

FANNP NEWS



HIGHLIGHTED: TEACHING NOTEBOOK SERIES • NANNP REPORT • KIM NOLAN SPIRIT AWARD CHANGES

PLUS: POCKET NOTEBOOK • LEGISLATIVE UPDATE • EDUCATIONAL OFFERINGS • BRING IT ON • LETTER FROM THE PRESIDENT • CONFERENCE UPDATE

The Publication of the Florida Association of Neonatal Nurse Practitioners



2011 FANNP Conference Planning Committee Update

The Planning Committee is busy getting ideas together for the 2011 Conference. If you have any suggestions/ideas feel free to let us know via the website. We have something special planned with a different theme this year for our party...be prepared to root for your favorite sports team and show your support! Once again our great team is bringing the latest and greatest for the Advanced Track, and covering all the topics needed for review in the Review Track. Hope to see you all there, look for the "Save the Dates" cards coming out soon!

*Marylee Kraus, MSN, NNP-BC
FANNP Conference Planning Chair*



Letter from the President

My NNP friend called the other day from New York City and shouted, "I want Florida, its 14 degrees up here now"! I had just complained a few hours before that I had had enough of the cold...it was 54 degrees. I certainly hope all of our FANNP members have had a safe winter. It did seem never ending. But according to the immortal Punxsutawney Phil, we will soon have Spring!



And during spring, the Conference Committee is again planning a wonderful conference for this year. The dates are October 11-15, 2011. Thank you to the conference Committee for planning and presenting a wonderful conference. Please see Marylee Kraus update in this newsletter.

Don't forget to thank your fellow nurses May 6-12, during nurse's week. The theme is *Nurses Trusted to Care*. We have many roles, as staff nurses, educators, nurse practitioners and nurse researchers. Please take the time to give a pat on the back or kind word to those that work around you. Don't forget that each and every one of us deserves the same compassion that we give to our patients.

On a sad note, Pam Laferriere, "Nurse Penelope", has stepped down as President-Elect. She has had personal, family, and professional hurdles this last year. The FANNP BOD and membership will greatly miss her as a BOD member, and as a Godsend during the conference. She will remain Nurse Penelope in our newsletters! We send her our blessings. Her position will be filled from a current committee member or Member at Large that will be voted on by the BOD as per the FANNP by-laws. Look for further information in our newsletters.

Ruth B. Bartelson



Did you know...

FANNP is now offering great membership discounts. Check out the cost saving options:

**Active and Associate
Member Dues:**

1 year	\$50
2 years	\$90
3 years	\$135

**Retired
Member Dues:**

1 year	\$25
2 years	\$40
3 years	\$65

There is no change for members registering at the student rate. Students must renew every year. Join or renew your FANNP membership on the web at FANNP.org

THE FLORIDA ASSOCIATION OF NEONATAL NURSE PRACTITIONERS

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A Three Part Teaching Notebook Series

Topic III: Enhancing Lectures

Genieveve J. Cline, DNP, NNP-BC

To achieve teaching excellence requires a genuine desire to improve, a continuous process of thoughtful self evaluation and a commitment to lifelong learning. As part of the learning and improvement process this teaching notebook will explore three specific areas critical to successful academic and clinical instruction including comprehending teaching excellence, creating a supportive learning environment, and enhancing the traditional lecture method. Specifically, this teaching notebook will explore instructor behaviors and characteristics which have been found, in the literature to be most representative of teaching excellence by faculty and students. Additionally, this teaching notebook will explore a variety of evidence-based teaching strategies which can be used to build a diverse teaching tool box that can be used in different circumstances to promote active student learning. Specific teaching strategies that can be used to enhance the traditional lecture method will also be reviewed.

Topic III

A. Improving Your Lectures: Presenting With Presence (Eison, class notes)

1. Five tips on preparing presentations

- Be purposeful
 - Focus on the most important points
 - Try not to cover too much information
 - Present the material at a pace that allows the participants to keep up
- Be aware of your audience

- Try to reach the varying levels of your audience
- Try to address how the participants might use the information in the future

- Be organized
 - The lecture should have a brief clear beginning, a substantive middle, a synthesizing or inspiring ending.

