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Uplifting Advanced Practice Nursing with Continuing Professional Development and E-communication

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Uplifting Advanced Practice Nursing with Continuing Professional Development and E-communication

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Advisor Approval

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This is to certify that I have examined this
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and have found that it is complete and satisfactory in all respects,
and that any and all revisions required by
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DEPARTMENT OF NURSING

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Executive Summary

How can advanced practice nurses lift up the process of continuing professional competency and meet the needs of advanced practice nursing and nurses, the healthcare system, and patients?

The purpose of this paper is to describe an innovative project that provided knowledge and strategies to inform a lack of specific literature about changes necessary in the healthcare system to fit the special needs of advanced practice nursing. This vision of the project was to elucidate a new vehicle of a professional development process that merited systems change. The professional development process would include distinct advanced practice nursing professional features, national healthcare policy trends, and electronic communication as a means of continuing competency. This research utilization project utilized two sources of data: (a) a trial of a private blog site and (b) a professional development e-communication feedback tool administered to advanced practice nurses from across the United States. Of the 13 respondents 92 % found the process could provide collegiality, 100% found the process could provide opportunity to discuss professional issues, 100% found the process could enhance their professional practice performance, 100% found the process could provide a more frequent opportunity to counsel with colleagues, and 85% reported that the process of asynchronous e-communication with colleagues would be valuable in their career. This new vehicle of a process of professional development is highly valuable to advanced practice nurses and would likely provide increased professional practice knowledge and skills to safely treat and improve patient health outcomes. E-communication is a promising strategy for effective continuing competency of healthcare providers.

Uplifting Advanced Practice Nursing with Continuing Professional Development and E-communication

Advanced practice nurses (APNs) are significant providers of health care who routinely engage in professional competency activities to enhance their practice knowledge and skills to safely treat and improve patient health outcomes. Rapid changes in healthcare delivery systems' growth in chronic conditions, insufficient information technology use, and escalation in complex nursing and medical knowledge compels APNs to maintain continuous practice competency to assure they provide quality care to patients (Institute of Medicine, 2001). In 2010, *The Board on Health Care Services* asserted that sanctioned sources of continuing competency activities did not meet adult learning principles such as involving learners in identifying and solving problems.

Advanced practice nurses routinely report that sanctioned competency activities are not a good fit for their individual educational needs, are too connected to their work-site, and are unavailable in a timely manner. There is a need in the health care micro system of APNs for a new vehicle of communication that promotes continuing professional competency that combines distinct profession features of advance practice nursing, adult learning principles, and timely communication. This new vehicle would merit health care system change.

The impetus for this systems change project derived from the Doctor of Nursing Practice (DNP) student who was already an advanced practice nurse specialist in direct provision of care who desired to engage in a systems change project that honored the new tradition of DNP practice-focused doctoral project methods as outlined by the American Association of Colleges of Nursing (2006). Initially, the DNP student chose the method of a portfolio to research professional continuing competency as an already established method of demonstrating APN competency. This approach was too limited as it did not fully honor the idea of enhancing the

practice/profession of advanced practice nurses, it merely reinforced a process that already existed. Thus, the portfolio method to promote APN continuing professional competency for research utilization was abandoned by the DNP student.

The DNP student then reflected on the eight AACN *Doctor of Nursing Practice Essentials* that resonated with the DNP student's project desires. The DNP student determined that the fourth and sixth DNP Essentials fit well with the focus of advancing continuing professional competency for advanced practice nurses through promotion of inter-professional collaboration and enhanced communication methods. The eighth DNP Essential also spoke to the DNP student who is currently an advanced practice nurse and desired to provide additional research/insight into APN continuing professional competency methods.

The final phase in the process of project selection was to utilize the philosophies/concepts promoted through the DNP student's academic institution coursework. Specifically, two topic areas further refined the DNP student's project focus: 1) systems thinking as a way to enhance APN practice connections; and, 2) the concept of social justice. The DNP student challenged traditional nursing and healthcare systems thinking that defines a healthcare system as connected by brick and mortar buildings and/or located in a physical geographical location. Instead, the DNP student defined a healthcare system as a community of advanced practice nurses connected by electronics. Peplau's theory of interpersonal relations in nursing (1988) and Parse's nursing theory of human becoming (1992) supported the DNP student's personal framework of nursing and informed her concept of systems.

Social justice concepts/principles also informed the DNP student's project. Social Justice is a mandate for nurse practice (American Nursing Association, 2001). The patient population that the DNP student serves (patients diagnosed with Serious and Persistent Mental Illnesses)

require care in a state hospital system. The DNP student utilized social justice principles as a way to be a nurse change agent for these sickest people in society so as to right the injustice of their lack of quality health care. By building upon a value system and starting a strategy for structural change and transformation, social justice was also reflected in this project through promotion of policy change for continuing APN competency/practice that fits within the nursing paradigm. Within the large scope of society, this systems change project will unfold to make the message of advanced practice nursing professional development (APN PD) connect to the health care system and reduce healthcare disparities. This systems change project could help right the injustice of lack of quality health care for the sickest people with mental illness in our society simply because evidenced-based literature resources are lacking. The DNP student desired to utilize her advanced practice nursing knowledge to persuade, connect, and influence others in society so as to act as an expert and caring advocate for this patient population.

Situation and Opportunities

This project was designed to be a new vehicle for advanced practice nurses to pass practice-based expert knowledge on to others to influence change in healthcare practice and policy. Moreover, change through healthcare practice and policy can also affect social change (Gladwell, 2002). The development and dissemination of this project as a tool for APN change agents is part of Gladwell's method for social change. With this project**,** advanced practice nurses become persuaders of the projects' messages and connectors to influence others and society. The advanced practice nursing professional development (APN PD) continuing competency system needs to be strengthened and transparent to show that the value of APN PD is as attractive as currently sanctioned continuing competency methods. Additionally, this project starts a strategy for structural change by elucidating a process to organize advanced practice

nurses to participate in APN PD and to present this reality to organizational, academic, and political stakeholders. Political stakeholders include nursing regulatory agencies like state boards of nursing and accreditation organizations. Non-nursing stakeholders include researchers, continuing professional development business industry suppliers, and regulatory bodies of credentialing agencies, employers, and payers (Board on Health Care Services, 2010).

