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GUEST EDITORIAL

Cataloguing versus synthesizing knowledge as a scholarly activity

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Every year around this time when the semester comes to an end, I receive a lot of submissions from students completing their academic assignments to submit papers for publication. There are many problems with this type of assignment, which I won't go into here, but I will focus on a key issue that is at the root of rejections for *JAANP* and a common problem for student authors.

I need to preface this with the comment that there were approximately 2.5 million journal articles published in 2014, although the exact number is difficult to determine. Each manuscript published requires a lot of work by many individuals besides the authors: time and effort from two or more peer reviewers, plus one or two editors for a decision; production effort for those that go on to publication includes type setting, formatting and layout, copy editing, computer programming to link references and provide the best user interface, archiving and in many cases printing and distribution of a paper copy. For an ongoing list of things that publishers contribute to the published scholarly record, see blog posts at *The Scholarly Kitchen* (<https://scholarlykitchen.sspnet.org/?s=things+publishers+do>) [...]

BRIEF REPORT

An evidence-based review of the rectovaginal examination during well-woman visits

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Abstract

Background and Purpose: Women's health promotion and disease prevention has experienced considerable transformation over the past decade. This includes introduction of the Human Papillomavirus (HPV) vaccination, updated recommendations for mammography screening, Papanicolaou smear and HPV testing, and pelvic examinations. Despite significant literature about these subjects, one area that has not been reviewed is the rectovaginal examination (RVE). This article will examine available evidence regarding the RVE and make evidence-based recommendations that nurse practitioners (NPs) can integrate into practice

Methods: An electronic search was completed using PubMed, CINAHL, National Guideline Clearinghouse, and Cochrane Data Bases. Medical Subject Heading terms and keywords included Physical Examination, Vagina, Rectum, Digital Rectal Examination, Gynecological

Examination, and Rectovaginal Examination in combination with Well-Woman, Screening, and Pelvic Examination.

Conclusions: Available literature shows the RVE to have low sensitivity in detecting uterosacral nodularity, rectal compression, cervical involvement of endometrial cancer, and colorectal cancer.

Implications for practice: This critical review of available literature found no evidence to support the use of the RVE in well-woman visits. NPs should limit the use of the RVE to patients presenting with rectovaginal or pelvic complaints.

Keywords: Screening; digital rectal examination; health assessment; pelvic examinations; women's health

CLINICAL PRACTICE

New cardiovascular guidelines: Clinical practice evidence for the nurse practitioner

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Abstract

Purpose: Guidelines for the prevention and treatment of cardiovascular disease (CVD) have recently changed. Goals of these guidelines have shifted to the promotion of health and control of risk rather than solely on treatment of CVD. This article summarizes the six new cardiovascular screening, prevention, and treatment guidelines for use in practice.

Data sources:Published and peer-reviewed guidelines published jointly and in collaboration with the National Heart Lung and Blood Institute by the American Heart Association and the American College of Cardiology constitute the evidence base for this article.

Conclusions:The potential for making lifestyle changes a way of life instead of a diet or program is an important point to make in clinical visits. If nurse practitioners (nps) could promote a way-of-life lifestyle change to individuals in America, even change at a modest level, we could improve the health of the nation.

Implications for practice: Nps need to be aware of new guidelines and best practices to improve the cardiovascular health of their patients. We summarized these new guidelines into an easy-to-interpret format for use in practice.

Keywords: Cardiovascular disease; nurse practitioners; prevention; treatment

OUTCOMES RESEARCH

Intensive behavioral treatment weight loss program in an adult primary care practice

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Abstract

Background and Purpose: To evaluate a nurse practitioner (NP) led intensive behavioral treatment program for obesity implemented in an adult primary care practice.

Methods: The outcome variables for this study included weight loss as well as patient and provider ratings about program satisfaction, feasibility, and acceptability. Data sources were the patient medical records, patient satisfaction surveys, provider satisfaction surveys, and a provider focus group. Thirty-six eligible patients completed the program.

Conclusions: The program was feasible and effective with statistically significant weight loss (mean weight loss 6.7 lbs after four visits and 10.7 lbs at 12 weeks) and clinically significant with 39% of patients losing 5% or more of body weight at 12 weeks, with a high degree of acceptance.

