



# VA APN NEWS

DEPARTMENT OF VETERANS  
AFFAIRS  
ADVANCED PRACTICE NURSES

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**Advanced Practice Nursing Advisory  
Group (APNAG)**

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**ADVANCED PRACTICE NURSES  
DEPARTMENT OF VETERANS AFFAIRS**



## GREETINGS FROM APNAG!

By Janette (Jan) Elliott, RN-BC, MSN, AOCN  
APNAG Chair

It is my pleasure to be able to address VA APNs again via this newsletter. You all work so VERY HARD! Without you our veterans would not receive such EXCELLENT care!!

The APNAG continues to work to keep APNs informed of happenings within the larger VA system. We hope to establish a national email group for APNs within the next few months. This will be used to rapidly disseminate information of interest. To do this, we will collate local APN groups under one umbrella. If you don't already have a local APN group, consider talking with your nurse executive and offering to be the "owner" of your local group. Notify APNAG of Email group names.

We have also been working to develop goals for the APNAG for the future. Help us out!! What would you like to see as goals for APNs within the next 3-5 years? What would you like to see happen clinically? In APN education? In leadership? In research? In recognizing APNs? Speak up!! We are to be YOUR VOICE! We need to hear from you!

What questions do you have? Some questions are repeatedly asked, and we are developing a FAQ ( Frequently Asked Questions) section for COLLAGE to address these.

In cooperation with the Office of Nursing Service (ONS) and the National Nurse Executive Council (NNEC) the APNAG has been working to identify examples of ways APNs have been recognized at their facilities both monetarily and otherwise. We look forward to sharing this information in the future. How are you recognized at your facility? Share with us so we can share with others. Help us help others!!

You are invited to address the APNAG with your questions, concerns, suggestions. You are invited to tell us the GOOD things that are happening in your facility! We will continue to do our very best to represent you and in turn to guide you in finding answers to your questions.

The outlook group name for the APNAG is "VHA CO APN Advisory Group."

## "VA-Keeping the Promise to Those Who Served"

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## VA APN Conference :

### "More than Just Luck: Innovations in VA APN Practice"

Save the date: Feb. 25-27, Las Vegas, Nevada

VA APN National Conference: 2/25/09

In conjunction with a clinical conference

Presented by:

VISN 22 - 2/26/09 & 2/27/09 (1/2 day)



Look for updates on COLLAGE and from  
VISN APN leaders- APNAG and APN Liaisons

## EDITORIAL BOARD

Rebecca Waldon, APNAG, VISN 9 &10  
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Janette Elliott, APNAG Chairman

Anna C. Alt- White, ONS Facilitator

## Spotlight on APNAG Member

Eve Broughton, MS, APN, CNS

### VISNs 18 & 19 APNAG Representative

Ms. Eve Broughton is currently the Pain Clinic Coordinator at the Southern Arizona VA Health Care System, still fairly commonly known as the Tucson VA to the veterans. Ms. Broughton has her BSN from San Jose State University and her MSN from the University of California, San Francisco. She has been at the Tucson VA since 1991 and has had an eclectic experience working as a nurse manager some of the time and as a Clinical Nurse Specialist most of the time. Her graduate degree is in Neuroscience nursing with a minor in Nursing Administration. She has worked closely with Neurosurgery, Neurology, Pain Management and Polytrauma as a CNS. While in management she oversaw Cardiac Telemetry, Medicine and a variety of outpatient units including Hematology Oncology to the Emergency Department.

On a personal note Eve has a family, 3 children and a wonderful husband. She is happy to report she has only one teenager to go and is looking forward to that graduation in 4 years. She is involved in her church, works with preschoolers and the youth program. In addition she has been teaching for Grand Canyon University, College of Nursing for the last 3 years primarily in the BSN program.

### Development of a National APN Email group.

There is an effort underway to establish a National APN Email group. This is a monumental undertaking.

We hope to use this Email group to get information to you about COLLAGE and the APN Directory.

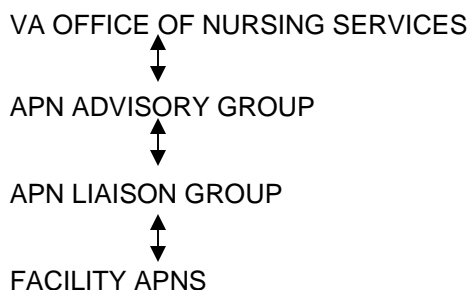
This will be an information only email group to avoid long strings of responses and questions. Those responses and questions will be better served going through COLLAGE discussion board or contacting the local APN facility representative to contact APNAG.

Please contact [Kathleen.burns2@va.gov](mailto:Kathleen.burns2@va.gov) to include your Email group in the National APN Email group distribution list.