As an advanced practice nurse specialist in direct provision of care to a specialized and disenfranchised patient populations, the DNP student wanted to engage in a systems change project that honored the new tradition of practice-focused doctoral project scholarship. Praxis was used to engage the DNP student's current APN colleagues in professional development consultation to meet the need for improving treatment in the absence of evidence-based treatment guidelines for this patient population. Advanced practice nurses intrinsically consult with peers to gain practice-based expert knowledge that improves patient outcomes despite the lack of guidelines in current evidence-based practice literature. The DNP student consulted with expert APN colleagues on the enhancement of professional development consultation. In the past, APN consultation occurred in face-to-face or by telephone meetings on personal time that limited learning opportunities. The DNP student and her colleagues did not work in the same facilities and resided miles apart throughout the nation so useful treatment recommendations were often delayed rather than being accessible at the best time to meet patient needs. Upon consultation with APN colleagues, it was found that synchronous meetings were not ideal and that there was a desire to remove communication barriers by using a process that would transcend the current communication methods so as to provide information in a more timely and convenient manner.

Additionally, the DNP student and APN colleagues voiced a need to make transparent their professional development method of continuing competency that was complimentary to traditional methods yet distinctive to advanced practice nursing. It is this situation that informed the critical thinking process and focused the DNP student's systems change project.

Problem

How can advanced practice nurses lift up the process of professional continuing competency while meeting the needs of advanced practice nursing and nurses, the healthcare system, and patients?

There are no uniform sanctioned processes of continuing competency that reflect the way APNs think as nurses using the nursing process, the way they are academically prepared, their predominant female gender, and their use of intrinsic holistic practice. As a profession, nursing has neither a standardized definition of, nor guidelines for continuing competency (Whittaker, Carson, & Smolenski, 2000). However, the premier influential national professional nursing organization, *The American Nurses Association*, requires that APNs be responsible for maintaining competency of their professional nursing practice (2001). What's more, there is no uniform public, private, or organizational policy that addresses continuing competent practice for healthcare practitioners as adult learners (Citizen Advocacy Center, 2006).

Background

The background of sanctioned guidelines for continuing competency of advanced practice nurses needs to be understood from a historical perspective as well as by social, economic, ethical, political, and legal factors. Historically there have been many processes for healthcare professionals to acquire continuing competency. In 2006 the Citizen Advocacy Center identified methods of, "written or oral examinations, peer review, consumer satisfaction surveys,

records review, self-reflection…portfolios, evaluation by 'standardized patients', on-site practice review, performance evaluations, and continuing education" (p. iv). The following examples illuminate a variety of these methods that APNs employ for continuing competency:

Nurses personally substantiate continuing competency through professional learning and experiences, continuing education, and true peer practice review (American Nurses Association, 2001). Professional nursing organizations accept methods such as clinical practice findings and research (The International Society of Psychiatric-Mental Health Nurses, 2006). As well, The American Midwifery Certification Board accepts module and life-long learning methods (2010).

Employers substantiate continuing competency through their policies. These policies reflect facility accrediting agencies such as Joint Commission, *National Committee for Quality Assurance,* and the Centers for Medicare and Medicaid Services (Whittaker, Carson, & Smolenski, 2000). Typical continuing competency category methods are peer review, record review, and performance evaluation. These methods mandate non-true peer to peer reviewers, are in line with physician medical practice rather than APN practice, and occur at employer specified times, durations, and locations.

State Boards of Nursing substantiate continuing competency through licensure renewal. Licensure renewal is outlined in the state's nursing practice act. Nurse practice acts are different in each state. The majority of State Boards of Nursing use methods of continuing education and academic and professional experiences (National Council of State Boards of Nursing (2009b).

National APN credentialing agencies substantiate continuing competency through guidelines for renewal of nursing specialty certifications. Each agency has different guidelines. For example, the American Nurses Credentialing Center has six categories of qualifying methods

for professional practice competency (n.d.). In contrast, the American Midwifery Certification Board identifies four qualifying methods (2010).

National, state, and organizational agencies have moved assuring continued competency to the public policy agenda based upon research complied by the Institute of Medicine (IOM) for healthcare needs and redesign (2001). The IOM's Continuing Professional Development Institute proposes the creation of a national continuing education institute dedicated to development of uniform policy for healthcare practitioner continuing education for competent practice (Board on Health Care Services, 2010). This institute names necessary changes for continuing competency that are consistent with established nursing policies such as decreasing dependence on continuing education and increasing use of continuing professional development and lifelong learning.

Social factors. Social factors cause disparity in health care (Parks, Radke, & Mazade, 2008). Social factors include physical health status, lack of access to and use of primary health care preventative services, poverty, social isolation, and a lack of community service coordination, policy, and quality improvement strategies. To reduce health care disparities and illness, social factors need to change. Advanced practice nurses both prevent and treat illness in people. Competent APN leaders can design, influence, and implement healthcare policies that reduce health care disparities and increase safe effective high quality health care that increases wellness (Institute of Medicine, 2001).

Economic factors. Continuing competency costs that impact practitioners and the agencies that maintain those requirements by the Citizen Advocacy Center (2006). Costs incurred by practitioners included time away from their personal life, time away from work (thus not providing care to patients), and often personal financial expenditures. To establish and maintain records of practitioner's competencies, agencies incur costs such as finances,

manpower hours, time, physical storage space. Examples of these costs include: the development of rules and regulations, administration of examinations, and the monitoring and maintaining of compliance. The funding stream for each agency is not standardized. Among the funding sources are practitioner license and credentialing fees, organizational or societal fees, taxes, and or public general revenues.

Ethical factors. Standards to measure nursing practice and continuing competency are both external and internal (Ludwick, 1999). External measures derive from licensing laws and professional rules. These measures reflect minimum standards for practice that protect patients and society from harm, yet they do not reflect a higher quality of practice needed to provide effective care to patients in this time of increasing health care complexity. Internal measures derive from the individual APN or collectively from the profession. Professional topics include being informed about relevant competencies, participation with influential groups, questioning the nature and definition of competency, and being accountable to APN continuous competency, and advancing APN competency policy.

Political and legal factors. Absence of national uniform policy guidelines represents a political problem for APN continuing competency. National nursing organizations require some identical and some similar guidelines. An identical national policy guideline is having an active registered nurse license (National Council of State Boards of Nursing, 2009a). Similar national policy guidelines are a minimum number of performed practice hours (PH) and completed continuing education credits (CE); however, they differ by organization. For example, the American Nurses Credentialing Center (n.d.) requires 1,000 PH and 75 CE for nurse practioners and direct provision of care clinical nurse specialists. The National Board on Certification and Recertification of Nurse Anesthetists (2010) requires 850 PH and 40 CE. The Oncology Nursing

Certification Center (2010) requires a variable number of PH depending on the practice subspecialty focus and 62 CE are required for all practioners. The American Midwifery Certification Board requires zero PH and 6 CE credits (2010).