- Be clear
 - Be interesting

2. Three tips on presenting

- Be enthusiastic
 - Wlodkowski, 1985- pay attention to vocal delivery, make eye contact, use gestures, facial expression, and body movements to stress critical points.

- Be heard
 - Develop a good command of the voice and use effective voice intonation.

- Be polished
 - Try to eliminate distracting mannerisms.
 - Consider being video taped and complete a self evaluation or have a peer complete your self evaluation.

B. Enhancing the Lecture: Revitalizing a Traditional Format (Bonwell, 1996)

1. Cashin (1985, pp. 2-4) lists the strengths and weakness of the traditional lecture

"ENHANCING LECTURES" continues on page 4



ENHANCING LECTURES from page 3

Strengths of the Traditional Lecture	Weakness of the Traditional Lecture
Effective lecturers can generate interest in the subject through their enthusiasm.	Lectures do not provide the instructor with feedback about the extent of student learning.
Lecturers can present course material not otherwise available to the student.	Students are usually passive during traditional lectures because there is not a method to ensure they are intellectually engaged in the material being presented.
Lecturers can be specifically organized to meet the needs of a particular target audience.	Information tends to be quickly forgotten.
Lectures can be delivered to large groups.	Student's attention span tends to wander after fifteen to twenty-five minutes.
Lecturers can role model how professionals work through disciplinary questions or problems.	Lectures make the assumption that all students learn at the same pace and have equal levels of understanding
Lectures allow the instructor to be maximally in charge of the learning experience.	Lectures are not appropriate for teaching higher levels of thinking such as application, analysis, synthesis, or evaluation. Lectures are also not well designed for teaching complex abstract content, motor skills, or for influencing student attitudes or values.
Lectures present minimal risk for students.	Lectures require effective speakers.
Lectures appeal most to students who learn by listening.	Lectures stress learning by listening, which can place students with other learning styles at a disadvantage.

2. Understanding the strengths and weakness of the traditional lecture can help us to improve this teaching method.
 3. Use mini-lectures no longer than fifteen to twenty minutes.
 4. Systematically merging short active learning strategies with the traditional lecture can enhance the effectiveness of this teaching method. Examples of active learning strategies that can be incorporated include; the pause procedure, discussion questions, think-pair-share, role play, brief in class writing assignments, formative quizzes, and lecture summaries. The addition of these active learning strategies can augment the traditional lecture to motivate and engage the students, reach students with different learning styles, change student attitudes, and teach higher level thinking.
 5. In order to select the specific learning technique that would best complement the lecture to promote the learning objectives consider the following three questions:
 - What do I want my students to know?
 - What do I want my students to do?
 - What do I want my students to feel?
 6. The time, class size and the physical limitations of the room will also determine which active learning strategies will be most effective.
- C. So Much Content, So Little Time (Svinicki, 1990-1991)**
1. Svinicki (1990-1991) addressed the issue frequently sighted by faculty for not adopting active learning teaching methods, and this is the issue of not having enough time to “cover” all the essential content. Svinicki insightfully suggests that this need to cover

all the content in class arises from the assumption on the part of the teacher that exposure in class is necessary and sufficient to achieve learning. She explains that it is not the lecture but the studying, summarizing and organizing the lecture notes that bring about real long-term learning.

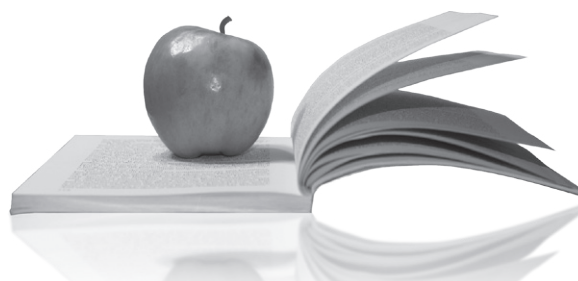
References for Topic III

Bonwell, C. C. (1996, Fall). Enhancing the lecture: Revitalizing a traditional format. In T. E. Sutherland & C. C. Bonwell (Eds.), *Using active learning in college classes: A range of options for faculty*. New Directions for Teaching and Learning, No, 67 (pp.31-44). San Francisco: Jossey-Bass.