### APN VISN LIAISONS

Each VISN is represented by an APN Liaison and an alternate. This representation is a vital communication link between the facility representatives in the VISN and APNAG. Email groups or teleconferences are formed by the VISN Liaison with VISN facility APNs for VISN communication. Monthly APN Liaison teleconferences are held with two APNAG members as co chairs. Teleconferences consist of education, networking, guests who bring pertinent, informative material to APNs and sharing of VISN news and reports. Through increased communication, facility APNs should receive monthly reports from the liaisons on the teleconferences and other relevant news as it occurs.

COMMUNICATION ALORHITHM:



### APN VISN Liaisons and Alternates

VISN 1– Gayle Bolduc , Jeff Lewis

VISN 2- Charlotte Ballew, Chris Norton

VISN 3- Eleanor Hobbs,

VISN 4- Gail Prater, Janice Jones

VISN 5- Pamela Rachal,

VISN 6- Beverly Ross, Patricia Dzandu

VISN 7- opportunity available

VISN 8- Jerome Steffe, Kim Vander Heuvel

VISN 9- Linda Laughlin, Penny Thayer

VISN 10– Laura Beck-Wilson, Pat Weiskittel

VISN 11- Denise Adams, Mary Rearick

VISN 12- Karen Franklin, Karen Clark

VISN 15- Cindy Heimsoth, Terrye Reahr

VISN 16- Amy Smith, Rebecca Gascoyne

VISN 17- Janeth Del Toro, Lynne Pompetti

VISN 18- Denise Rhoads, Gladys Benavente

VISN 19- Alana Jacobs, Jackie McCormick

VISN 20- Valerie O'meara, Jonathan Wolman

VISN 21- Lynn Obrien, Deborah Ruggles

VISN 22- Roberta McCoy, Julie Laverdier

VISN 23– Aleen Golis, Peter Mitchell, Sally Watson

# Advanced Practice Nursing at Portland VA Medical Center

By: Lakshi Aldredge, APRN

## VISN 20

The Advanced Practice Nursing Committee (APC) at the Portland VA Medical Center (PVAMC) is a hard-working and active organization. With over 100 APNs, this committee has been formally recognized by the Chief Nurse Executive for over 15 years. The APN Committee is a sub-committee of the Nursing Professional Council and meets quarterly, with meetings usually piggy-backed onto the VISN APN meetings and video-teleconferenced to all campuses. The APN Committee is open to all advanced practice nurses in the Medical Center; with Nurse Practitioners and Clinical Nurse Specialists as voting members, and other interested nurses as associate members (these may include nurse anesthetists, nurse educators and nurse administrators). The APC has two co-chairs of the committee which are comprised of one CNS and one NP. The co-chair role is rotated among the membership and is usually a two-year commitment.

CNSs and NPs at the PVAMC who are licensed and functioning as LIPs are members of the Medical Staff. As such, they are credentialed and privileged and are voting members of the larger Medical Staff and are recognized in the medical center bylaws. NPs are required to maintain a NP certification from an ANCC-recognized organization, and maintain an Oregon NP license which also includes prescriptive privileges. CNSs are required to maintain a CNS license in any state. In the past year, CNSs in Oregon have obtained prescriptive privileges. Currently three CNSs at the PVAMC are in the process of obtaining prescriptive privileges. The APNs have a separate pay scale which is reviewed periodically with a Locality Pay Survey. Most clinically-focused APNs are at the Nurse III level, with a few APNs in key leadership roles achieving the Nurse IV level as determined by the Chief Nurse Executive.

APNs at PVAMC are fortunate to be strongly supported by executive leadership throughout the medical center. They are often recognized for their work on committees, conducting research, teaching and mentoring nurses and for their accomplishments and work in the community. PVAMC APNs serve on national boards for a variety of specialty nursing organizations, serve as faculty at local nursing schools and are active members of the Oregon and Washington Nurses' Association. In the past month, the Portland VA Medical Center celebrated their 2<sup>nd</sup> anniversary of their Magnet designation. This coveted recognition has been conferred upon only a few VA medical centers that have demonstrated a sustained culture of nursing excellence. In achieving this status, Magnet interviewers who visited the PVAMC noted the advanced practice nursing culture as especially exemplary. They noted how actively involved APNs were throughout the medical center and repeatedly heard from non-nursing PVAMC employees, that APNs were highly-regarded members of the PVAMC community. Both CNS's and NP's played key roles in assuring that PVAMC was prepared to meet the fourteen Forces of Magnetism, the criteria American Nurses Credentialing Center uses to ascertain if an organization will be designated Magnet.

This year, the APN Committee is looking forward to hosting the first PVAMC APN Annual Conference in September. This will be an all-day conference held in Portland, Oregon and will include topics ranging from "Traumatic Brain Injury in the Returning Iraqi War Veteran" to "Diabetes Management in 21<sup>st</sup> Century". They hope to develop this conference into a truly exceptional educational event for VA APNs and hopefully attract a national VA APN Conference to the Portland area in the near future!