State Boards of Nursing regulate APN continuing competency with each state having differing requirements (National Council of State Boards of Nursing, 2009b). There are five state requirements that are similar and only a percentage of states mandate each requirement. For example, up to three-quarters of states require national accreditation, a little over one-third require continuing education, a little over one-third require active practice, up to one-quarter require pharmacology coursework, and a little less than one-tenth have no specific requirements (pp.288-292).

Uniform regulation of healthcare practitioner continuing competency is advancing as national policy. In 2010, the *Committee on Planning a Continuing Health Care Professional Education Institute* via the Board on Health Care Services noted, "Developing and implementing a new national system to improve continuing professional development…across disciplines and government boundaries…[to address] the host of problems that prevent Continuing Education from adequately serving health professionals, patients, and the nation" (p. I). Movement toward national consensus and sanctioning of advance practice nursing continuing competency is noted in the work of the APRN Joint Dialogue Group (2008).

Project Purpose, Goals, Objectives

***Purpose*.** The purpose of this systems change project was to lift up the professional development of advanced practice nurses with a process that fits in the nursing paradigm. This process will better serve the special needs of APN practice and contribute to improved safe

practice and patient heath outcomes. This process will incorporate concepts of foundational nursing standards, APN professionalism, continuing competency, and electronic communication.

Goals. The goals of the systems change project were to promote professional development literacy and deepen its value to advanced practice nursing.

Objectives. The two project objectives were:

1. At a prescribed time, trial participants will trial asynchronous professional development via an internet blog.
2. At a prescribed time, trial participants will be solicited for feedback regarding the value of a new distinct process of APN professional development.

Theoretical Framework

Nursing theory guides development of nursing knowledge, practice, and research. This project reflects the Doctor of Nursing Practice standard of using nursing praxis to affect safe patient outcomes through exercising nursing leadership as described by the American Association for Colleges of Nursing (2006). The theoretical framework of the nursing manifesto presented by Kagan, Smith, Cowling, and Chinn (2009), integrates the concepts of emancipatory knowing, participatory practice, social justice, and praxis. This framework is a good fit for advancing the micro healthcare system of advanced practice nursing's professional competency.

Research Support

Scholarly information sources inform research. This project uses many research topics. The research support section will describe the topics of research utilization, advanced practice nursing, continuing professional development, and electronic communication.

Research utilization is the DNP practice research method chosen for this project because it is the process of taking a process or concept and extrapolating it to a need in the clinical

practice area. Research utilization aided the identification of problems like patient needs not being met and a gap in the literature of targeted interventions to meet those patients' needs. Research utilization methods allow for the incorporation of empirical, clinical, practice-based, and evidence-based information to be applied in a creative way to address a need.

The Stetler Model of Research Utilization is a leading instrumental, conceptual, and symbolic research utilization model based on critical thinking that identifies decision-making steps for application of research findings for practice change (Stetler, 2001). There are five phases to this program: (a) preparation, (b) validation, (c) comparative evaluation/decision making, (d) translation/application, and (f) evaluation. The preparation phase addresses the search for and selection of quality resources to clarify the program. The validation phase addresses the critique and justification of source evidence. The comparative evaluation/decision making phase addresses the synthesis of findings and the decision of what sources to use. The translation/application phase addresses the issue of how to employ program findings. Last but not least, the evaluation phase addresses how to evaluate the program's application or use. Using Stetler as a general organizing framework along with Lewin's Change Theory (1997) for understanding the stages of change for potential implementation, this systems change project is illustrated but not fully carried out. Therefore, this project differs from a Research Utilization project because the intervention has been extrapolated from pragmatic processes and concepts and is yet to be fully tested in a clinical practice population. This systems change project is the creative product of this research utilization model.

Advanced practice nursing is a subset of professional nursing that shares foundational standards yet has a specialized and distinct practice (National Council of State Boards of Nursing (2006). Shared foundational standards are based upon the nursing paradigm's fundamentals. The

fundamentals of the nursing paradigm include a progressive lifelong learning process driven by the individual practitioner, the use of true peer feedback, and the efficient use of resources.

Advanced practice nursing has specialized and distinct practice standards. Concepts that distinguish advanced practice nursing are in professionalism and professional development (American Nurses Association, 2004). Four topics that explicate this distinction include professional practice evaluation, collegiality, resource utilization, and leadership (International Society of Psychiatric-Mental Health Nurses, 2006). The following are examples of APNs distinct standards. For professional practice evaluation one, "Engages in a formal process seeking feedback regarding one's own practice from…peers, professional colleagues…." (p. 38). Collegiality includes, "Mentors other…colleagues…contribute to advanced nursing practice and health care" (p 38). Resource utilization posits, "Develops practice evaluation strategies to demonstrate quality, cost effectiveness, cost benefit, and efficiency factors associated with nursing practice" (p. 42). And leadership, "Promotes communication of information and advancement of the profession through…change in practice and improved health" (p. 44). Advanced Practice nurses have a special practice that reflects the nursing paradigm.

Continuing professional development (CPD) is the method of professional healthcare clinician continuing competency supported nationally because it is the leading method that significantly changes practice to improve patient care (Board on Health Care Services, 2010). According to the Board on Health Care Services (2010), CPD can be defined as an outcomes-focused system for maintaining, improving, and broadening knowledge and skill throughout one's professional career driven by the learner who identifies their own problems and needs. The activities of CPD are broad and include continuing education, reflective practice, interdisciplinary collaboration, self-accreditation, portfolios on topics of clinical content,

organizational and systems factors as well as practice-related content, such as communications, business, and healthcare policy. Fundamental CPD concepts include learning to be patient-centered, using evidence from practice and literature, involving quality improvement measures, and using computer enhanced technologies. Furthermore, CPD has been adopted by non-nursing professions in and outside of the United States. For example, in the United States healthcare organizations adopting CPD include the Accreditation Council for Pharmacy Education, the American Medical Association, and many collegiate institutions. Additionally, forms of CPD are used by non-healthcare occupations such as military organizations, banking, business and management, attorney bar councils, surveyors, library services and information technology (The Institute of Continuing Professional Development, 2009). What's more**,** outside of the United States adopters of CPD include Canada, Australia, New Zealand, the United Kingdom, the European Union, other European countries and Japan in the professions of nursing, physicians, dentists, pharmacists, and psychologists (Board on Health Care Services, 2010). Continuing professional development is a good fit for APNs because it can transform their current personal professional development methods (APRN Joint Dialogue Group, 2008).