Cashin, W. E. (1985). *Improving Lectures*. Idea Paper No. 14. Manhattan: Kansas State University, Center for Faculty Evaluation and Development.

Eison, J. (undated). *Improving your lectures: Presenting with presence* (PowerPoint slides) Eison.

Svinicki, M. D. (1990/1991). So much content, so little time. *Teaching Excellence: Toward the Best in the Academy*, 2 (8), 1-2.



Are You Eligible for a FANNP Scholarship?

FANNP members who attend an educational program leading to a degree related to the health care field between September 15, 2010 and September 15, 2011 are eligible for a 2011 scholarship. Contact scholarships@fannp.org with any questions or to receive a 2011 scholarship application.

FANNP Scholarship Eligibility Criteria:

- Scholarship applicants must be FANNP members.
- All members, student members and associate members are eligible.
- Priority for scholarship award will be given to members, followed by student members and then associate members.
- Priority for scholarship award will be based on length of membership and service to FANNP.
- Scholarship applicants must be a licensed RN, ARNP, NNP or equivalent.
- Preference will be given to currently licensed certificate NNPs working towards a NNP degree.
- Scholarship applicants must attend an educational program leading to a degree related to the health care field during the application period.
- The application period for the 2011 scholarship

is September 15, 2010 to September 15, 2011. (i.e. To be eligible for a 2011 scholarship you must have attended classes sometime between September 15, 2010 and September 15, 2011.)

- An applicant may receive a maximum of two scholarship awards for each degree sought.
- Preference will be given to those working towards a degree in neonatal health care.

Applicants will be asked to submit a 3-5 page article submitted as a word document, in APA format, for publication in the FANNP newsletter as part of the application process. (See FANNP 2011 Paper Grading Rubric for Newsletter Article Submission). The completed scholarship application must be Postmarked by September 15, 2011.

To obtain an application or for questions, please contact FANNP via email at: scholarships@fannp.org OR leave a message at 1-800-74 FANNP OR by US mail at: Karen Theobald, FANNP, PO Box 14752, St. Petersburg, FL 33733

Apply today!



NANNP Mid-year Report to FANNP Membership

Submitted by Paula M. Timoney, DNP, ARNP

As the southeastern representative on the NANNP Council, I attended the mid-year Council meeting in Chicago on February 13 & 14. Chaired by Dr. Debra Sansoucie, the Council members reported on on-going projects and developed objectives for 2012.

Accomplishments/Ongoing Projects

As you can see there are several products available to members of NANNP and to nonmembers for purchase. More products will be available soon on the newly redesigned NANN website/ NANNP members only section.

RESEARCH	EDUCATION	ADVOCACY	MEMBERSHIP
Clinical Guidelines for Management of Hypotension in VLBW Infants (Expected release March 2011)	Resource Guide for the Use of High-Frequency Jet and Oscillatory Ventilation in the Neonatal Intensive Care Unit (available on NANN on-line store)	LACE Workgroup <ul style="list-style-type: none"> • Licensure • Accreditation • Certification • Education 	Faculty Summit (at NANN Annual Conference) Updated NNP Education Standards (Jan 2010)
Understanding Clinical Research CNE Module (available on NANN on-line store)	NNP Competencies & Orientation Toolkit (available on NANN on-line store)	Health Policy & Advocacy, Nurse in Washington Internship	NANNP Luncheon (at NANN Annual Conference)
	Cardiac Resource Guide (available on NANN on-line store)	Advocated for RSV Guidelines & CMS Regulations	NNP Excellence Award
	NNP Skills Lab (at NANN Annual Conference)	Requirements for Advanced Neonatal Nursing Practice in NICUs (Jan 2010)	NNP Brochure for Parents (Members only website March 2010)
	Roundtable for New NNPs (at NANN Annual Conference)	DNP Position Statement (Revision expected March 2011)	NANNP Members Only Site (expected March 2010)
	TPN Calculations (Members only website March 2010)	Completed NNP Workforce Survey (Expected release June 2011)	Recruit NNPs who are NANN members, but are not NANNP members
	Manual for Precepting the NNP from Novice to Expert (Expected release March 2012)	NNP Workload Position Statement (Expected release July 2011)	Target new NNP graduates
		NNP fatigue & Shift Length Position Statement (Expected release August 2011)	

NANNP REPORT from page 6

The membership of NANNP as of December 2010 is 935 NNPs.