Implications for practice: Obesity is a national epidemic with significant health and economic consequences. The Centers for Medicare and Medicaid Services recognizes intensive behavioral therapy for obesity treatment in primary care and the U.S. Preventive Services Task Force established evidenced-based program criteria. However targeted interventions to treat obesity are largely lacking in primary care. NPs with a focus on patient-centered and evidence-based care are well positioned to lead intensive behavioral therapy initiatives for obesity treatment.

Keywords: Obesity; intensive behavioral therapy; motivational interviewing; nurse practitioners; weight loss

QUALITY IMPROVEMENT REPORT

Measuring a veteran's quality of healthcare managed by a nurse practitioner in a VA facility using professional practice evaluation and core performance measures

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Abstract

Purpose: Quality of care provided by nurse practitioners (NPs) has been measured for the last 40 years; however, no known program measuring quality of care in an NP practice on an ongoing basis was found in the published literature. The purpose of this article is to describe the implementation of an ongoing professional practice evaluation (OPPE) program at a Veterans Health Administration facility.

Data sources: An evidence-based review was conducted to assess, evaluate, and report findings from outcomes research, systematic reviews, and meta-analyses, and interventions regarding standards and oversight of NP practice in the following databases: PubMed, Google®, Cumulative Index of Nursing and Allied Health, Agency for Healthcare Research and Quality, Institute of Medicine, and ".gov" websites.

Conclusions: NPs have established a reputation in the delivery of efficient, accessible, effective, and high-quality care. Researchers suggest episodic measurement of care. For NPs, an OPPE program provides oversight of quality of care, surveillance, education, and feedback while evaluating and validating an NP's quality of care on an ongoing basis.

Implications for practice: The OPPE program provides a prototype for measuring and improving NP practice nationally. In providing validation and transparency, it reassures administrators and the public that NP practice meets strenuous national standards.

Keywords: HEDIS performance measures; Nurse practitioner; performance measures; practice evaluation; quality of care; veterans' health care

ORIGINAL RESEARCH

Nurse practitioners' role perception, stress, satisfaction, and intent to stay at a Midwestern academic medical center

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Abstract

Purpose: There is a growing demand for nurse practitioners (NPs) within academic medical centers (AMCs) because of physician shortages and increased need for access to care. In order to retain these NPs, it is important to assess their role perception and satisfaction. The purpose of this study was to evaluate these concepts and their relationships to stress and intent to stay.

Data sources: A 90-item descriptive survey, including a new role perception scale and the Misener Nurse Practitioner Job Satisfaction Scale, was administered to all NPs at a Midwestern AMC.

Conclusions: The response rate was 62.4% (n = 181). Overall, the NPs had moderate role perception (M = 4.30, SD = 1.23) and were somewhat satisfied (M = 4.23, SD = 0.74). Over a third (39.4%) reported they were unsure about staying or did not intend to stay in their position. Intent to stay and stress were moderately correlated with overall satisfaction and weakly correlated with role perception. There were significant differences in the intrapractice and professional aspects of job satisfaction based on their supervisor.

Implications for practice: With increased NP needs, it is crucial for AMCs and NP supervisors to assess role perception, satisfaction, and stress among NPs in order to ensure a stable, satisfied, and productive workforce.

Keywords: Nurse practitioner; role; satisfaction; stress; work environments; workforce

SPECIAL ARTICLE

Home blood pressure monitoring and self-titration of antihypertensive medications: Proposed patient selection criteria

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Abstract

Background and Purpose: Recent studies have demonstrated that home blood pressure monitoring (HBPM), coupled with self-titration of medications is a viable intervention to control hypertension. There are currently no established criteria to evaluate patients for inclusion in such a program. The purpose of this discussion is to propose criteria for determining if a patient is appropriate to participate in a program of HBPM and self-titration.

Methods: Inclusion criteria for two self-titration trials were examined, and additional factors in clinical practice were identified and discussed. Additional selection criteria were proposed to support the decision to enroll a patient in an antihypertensive self-titration program.

Conclusions: Inclusion criteria from self-titration trials provide a reasonable starting point for choosing appropriate patients in clinical practice, but additional research is necessary. Adaptation of these criteria and consideration of the identified factors can be used to develop decision support instruments. Such instruments should be evaluated for effectiveness and reliability prior to use in clinical practice.

Implications for practice: HBPM combined with self-titration is an effective patient-centered approach for hypertension management. Decision support instruments to determine appropriate patients are necessary for safe and effective use in clinical practice.

Keywords: Hypertension; clinical decision-making; medications; pharmacotherapy