The healthcare system uses electronic communication (e-communication) technologies. Reasons cited for increasing its use include a lower cost and efficiency in time spent in personal contact versus face-to-face communication, ease in accessing abundant community and literature resources, and the promotion of interactive collaboration (Anonymous, 2009). Healthcare professionals report using computers and computer networks linked through the Internet as beneficial communication tools to enhance their practice. Predominant tools being used by healthcare professionals are e-mail and blogs.

E-mail or electronic mail communication has been effectively used to enhance physician mentorship practice (Hunter, Rockman, Gingrich, Silveira, & Salach, 2008), clinical nurse learning (Billings & Kowalski, 2005), and APN education, clinical learning, and reflective practice (Daroszewski, Kinser, & Lloyd, 2004). Blogs, or website logs, are innumerable. There are perhaps thousands of websites dedicated to healthcare practitioners. An Internet search using the search engines Google, Yahoo, and Bing identified only publically open membership sites. These open sites are primarily managed by national professional organizations or specialty groups for nursing, physicians, dentists, psychologists, and pharmacists. Two open APN clinically focused blog discussion groups are operated by *The American Academy of Nurse Practitioners* (2009, June 19) and the *American Psychiatric Nurses Association* (2009, June 19). Professional and clinical education via e-communication has been reported as effective but not in great numbers (Daroszewski, Kinser, & Lloyd, 2004). The benefits of e-communication compared with the standard face-to-face consultation include the rapid response and the reduction of formality, both of which support the relational aspects of e-consultation (Hunter, Rockman, Gingrich, Silveira, & Salach, 2008). As well, telephone calls can be burdensome because they must either be accepted when they occur or delayed in reply until there is sufficient time to reply without promise of connection with the inquire, during the course of a compressed clinical schedule. However, e-communication can be accessed as it suits the participants after reflection or checking of references. E-communication also provides an immediate hard copy of the discussion for personal or clinical records. E-communication methods are important in the APN provision of patient care.

Research supports combining concepts from research utilization, advanced practice nursing, continuing professional development, and e-communication to promote a paradigm shift in APN practice that could help improve patient care outcomes.

Project Design

This project design section will discuss two steps in research. These two steps are the implementation process and plan. The implementation process will discuss three criteria of implementation potential as transferability, feasibility, and cost-benefits. The implementation plan will further report on design objects and associated budgets.

Implementation Process

Transferability. The question of transferability is whether it makes good sense to implement the new vehicle, or innovation, in practice. The underlying tenets of this systems change project would benefit all APNs in direct provision of care, as well as likely being a good fit for all nurses working in advanced practice. The number of patients who would benefit from the target research population (APNs) involvement is very small; however, the number worldwide is likely sufficient to warrant implementation of this innovation. The innovation could be implemented in a reasonable time for the target research population, but richness of evaluation may not be a fit based on the brief period of design implementation and participation level in the project.

Feasibility. The questions of feasibility are of resources, cultural support, and control of the innovation. The participants already have the material resources necessary to carry out the innovation, it is unclear though if they will have the perceived resources and time necessary to carry out the innovation. It appears reasonable that the participants have a fair degree of consensus that the innovation implementation will be beneficial to them; however, it is unknown

as to the degree of resistance that may be encountered in participation in order to provide meaningful evaluation. The participants will have full control over the innovation implementation as participation is voluntary and can be blinded by response with false identities, can occur at any time during the day and on any day of the week. Readiness for change amongst participants is fairly known. Known readiness has been expressed by participants who are actively engaged in professional development consultation with the DNP student. Readiness for change of the APNs who are not actively engaging in professional development consultation with the DNP student is unknown and innovation implementation evaluation data will reveal actual readiness.

Cost-benefit. The question of cost-benefits is to assess whether it makes good sense to implement the innovation or not based on the outcomes to the participants. A barrier to participation could be one's perceived capacity to have fidelity to their professional commitments and promises (American Nurses Association, 2001). A benefit of participation is the lack of work-site or institutional resources of time, space, and expert colleagues to collaborate with as the innovation is unfettered by one's employment association and can be engaged in from anywhere in the world at any time. Participants are known to have necessary materials for access to internet services with e-mail accounts and access to blogs. A barrier to participation can be participant perceived loss of psychological safety due to the actual security of the website. The innovation will use a community standard of safety in website that is expected to be private. Additionally, participants are known to the researcher to practice fidelity of psychological safety and professional confidentiality to limit any embarrassment in revealing knowledge deficits for the potential benefit purpose of gaining insight, skills, or knowledge. The

DNP student concluded that the potential for innovation implementation as a trial project makes reasonable sense.

Implementation Plan

This phase of research utilization went forward as the criteria were met from the implementation process. This DNP systems change project had two objectives related to advanced practice nursing and professional development: 1) trial of an asynchronous council via an internet blog; and, 2). to receive feedback about the value of a distinct process of advanced practice nurse professional development.

Objective one. This project objective was the trial of a web-based delivery system of council. The council is a meeting of APNs engaged in professional consultation and discussion (Merriam-Webster, n.d.). The delivery system interface between participants was e-communication technology of the internet. This interface allowed for replacement of synchronous face-to-face meetings with asynchronous meetings. Consultation and discussion topics included collegiality, professional practice evaluation, continuing professional development, and other professional issues. Other professional issues include healthcare policy regulations, academic and scholarly, support, networking, and institutional, local, state, regional, national, and international initiatives. Objective measurement will address any tangible value of the trial project.

The budget for this project one objective included standard return on investment elements (Bangs, 2009). These elements included items for input, program, output, outcome, and the return. These elements once calculated then provided an estimated final return on investment. Budget input items, or investments, included the time and financial expense for project development and evaluation, researcher and participant implementation, and miscellaneous

expenses. An additional item of future value cost was not included as it is not yet determined if this process will be used beyond this trial. The cost of time used was only researcher time as participant time was unknown. The cost of researcher time is calculated as if hired as an independent contractor. The median rate of pay known for the year 2009 per feedback from Psychiatric-Mental Health Advanced Practice Registered Nurses working in Minnesota is $225.00 hour (anonymous, personal communication, November 4, 2009).