NANNP Council Representatives

Debra Sansoucie, EdD, NNP-BC (*Chair*)

Terri Cavaliere, DNP, NNP-BC
(*DISTRICT 1: CT, DE, ME, MA, NH, NJ, NY, PA, PR, RI, VT*)

Lee Shirland, RNC, NNP, MS
(*DISTRICT 2: DC, KY, MD, NC, SC, TN, VA, WV*)

Carol Jaeger, MS, RNC, PNP, NNP-BC
(*DISTRICT 3: IL, IN, IA, MI, MN, OH, WI*)

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Ellen Tappero, DNP, NNP-BC
(*DISTRICT 5: AZ, CO, MT, NM, NV, WY*)

Carol Greene, MN, RN, NNP-BC
(*DISTRICT 6: AK, CA, HI, ID, OR, UT, WA*)

Paula Timoney, DNP, NNP-BC
(*DISTRICT 7: AL, AR, FL, GA, LA, MS*)
(The Council was set up to coincide with the Districts of the American Academy of Pediatrics.)

In summary, NANNP is a division of the National Association of Neonatal Nurses. The mission of NANNP is to improve the care to neonates, infants, and their families by establishing a forum for communication among neonatal nurse practitioners (NNP). NANNP provides a voice for communication jointly with the Perinatal Section of the American Academy of Pediatrics (AAP) about neonatal issues in order to improve upon the already strong collaboration between neonatologists and NNPs.

As the national organization that represents YOU, NANNP continues to address issues that have and will affect your practice. You may contact me with any issues or concerns to report to the NANNP Council at timoneyp@tampabay.rr.com. And better yet, become a member today by visiting www.nann.org.

Educational Offerings 2011

2011 First Coast Neonatal Symposium

April 13-15, 2011
World Gulf Village
Renaissance Resort
St. Augustine, Florida
www.neonatalSYMPOSIUM.com

8th Annual Advanced Practice Neonatal Nurses Conference

April 27-30, 2011
Sheraton, Waikiki
Honolulu, Hawaii
www.academyonline.org/conference_schedule.html

American Academy of Nurse Practitioners 26th National Conference

June 22-26, 2011
Las Vegas, Nevada
conference@aanp.org

NANN 27th Annual Educational Conference

Exploring the Science and Practicing the Art of Neonatal Care
September 14-17, 2011
Orlando, Florida
www.nann.org/meetings/current/index.html

4th Annual DNP Conference Policy & Professional Growth

September 28-30, 2011
The Westin New Orleans
Canal Place
New Orleans, Louisiana
www.doctorsofnursingpractice.org/

The 22nd FANNP Neonatal Nurse Practitioners Symposium: Clinical Update and Review

October 11-15, 2011
Clearwater, Florida
www.fannp.org

Hot Topics in Neonatology

December 4-6, 2011
Omni Shoreham Hotel,
Washington, DC
www.hottopics.org

2011 Annual Vermont Oxford Meeting & 12th Quality Conference

Omni Shoreham Hotel,
December 3 & 4, 2011
Washington, DC
www.vtoxford.org



Common Diagnostics of Fetal Assessment

Diane McNerney, DNP, NNP

1. Antepartum Testing of Fetal Well-Being

Nonstress Test (NST)

- Nonstress test - used to detect intact central nervous system function.
- Normal baseline heart rate and periodic accelerations of heart rate confirm fetal well being.
- Accelerations associated with fetal movement
- Nonstress test is reactive when there are at least two accelerations in a 20 minute period peaking 15 beats above baseline lasting 15 seconds.
- In preterm <32 weeks the NST is reactive when there are at least two accelerations in a 20 minute period peaking 10 beats above baseline lasting 10 seconds.
- Nonreactive NST when the fetal heart rate fails to meet this established criteria after one hour of testing.

