course, medical–surgical nursing is a unique specialty area, and certification in this clinical area does not presume actual expertise in wound, ostomy, or continence care or women’s health. As noted, the option is not ideal. On the other hand, if regulations require actual certification and a portfolio option or practice option is not available through the state board of nursing, the medical–surgical CNS certification examination may be the best option.

If certification is not required but the CNS does want to demonstrate expertise in a particular clinical area for which there is no CNS examination, the nurse may choose to take the basic certifying examination and couple this with the MSN degree. A professional portfolio coupled with the basic certification may adequately demonstrate the CNS’s competency.

## Personal Development and Self-Care

Healthy self-care practices are important for mental well-being, spiritual strength, emotional connectedness, and physical health. Many nurses, including CNSs, attend to their personal needs with far less focus than they attend to the needs of others. It is not uncommon for nurses to smoke, with smoking rates of approximately 28% in the United Kingdom (McKenna et al., 2001) and 18% in the United States (Bialous, Sarna, Wewers, Froelicher,

**26** Chapter 1 *Strategic Career Planning: Professional and Personal Development*

& Danao, 2004). Like smokers in the general population, nurses are concerned about the health risks of smoking and are interested in smoking cessation programs. Nurses also experience guilt related to their continued smoking (Bialous et al., 2004).

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

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

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

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

CNSs must evaluate their personal health profiles (Table 1-7). They should think about exercise, smoking cessation, sleep patterns, stress management, habits of health promotion, and weight. The CNS role is

**Table 1-7** PERSONAL HEALTH INVENTORY

SELF-CARE BEHAVIOR	PERSONAL ASSESSMENT
1) Do I typically sleep 7 to 8 hours each night?	
a) If I do not sleep enough, how will I increase the amount of sleep time?	
2) Do I smoke?	
a) If I do smoke, when will I stop, and what steps can I take to support my success?	
3) What is my actual body weight?	
a) What is my ideal body weight?	
b) What steps can I take to maintain my current weight or to reduce my current weight?	
4) Do I exercise on a regular basis?	
a) What is my target exercise goal, and how can I reach this target?	
5) Do I have quiet, reflective time for rejuvenating?	
a) If not, how might I increase my opportunity for calm and solace?	
6) What health-promotion/disease-prevention assessments do I need to schedule?	
a) Blood pressure check	
b) Blood sugar check	
c) Colonoscopy	
d) Mammography	
e) Cholesterol screening	
f) Dental examination	
g) Eye examination	

incredibly challenging. There are many demands, and it is easy to place these demands ahead of self-care activities. It is easy to justify a lack of exercise when the physical work of nursing is so demanding; however, a long day at work is not equal to a 20-minute brisk walk or aerobic exercise with weights. Jackson et al. suggest that nurses must begin “walking the walk of a healthy life style” (1999, p. 1), and this directive certainly includes CNSs.

CNSs who are smokers need to explore options for smoking cessation. Resources are available for nurses who smoke, including an organization,

## 28 Chapter 1 Strategic Career Planning: Professional and Personal Development

Tobacco Free Nurses (2006), that provides media resources and an electronic support group, QuitNet. Tobacco Free Nurses also provides a library with reference categories that specifically address nurses, nursing activities, and smoking. These references may be very helpful to CNSs interested in developing and nurturing smoking cessation activities for nurses in the workplace.

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

Most CNSs recognize the importance of teaching patients about health promotion and disease prevention. They may be neglectful of promoting these behaviors among nurse colleagues and within their CNS peer group. Self-care is a worthwhile endeavor, but it must be a deliberately planned activity, or it will be unaddressed. Callaghan (1999) claimed that nurses often adopt fewer positive, health-promoting practices than laypeople. It is imperative for CNSs to take the lead and promote smoking cessation, regular exercise, normal weight maintenance, snacking avoidance, routine healthy breakfast intake, regular sleep patterns with 7 to 8 hours nightly, and moderate alcohol intake.

## Conclusion

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

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

their time and activities to benefit their health also benefit their families, colleagues, patients, and the organization.

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