A budget input item was project development and evaluation. The project development included website research and production, council topic research and development, welcome message creation, and a feedback form. Project evaluation included feedback analysis, production, and dissemination.

A second budget input item was researcher and participant implementation. The researcher elements included website postings. Postings included six original topic postings. Then after viewing participant postings, further research and production occurred before twice weekly researcher response postings. Participant posting research, development, and production was not calculated as this information was not gathered.

The third budget input item was miscellaneous expenses. Expenses incurred were for general office supplies. There were no funds raised. There were no other tangible expenses for computer equipment or internet fees.

Table 1
Budget

	Time in Hours	Cost of Time	Dollars
Development and evaluation	14	x $225	3,150
Total implementation	1.5	x $225	337.50
Miscellaneous costs	0	0	5
Total project costs			3,492.50

The program element included Advanced Practice Nurses (APNs) specializing in direct provision of care of people diagnosed with psychiatric-mental health illnesses. These APNs residing throughout the United States of America came together asynchronously in one place at a web-based council site. Council dialogue included topics on advancing professionalism and professional development of advanced practice nursing.

The output element included the task of website posting. The website format creation used software resources from *SurveyMonkey* (SurveyMonkey, 2010). The project tasks for the researcher were postings of general welcome, original topics for suggested dialogue, and participant response follow up. The participant task was posting responses to posed discussion questions suggested in relationship to original topics posted by the researcher that reflected scholarly inquiry, and professional thoughts, advice, and comments.

The outcome element included identification of a project goal. The project goal described any tangible values. The tangible value of the project was described in dollars with figures presented previously as the investment or budget costs, and next presented in sections of return and return on investment.

The return on investment element included estimated tangible costs avoided. Avoided cost items included those noted in Table 2. The three traveler categories were defined by one-way travel time in hours to a meeting. For example, local travel time was 60 minutes, regional travel time was one to three hours, and national travel time was over three hours. The item of meeting included features of synchronous or face-to-face contact, clothing allowances per Internal Revenue Service stipulation (Internal Revenue Service, 2009), and location in Minneapolis, Minnesota, for a meeting time duration of four hours. The feature of assigned professional time cost rate equals that of the researcher project time cost. Time away from

personal activities was not calculated as it is not a deductible tax expense per the Internal Revenue Service. Travel and room rental expenses were calculated per community standards and Internal Revenue Service allowances for Minnesota.

Table 2
Avoided Costs in Dollars

	Local Traveler n = 3	**Regional Traveler n =3**	**National Traveler n = 2**
Meeting (duration x $225)	900	900	900
Time away from personal activity	0	0	0
Personal vehicle travel	66	198	0
Taxicab rental	0	0	100
Airfare	0	0	1,000
Lodging	0	0	160
Meals	15	45	72
Room Rental	20	20	20
Total cost per meeting attendance	1,001	1,163	2,252
Total cost per three meetings	3,003	3,489	6,756
Total for all attendees	9,009	10,467	13,512
Total return cost (for all attendees and meetings)	$32,988		

The return on investment is a tangible value. The return on investment calculation divides the return total by the investment total. This project's return on investment is calculated as $32,988 divided by $3,886 equaling 8.48%.

A demanding issue facing Doctor of Nursing Practice students is determining the value of their systems change project in a way that stakeholders can understand and has an impact on the health care industry. A credible method of determining a project's value is by calculating a return on investment (Bangs, 2009). A return on investment is a method of calculating a cost benefit analysis that estimates the financial benefit potential of project development before, during, and after its implementation. This calculation value can justify the implementation of innovative ideas like this project in anticipation of improving the health care outcomes of patients.

Objective Two. This project objective included receiving feedback about the value of a distinct process of advanced practice nurse (APN) professional development (PD). The implementation of this objective differs from Objective One in the number of participants, the output, the outcome, and the measurement. The number of recruited participants was seventeen. The output task was posting a demographic questionnaire and feedback tool via e-mail. The outcome element was ascertaining non- tangible value as either the affirmative or negative response to questions about the vehicle of professional development. The measurement element of objective evaluation was completed by collecting information with level one measurement types of voting and description (ROI Institute, 2009). The questions posed are demonstrated in Table 3. This objective did show non-tangible value to advanced practice nurse project participants in their professional development.

Evaluation

Evaluation of this project's design will be used to determine if formal testing of this project in the practice setting will be considered. Three topics of evaluation were used in this utilization process: data collection methods, data analysis, and criteria for success.

Data Collection Methods

The data collection method used two instruments. New instruments were created because no specific advanced practice nursing instruments pertinent to this project's objectives were found in the literature. Secondly, many of the existing instruments from business industry, scholarly, and non-advanced practice nursing did not fit the new e-communication process. One instrument utilized a demographic questionnaire modified as two versions to meet the needs of each of the two project objectives: *Advanced Practice Nurses e- Professional Development Demographic Questionnaire*, *One* for objective one (Appendix A), and *Two* for objective two

(Appendix B). The second instrument was a feedback tool measuring value (Appendix C). The feedback tool instrument creation was guided by resources from advanced practice nursing professional organizations and federal healthcare committee sources. These sources included: concepts from the *International Society of Psychiatric-Mental Health Nurses* (2006), *National Council of State Boards of Nursing* (2009a), the federal healthcare committee *Board on Health Care Services* (2010), *Informatics Competencies for Nurses* (Staggers, Gassert, & Curran, 2002), and *Registered Nurses' Self-Perceived Level of Competence Following Completion of a Specialist Graduate Certificate* (2003).

Table 3
Outcome Measures

	Variable	**Instrument**
Advanced Practice Nurse	Demographic characteristics	Demographic questionnaire
	Forum opportunity	Feedback tool
	Practice performance	Feedback tool
	Collegial counsel	Feedback tool
	E-communications value	Feedback tool
	Value of the project	Feedback tool

Only one new instrument was tested. The tested instrument was the feedback tool. This tool was pilot tested with two advanced practice nurses and revisions made based upon the feedback received. The tools' content validity was established via numerous tactics. Tactics included review of the literature for exiting APN professionalism/professional development tools; review of the literature for APN and non-usefulness tools; and seeking input on the tools from one education assessment and one quality assurance expert. The tool was pre-tested with two APN content experts. After careful review of the APN expert evaluators' responses to questions, suggestions for changing misleading/threatening language were avoided and the tool edited. Instrument clarity was managed using obvious wording in the tools. Due to the brevity of the tool, non-extensive instrument testing was performed, though face validity was achieved.