Biophysical Profile (BPP)

- Often used when NST is nonreactive
- Assess fetal breathing, gross body movement, tone, amniotic fluid level.
- A score of 8-10 is normal, 6-8 indicates possible chronic asphyxia, and 0-2 predicts high perinatal mortality.

Contractions Stress Test (CST)

- Assess the fetus at risk for uteroplacental insufficiency
- Fetal heart rate and contractions are monitored continuously.
- With lack of sufficient contractions, nipple stimulation or oxytocin may be indicated.
- Negative CST when there are no late decelerations with adequate uterine contractions of three in a 10 minutes interval.
- Positive CST when there are late decelerations with at least two of three contractions over a 10 minute interval.
- Equivocal CST when late decelerations occur in one of three contractions over a 10 minute interval. The test should be repeated in 24 hours.

Amniotic Fluid Index (AFI)

- Done by ultrasound, assesses the four quadrants of amniotic fluid in the uterus and gives a score to the amount of amniotic fluid by adding up centimeters of depth in the four quadrants.
- An AFI between 8-18 is considered normal. Median AFI level is approximately 14 from week 20 to week 35, when the amniotic fluid begins to reduce in preparation for birth.
- Oligohydramnios is an AFI < 5-6. The exact number can vary by gestational age.
- Polyhydramnios is an AFI > 20-24. Fetal anomalies have been associated at this level.

Fetal Lung Maturity

- Lecithin-sphingomyelin (LS) ratio is a phospholipid specifically measured in the amniotic fluid and an active component of surfactant, manufactured by type 11 alveolar cells. Lecithin increases after 28 weeks gestation where sphingomyelin remains constant. The L-S ratio is approximately 1:1 by 33-32 weeks' gestation and 2:1 by 35 weeks gestation. An L-S ratio $\geq 2:0$ is mature where an L-S ratio $\leq 2:0$ is immature.
- Phosphatidylglycerol (PG) is present in the amniotic fluid at approximately 35 weeks gestation and the levels increase at 37-40 weeks gestation. This substance is the last surfactant to appear in amniotic fluid and a useful marker in identifying fetal lung maturity in late pregnancy. PG is either present or absent. Its presence is a strong indication that respiratory distress syndrome will not occur.

References:

- Gomella, T.L. (2009). Neonatology: Management, procedures, diseases, and drugs.*
Navot, D, Yaffe, H, Sadovsky, E. (2010). Overview of fetal assessment.

Changes to the Kim Nolan Spirit Award

We have made some changes to the Kim Nolan Spirit Award Eligibility Requirements. Nominees no longer need to have demonstrated an “active” commitment to FANNP. And NNP students are now eligible! Nominate someone you know today!

Characteristics:

Can-do attitude; Service to family, work, & community

Purpose:

- To honor the contribution that Kim Nolan, founding member, made to FANNP and her community.
- To recognize an NNP who exemplifies the characteristics of Kim.

Eligibility Requirements:

- A nominee must be a member of FANNP.
- A nominee may be a practicing NNP, a retired NNP, or a NNP student.

Selection Criteria:

- A nominee should demonstrate service to his/her community or professional organization.
- A nominee should possess excellent communication skills.
- A nominee should demonstrate positive “can-do” behavior in daily activities.

Nominee Characteristics:

- Enthusiastic;
- Family oriented;
- Role model/mentor;
- Caring, nonjudgmental, respectful.

Selection Process:

- Nominations will be accepted from any FANNP member.
- Blinded applications will be reviewed by the Spirit Award Committee members.
- Once selected, the award recipient will receive written notification of selection.