Data Analysis

The data analysis phase of this project describes information needed to analyze the utilization design. Five topics will describe the information needed. The topics include: participants, procedures, results and statistical analysis, value tool, and demographic instrument.

Participants. Participants included a purposive sampling of APNs in this IRB-approved quantitative research project. The participants did not receive compensation nor were offered inducements for participation. Participants gave implied informed consent and met all of the following inclusion criteria: spoke English as their primary language, United States residents, had access to a computer and internet service, and were APN direct care providers to people diagnosed with psychiatric-mental health illnesses. Diversity included: features of different specialty focus, area of practice, population served, earning remuneration source and schedule, region of practice, level of expertise, facility privileges, professional credentialing mix, academic degree achievement mix of at least a Master's in Nursing, community of service, hours of work, productivity requirements, professional effectiveness and quality of work, level of self-confidence, and desire for participation in this project. Differentiation existed between participants as to whether they were or were not active members in ongoing professional development with the DNP student. Participants who were active professional development members were included in both objectives. Participants who were not active professional development members were included only in objective two. Participant response rate of invitees for objective one was six of eight or 75%; and for objective two, 13 of 17 or 76%.

Procedures. The same procedural feature was used for both objective one and two: participants were electronically invited, informed, and responded to project elements via the internet. A different procedure for objective one participants included e-meeting at a secure

private blog site with postings of original or response entries at least once every two weeks for a total of three postings over eight weeks. A different procedure for objective two participants included completion of a one-time feedback tool.

Results and statistical analysis. The data analysis techniques used in this project included frequency distribution. Descriptive statistics were used including frequency and percentages. In addition, percentage of Perceived Computer Literacy in Practice versus Years in Direct Care was compared.

Value tool. A feedback tool was administered to determine each participant's opinion of the project's value to meet the needs of APN professional development. The results: of the respondents, 92 % responded that the process could provide collegiality, 100% responded that the process could provide opportunity to forum on professional issues, 100% responded that the process could enhance their professional practice performance, 100% responded that the process could provide a more frequent opportunity to council with colleagues, and 85% responded that the process of asynchronous e-communication with colleagues would be valuable in their career.

Demographic instrument. A demographic questionnaire was administered to determine each participant's age, race/ethnicity, gender, educational level, professional credentials, primary sub-specialty focus, years of APN direct provision of care experience, geographic work location distance from Minneapolis, Minnesota, and computer literacy level. (Table 4 shows results of the categories most interesting to the DNP student.) Other category results were: the average age was 48.8 years; race/ethnicity was 11 white and 2 Black/African-American; gender 11 female and 2 male; professional credentials were 7 Clinical Nurse Specialist, 4 Nurse Practitioners, and 2 both Clinical Nurse Specialist and Nurse Practitioner; and primary sub-specialty focus indicated 8 Psychiatric-Mental Health, 3 Primary Care, and 2 both Psychiatric-Mental Health and Primary Care.

Table 4
APN s e-Professional Development Demographic Questionnaire Two

Category	***N*= 13**	**Percentage**
Highest Educational Level	Master's: 9	69%
	Nursing Doctoral: 3	23%
	Non-nursing Doctoral: 1	8%
Years of direct care APN experience	0-2: 1	8%
	3-5: 7	54%
	6-10: 5	38%
	0-20+	0%
Geographic work distance from	Within 60 miles: 6	46%
Minneapolis	Between 60 and 180 miles: 4	31%
	Over 180 miles: 3	23%
Perceived Computer Literacy in Practice	I: Beginning Nurse: 2	15%
	II: Experienced Nurse: 6	46%
	III: Informatics Nurse Specialist: 4	31%
	IV: Informatics Innovator: 1	8%

As a comparison of Perceived Computer Literacy in Practice vs. Years in Direct Care result, respondents reported: Level I: Beginning, 6 to 10 years (100%); Level II: Experienced 0-2 years (17%), 3 to 5 years (50%); 6 to 10 years (33%), Level III: Proficient, 3 to 5 years (75%) ; 6 to 10 years (25%); Level IV: Expert, 3 to 5 years (100%). Further analysis demonstrates that the majority of respondents are either Level II or Level III and above. That is for Level II, respondents had over 6 years (50%) and less than 6 years (50%), while for Level III and above, respondents had between 3 to 5 years (80%) and 3 or more years (100%).

Criteria for Success

Criterion of success of the project in is that advance practice nurses find the innovation of the new vehicle of professional development valuable. The decision to continue, modify, or discontinue the use of the intervention will be based on five value criteria. The primary expected changes or outcomes are:

- APNs will report the process provides collegiality.
- APNs will report the process provides opportunity to forum on professional issues.
- APNs will report the process provides enhancement to professional practice performance.

- APNs will report the process provides more frequent opportunity to council with colleagues.
- APNs will report the process of asynchronous e-communication with colleagues provides career value.

Other criteria for success include feasibility, transferability, and cost-benefit ratio. Feasibility of the intervention will be attained if there is favorable response to the question of value for the in-practice setting. Another aspect is the APN belief that they have adequate resources for developing necessary skills to implement the intervention and subsequently solve presenting problems. The intervention will be successful if the APN has the financial and material resources necessary for implementation. The feasibility of implementation for the intervention in the clinical setting was expected to be high because of the design to use existing resources. These resources are people and organizational constituents of time, space, and equipment/materials. Additional financial expense was expected to be minimal depending on the extent to which the intervention was used and what resources were already available.

Success of the criterion transferability for the intervention would be met if it made good sense to implement the intervention in a variety of clinical settings and geographical locations. In addition, there should be a favorable response to the question of the intervention's fit in terms of similarities of the proposed versus actual APN diverse characteristics of different specialty focus, area of practice, population served, earning remuneration source and schedule, region of practice, level of expertise, facility privileges, professional credentialing mix, academic degree achievement mix of at least a Master's in Nursing, community of service, hours of work, productivity requirements, professional effectiveness and quality of work, and level of self-confidence. Success will require that implementing APNs have patients who could benefit from the intervention.