Award Recognition:

The recipient will receive the following:

- Complimentary conference registration and accommodations for this or next year’s NNP Symposium in October;

- One year waiver of FANNP dues;
- Recognition in the newsletter and on the Website;
- A certificate suitable for framing;
- A Lladro statue

Previous recipients:

2002 Pam Laferriere
 2003 Madge Buus-Frank
 2004 Leslie Parker
 2005 Kim Irvine
 2006 Karen Theobald
 2007 Ruth Bartelson
 2008 Cheryl Robinson
 2009 Gail Harris

Kim Nolan Spirit Award applications are available on our website, fannp.org.

Paula Timoney, DNP, ARNP

Calling for Research Proposals... Grants From FANNP Available

The FANNP has research grant money available to qualified members! The object of the grant program is to encourage Neonatal Nurse Practitioners to develop and carry out research projects in the area of neonatal care. These grants will help defray research expenses. Research in the role of the advanced neonatal nurse practitioner is encouraged.

Each year FANNP sets aside funds for the support of research projects. \$1,000 is the maximum amount which may be awarded to an applicant for any one project. Applicants must be the principal investigator of the project. Novice researchers as well as those with extensive research experience are encouraged to apply. Deadline is October 1, 2011.

FANNP research grant applications can be obtained by contacting the FANNP through the website at conference@fannp.org

Terri Marin, MSN, NNP-BC



Winter, 2011

Leslie Parker, PhD, NNP-BC

The November elections resulted in a predominately Republican state government. The cabinet, including the Governor, are now held by the Republican Party and the majority of both the State House and Senate are now Republicans. Time will tell if this financially conservative government will impact health care and the nursing profession. The election also brought an additional four nurses into the State House of Representatives. This brings the total number of nurses in the House to seven. Unfortunately, there are currently no elected nurses in the State Senate.

For the upcoming legislative session, the Florida Nurses Association has elected to focus on several specific areas including the following;

1. Sustainable funding for the Florida Center for Nursing (SB 674/HB 327). This bill proposes that \$5.00 from each nursing license will go directly to funding the center.
2. ARNP Scope of Practice. FNA

is dedicated to developing a plan to permit ARNPs to function to their full scope of practice. This year, their concentration will be on the broader concept of Medicaid Reform rather than limiting their focus to seeking controlled substance prescribing privileges. The plan is to emphasize cost effective, high quality care and how ARNPs can reduce limited access to care. Hopefully, this will also result in attainment of controlled substance prescribing privileges. Currently Florida is one of only two states where ARNPs are not allowed to prescribe controlled substances.

On a national level, two bills were introduced that may impact the care provided by ARNPs. The Home Health Planning and Improvement Act would allow ARNPs to order home health services under Medicare. Although ARNPs, certified midwives and clinical nurse specialists currently provide the majority of care to home health patients, they are not allowed to sign home health plans of care or certify Medicare patients for home health care benefits. Passage of this bill would ensure timely and

convenient home health care under Medicare. The Medicaid Advanced Practice Nurses and Physician Assistants Access Act would remove barriers to practice and allow direct payment for services provided by all nurse practitioners and clinical nurse specialists. Since nurse practitioners have been shown to provide safe, cost-effective, high quality care and often provide services in areas where physician access is limited, passage of this bill would increase access to quality and much needed health care.

The nursing profession is the largest segment of the health care workforce in America. Therefore it is imperative that nursing become involved in health care reform. One way to be involved is to become a member of the State Advocacy Liaison Work Group of NANN's Health Policy and Advocacy Committee. This committee currently has 29 members representing 21 states with a goal of one member from each state. Please refer to the NANN web site for more information.



CLASSIFIEDS

NEONATAL NURSE PRACTITIONER RECRUITMENT

Linkous & Associates, L.L.C

www.linkousrecruiting.com

phone: 800-738-6677(NNPS)

Linkous & Associates is a national recruitment company specializing in the placement of Neonatal Nurse Practitioners. Please visit our website for an overview of our company and job opportunities.

POSITION AVAILABLE

Tampa Bay Pediatrix Medical Group seeking NNP to join rapidly expanding Practice. Join our current 11 NNPs and 9 MDS at 3 sites (Level 2 & 3), offering a variety of shifts and a competitive benefit package. Prefer experienced NNP but will also consider orienting new NNP grad. Call Dr. Lance Wyble at 813-924-4033.

Nationwide NNP Recruitment

ENSEARCH is widely regarded as the nation's preferred NNP recruitment firm, offering both Direct Hire as well as Locum Tenens staffing options. Call us to let us explain to you why you should be working with ENSEARCH rather than any other recruitment firm. (888) 667-5627 (NNP JOBS); www.ensearch.com.

Bring It On Answers

(Questions on page 12)

1. Answer is **B**; hypertension.
2. Answer is **C**; low.
3. Answer is **A**; early decelerations.



Penelope's Pose

Penelope's Pose

So, I did it. I took the NCC assessment. I figured I should just get it over with and see what it is like. I didn't try to fudge or figure, study or prepare, fuss or fidget. I just sat down at my computer, told my family to stay away, and took the exam. The results, for me, were predictable. The questions that gave me pause were in the areas that can use some polishing.

If you want more information on the NCC assessment and have questions about the Continuing Competency Initiative, then go to the NCC website: <http://www.nccwebsite.org/ContinuingCompetency/List.aspx>.

Here you will find an overview of the initiative, assessment content, and FAQ's.

I think this initiative is a good thing. It is a gauge by which the NNP can determine areas of strength and weakness. The assessment results will help the NNP to choose continuing education that will be most beneficial to one's personal skills and knowledge set.

So, if you haven't already.....just do it!

Until next time,

Penelope Nerdski

2011 Classified Advertising in the FANNP Newsletter

Acceptance of Advertising

- Classified ads only
- Link on website for direct submission
- All advertisements are subject to review and approval by the Editor

Ad Options

May run ad in one newsletter or all year – 4 total newsletters, March, June, September and December.

Cost

- \$50.00/ad each newsletter or \$150.00 for all 4 newsletters. No cash discounts.
- Payment must be received in full prior to the scheduled close date for the quarterly issue.

- Payments can be made though paypal on the FANNP website

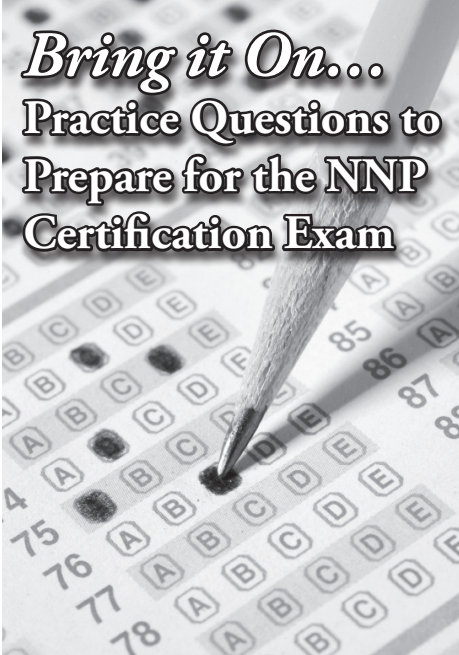
Format

- The classified ad section of the newsletter will be limited to 1 page only with approximately 30 ads per page
- Ads will be processed on a first come first serve basis

Closing Dates for Space and Advertising Materials

- June, 2011-ads must be received by May 13, 2011, and paid in full
- September, 2011-ads must be received by August 12, 2011, and paid in full
- December, 2011-ads must be received by November, 11, 2011, and paid in full

– FANNP BOD



Bring it On...
**Practice Questions to
Prepare for the NNP
Certification Exam**

Questions:

1. The most common side effect of dexamethasone in the preterm infant is?
 - A. Infection.
 - B. Hypertension.
 - C. Nephrocalcinosis.
2. The best antibiotic choice is one in which the MIC value is:
 - A. Equal to the plasma level of the drug.
 - B. High.
 - C. Low.
3. The fetal heart rate pattern associated with head compression:
 - A. Early decelerations.
 - B. Variable decelerations.
 - C. Late decelerations.

Answers on page 11

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