Cost-benefit ratio of the intervention was determined as successful if there was favorable data from the outcome measures, statistically significant results from the outcome measures, and a cost-benefit ratio per APN determination that was a balance of short-term and long-term benefits. For the APN the decision to continue, modification or discontinuation of the use of the intervention was based on the outcome measure of improved patient outcomes and at least 70% approval on the exit survey. The continuance of the intervention will happen when APNs have a sense of ownership of the project, power to change practice through shared decision-making, practice satisfaction, and understanding of project effects on patient outcomes. Table 5 outlines the instruments and measures that could be used to gather continuing data to aid in determination of whether to accept or reject furthering the utilization project.

Table 5
Other Success Criteria

Advanced Practice Nurse	**Demographic characteristics**	**Demographic questionnaire**	**Clinician characteristics**
	Improved patient outcomes	Patient Satisfaction Survey	Patient Satisfaction increases by 10%
	Knowledge of program	Return demonstration	100% knowledge

Decision Making

The decision making phase of the utilization process involved determining how the project information could be used in practice. This was achieved by determining the project impact on patients, policy, and healthcare practice. Specifically, the impact for this project involved four groups' participation in the new vehicle of APN professional development. These groups were patients, advanced practice nurses in provision of care roles, health care systems, and the advanced practice nursing profession. Guiding this determination are topics of costs and benefits for participation and use options.

***Costs and benefits for participation*.** Patient costs early on could be increased anxiety in relationship to introspection with the benefit of a gain in satisfactory health outcomes. An APN cost can be a loss of free time early on related to program learning and implementation, as well as time for a higher frequency of internet contacts. Additionally, costs can be increased anxiety in relationship to self-disclosure, burnout, or uncertainty that implementation will be enforced and accepted by all participant members. A health care system cost could be a decrease in APN productivity if communications occur during working hours. However, over time the benefits will be a gain in time and money through increased APN caseload productivity and patient outcome satisfaction. The nursing profession cost could be an uneven level of professionalism or commitment to praxis. Benefits are that the profession will have a better understanding of the experiences of APNs and the helpful services and policies for them, their patients, and the healthcare system.

***Use options*.** In this phase, use was operationalized by two methods of translation. They are formal or informal and direct or indirect. Patients, health care systems, and the nursing profession have informal and indirect use with this project when implemented in the clinical setting. Advanced practice nurses have formal and direct use with this project in a clinical setting that then informs the informal and indirect groups. An example of direct use is the implementation details of the project strategies with guidelines for who performs what and when for patient healthcare outcome improvements. Additionally, this translation can operationalize use in the categories of individual, group, and healthcare system. For example, the research findings and research utilization process support the use on an individual level for furthering the ways the intervention could be used in the clinical setting. In addition, the research findings

support that the project as an innovation is useable on a smaller group level or at a healthcare systems level.

Summary

This systems change project has high potential to effectively promote a new vehicle of APN professional development. Participant feedback reported high value. The most effective professional development strategies are professionally and clinically relevant, occur via convenient communication methods, and are immediately applicable to practice (Board on Health Care Services, 2010). This project meets these criteria in that the interactive, conversational style of professional topic and clinical case discussion conveyed contextualized information that an APN can readily translate into generalized knowledge.

The data analysis suggests that a valued relationship with a colleague who has relevant knowledge is critical to the project's effectiveness. Advanced Practice Nurses value colleagues who can provide experience reliably, objectively, and accessibly (American Nurses Credentialing Center (n.d.). The result can be a safe and secure interpersonal space in which professional and clinical educational needs can be revealed for the purpose of gaining insight, skills, or knowledge, without the risk of shame.

The costs of e-communication include concerns about privacy and security, although sensitive information is easily removed (Hunter, Rockman, Gingrich, Silveira, & Salach, 2008). E-communication when asynchronous does not allow the same level of interactivity that a real-time conversation does and the lack of speech rhythm, stress, and intonation can make e-communication cumbersome and unclear. Technological malfunctions of numerous types may also be possible. The DNP student's impression is that colleagues have and will continue to

develop an appreciation on how to communicate effectively and will change to e-communication when necessary.

A limitation of this project is that it was not representative of the highest levels of experimental quantitative or qualitative research. A strength of this project was that the DNP student used aspects of scientific investigation in a creative application to explore the way that asynchronous e-communication could inform a process to incorporate concepts of foundational nursing standards, APN professionalism, and continuing competency, and addressed the special needs of APNs to improve safe practice and patient heath outcomes. The trial feedback is promising but lacks sufficient power and data to know if there would be a significant impact on the performance of APNs to improve their communication mechanisms and professional practice competence.

This systems change project validates the theoretical framework of the *Nursing Manifesto* presented (Kagan, Smith, Cowling, and Chinn, 2009), and integrates the concepts of emancipatory knowing, participatory practice, social justice, and praxis. This framework is a good fit for working with the subsystem of advancing APNs professional competency within the larger healthcare system.

Finally, the overall purpose of this systems change project was met in the proposal to lift up the professional development of advance practice nurses with a process that fits in the nursing paradigm.

So why should the healthcare system change? This new process of continuing professional development is highly valuable to advanced practice nurses. This new process will likely provide increased professional practice knowledge and skills to safely treat and improve patient health outcomes. Furthermore, e-communication is a promising strategy for effective

continuing competency of healthcare providers. And, this process is frugal as it conserves material and time resources efficiently. Finally, advanced practice nursing in the United States needs to catch up with other healthcare professions worldwide in adopting continuing professional development but in an innovative way that fits into the nursing profession.

Recommendations

Recommendations for future use of this project come from its findings. The Doctor of Nursing Practice student concludes three reasonable areas for recommendation: research, policy, and professionalism.

The systems change project is a foundation for future nursing scholarship with both doctoral practice and research focused methods. The project could be further pilot tested. Suggestions for design change include use of other e-communication methods. Further utilization review would help to determine whether to change or use the same participants in re-challenging the use of a blog.

This project is a foundation for future nursing professionalism. The practice of continuing professional development can be advanced by capturing the process in a professional portfolio. Both the DNP student and advanced practice nurse colleagues should regularly complete a portfolio and present it to regulatory practice bodies as evidence of their competence in practice.

Dissemination

The dissemination plan for this project will be of varied types, means, and ways. The targeted groups of the dissemination activities include potential interested parties, professional and academic colleagues, policy-makers, and professional organizations. The plan includes: public presentation at St. Catherine University; electronic publication of Doctor of Nursing Practice Systems Change Project manuscript through St. Catherine University; public

presentation at a private gathering in St. Paul, Minnesota; electronic posting to project participants via private e-mail accounts; informal employer presentation and tentative formal all medical center conference presentation; proposal of presentation to state legislative policy-makers, an abstract to professional conference, and modified manuscript publication to professional journals.

Conclusion

E-communication is a promising strategy for effective continuing competency of advanced practice nurses and would likely provide increased professional practice knowledge and skills to safely treat and improve patient health outcomes. This systems change project is a foundation for joining the national policy work for uniform healthcare practitioner continuing education competency. One could join the debate as an individual person or attempt to join existing groups. As a DNP- prepared nurse leader, it will be important to participate at-the-table at any level possible to affect healthcare systems change of professional advanced practice nursing and public policy.

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Appendix A

Advanced Practice Nurses e-Professional Development Demographic Questionnaire One

1. My Credential is/are:
(I) Clinical Nurse Specialist
(II) Nurse Practitioner
(III) Clinical Nurse Specialist and Nurse Practitioner

2. My Primary Sub-Specialty Focus is:
(I) Psychiatric-Mental Health
(II) Primary Care
(III) Mixed Psychiatric-Mental Health and Primary Care

3. I Have *x* Years of Experience in Direct Dare as an Advanced Practice Nurse:
(I) 0-2
(II) 3-5
(III) 6-10
(IV) 11-20
(V) 20+

4. My Geographical Primary Work Location in Respect to Minneapolis, MN is:
(I) Within 60 miles
(II) Between 60 and 180 miles
(III) Over 180 miles

Appendix B

Advanced Practice Nurses e-Professional Development Demographic Questionnaire Two

1. My Credential is/are:
(I) Clinical Nurse Specialist
(II) Nurse Practitioner
(III) Clinical Nurse Specialist and Nurse Practitioner

2. My Primary Sub-Specialty Focus is:
(I) Psychiatric-Mental Health
(II) Primary Care
(III) Mixed Psychiatric-Mental Health and Primary Care

3. I Have *x* Years of Experience in Direct Dare as an Advanced Practice Nurse:
(I) 0-2
(II) 3-5
(III) 6-10
(IV) 11-20
(V) 20+

4. My Geographical Primary Work Location in Respect to Minneapolis, MN is:
(I) Within 60 miles
(II) Between 60 and 180 miles
(III) Over 180 miles

5. My Perceived Computer Literacy in Practice is:
(I) Beginning: Performs competently with additional educational needs.
(II) Experienced: Performs competently at a median level.
(III) Proficient: Performs competently above median level.
(IV) Expert: Performs competently at an extraordinary level.

Appendix C

Advanced Practice Nurses e-Professional Development Feedback

1. Introduction and consent

You are invited to be a part of a project gathering feedback of Advanced Practice Nurses regarding professionalism, professional development, and e-communication. This project has been approved by the St. Catherine University Institutional Review Board for the Protection of Human Subjects as part of academic requirements of the Doctor of Nursing Practice program.

If you agree to participate, I would like you to complete this online feedback tool. You will be asked about your perceived value for a process to uplift Advanced Practice Nursing. Your responses will be confidential; you will not be identified in any presentation or publication resulting from this feedback tool. You may complete the feedback tool at any time at any location.

Your participation in this feedback tool is completely voluntary. If you decide not to complete this tool, you will not be penalized or lose any benefits for which you are otherwise entitled. There are no known risks from being in this project. The electronic data is secure to the extent permitted by the technology being utilized. I hope that you and others may benefit in the future from what we learn as a result of this project. There is no financial compensation completion of this feedback tool.

I, Sandra Schleter am conducting this project feedback tool. You may ask any questions you have now after completing the feedback tool of me or you may contact Dr. Susan Hageness, academic advisor, at 651-690-8893 or smhageness@stkate.edu as well as Dr. John Schmitt, Chair of St. Catherine University Institutional Review Board at 651-690-7739.

Thank you.

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2. Background Information

This project's goal is to uplift Advanced Practice Nursing with promotion of a process to bring together Advanced Practice Nurses (APNs) from across the nation in one place to advance professionalism and professional development in a council forum via e-communication.

Professionalism fortifies connections between APNs to build expertise, collaborative affiliation, and achieve professional satisfaction. Professionalism topics can include healthcare policy regulations; institutional, local, state, regional, national, and international initiatives; academic and scholarly issues and reviews; networking; mentorship; and support and motivation.

The American Nurses Association Code for Nurses requires that nurses be responsible for maintaining competence in nursing practice and personal Professional Development. At present there is no unique policy for APNs. This process will illuminate the unique PD process that Advanced Practice Nurses routinely engage in without benefit of sanction for licensure, credentialing, or privileging. Professional Development (PD) has purposes of self-directed practice improvement to broaden knowledge and skills. This can lead to outcomes-focused development of professional qualities necessary through a professional career that reflect our practice and identify problems. This PD process is a progressive lifelong learning process driven by the individual practitioner using true peer feedback incorporating reflective practice to have a high impact on changing practice to improve the quality of patient care. Additional PD topics can include consultation of patient issues like diagnosis, treatment review, pharmacotherapy, and other treatment interventions.

Important to APNs is the ability to assemble together to consult, deliberate, and discuss as a council of experts. This process promotes professional council that is unfettered by geography, and time. This process' council participants are busy APN colleagues invited from across the United States of America in different time zones and miles apart, who are also disconnected by employment situation. This council will occur at a secure internet site that is intended to replace synchronous face-to-face meetings with asynchronous electronic postings. A goal is to provide a safe and secure interpersonal space in which educational needs or patient encounters can be revealed limiting any embarrassment in revealing knowledge deficits for the purpose of gaining insight, skills, or knowledge.

This process via e-communication has a goal of little expenditure of time and money. E-communication can occur by accessing an existing secure email or blog site when it is convenient and timely for each participant. E-communication can also provide written record documentation of consultations for a health care record or professional continuing competency.

Advanced Practice Nurses e-Professional Development Feedback

1. This process could provide collegiality.
(I) Yes
(II) No

2. This process could provide opportunity to forum on professional issues.
(I) Yes
(II) No

3. This process could enhance my professional practice performance.
(I) Yes
(II) No

4. This process could provide more frequent opportunity to council with colleagues.
(I) Yes
(II) No

5. Asynchronous e-communication with colleagues would be valuable in my career.
(I) Yes
(II) No