## APN ADVISORY GROUP (APNAG)

The VA Advanced Practice Nurse Advisory Group was established to serve in an advisory capacity to the VA National Nursing Executive Council (NNEC) for the purpose of establishing, implementing and evaluating the strategic plan for Advanced Practice Nursing in the VA. The **Mission** of the APN Advisory Group is to provide a national focal point for information relating to issues pertinent to APNs and their practice in VA facilities and clinics such as licensure, utilization, roles, scope of practice, recruitment and retention, workload captures and prescriptive authority. The APN Advisory Group reports to the NNEC.

### Advanced Practice Nursing Advisory Group:

Janette Elliott, RN-BC, MSN, AOCN—Chair

Carolyn Anich, PhD, APRN, CNS—Co-Chair

Anna C. Alt-White, RN, PhD, ONS, Facilitator

Kathleen Burns, RN, MS, CS, APRN-BC, VISN 1-2.

Nora Krick, MSN, RN, APN, VISN 3-4

Joan Galbraith, MSN, RN, ANP, VISN 5-6

Mary Lovelady, MSN, RN, ANP-BC, CS-BC VISN 7-8

Rebecca Waldon, MSN, FNP-BC, GNP-BC, VISN 9-10

Mary Falls, MSN, APNP, VISN 11-12

Sheila Dunn, MSN, ANP-BC, VISN 15-23

Nancy Cook, RN, MSN, FNP-BC, VISN 16-17

Eve Broughton, MSN, ACNS-BC, VISN 18 & 19

Julie Marcum, APRN, CCRN, CS, VISN 20

Mary Thomas, RN, MS, CNS, VISN 21-22

Kimberly Radant, MS, RN, Nurse Executive

# Development of an Orientation/Mentoring Program for Newly Hired Nurse Practitioners and Providers at So. Arizona VA (SAVAHCS) VISN 18

**Gladys Benavente, MSN, APN-c, CNN-NP; Eve Broughton, MS, ACNS -BC and Denise Rhoads, MS ANP-BC**

**Purpose:** To develop a standardized orientation program for new providers to SAVAHCS with the goal to improve retention.

**Problem:** Over the past couple of years, we had seen a significant turnover of experienced newly hired providers. This turnover led to increased cost to the hospital. A review was done of what were the possible causes for newly hired staff leaving. Two possible causes were identified : 1) a lack of a standardized orientation to the VA system, beyond the standard HR orientation; and 2) frustration with the use of the VA computer system and electronic medical record (CPRS). Through discussion it was determined that the providers needed a network of contacts in order to facilitate the care of the patients. Assessing and determining a plan of care is typically the easy part of patient care, how to implement the plan can be the difficult part in a system as complex as the VA.

**Solution:** A group of Advanced Practice Nurses were tasked to develop an orientation program for nurse practitioners newly hired into the Primary Care Line. Specific areas were identified as needing to be a part of this program: ongoing mentoring, face to face weekly meetings with the collaborating physician; exposure to the subspecialty areas (face to face contact with APNs) to understand how consults to specific areas are addressed; easing into the primary care role and assuming care of patients in an organized fashion to improve provider comfort. Orientation to CPRS was done with time provided for navigating through the records using test patients. A scavenger hunt through CPRS was developed and providers were asked to test the process for ease. This hunt is repeated towards the middle of orientation. The orientation is flexible in addressing provider's specific needs. This program was so successful, it was expanded and modified for newly hired physicians.

**Support:** Critical to success is leadership support. Primary Care leadership is supporting:

6 months of dedicated collaborating and mentoring time each week for one hour;

No overbook appointments until both new provider and mentor agree that they are appropriate for up to one year for new graduates. Appointment times beginning at 60 minutes and decreasing to 30 minutes progressively as the provider gains experience and comfort.

**Outcomes:** Two Nurse Practitioners and 5 Physicians have now processed through this new and evolving orientation. Feedback has been positive, suggestions to improve have been provided and implemented. Since the changes were initiated in January of 2008 no turnover has occurred with new hires. Primary Care has been asked to expand the process to Physician assistant hires and the offer has been made to other Care Lines to utilize this flexible orientation process for new providers.

## Spotlight on APNAG Member: Joan I. Galbraith Representative for VISNs 5 & 6

Joan Galbraith is the full-time Nurse Practitioner on the Spinal Cord Injury Team at the Durham VA Medical Center in Durham, North Carolina. She received her BS degree in Nursing at the University of North Carolina at Chapel Hill in 1974, and her MSN in Nursing Education at The University of NC at Greensboro in 1986, and maintains adjunct faculty positions at both universities. She returned to UNC-G in 1993 and obtained her post-masters NP certificate in 1995. She is educated as an ANP and is certified as a GNP.

Joan has held NP positions in Primary Care, Geriatrics, Spinal Cord Injury, and in the acute setting as a Surgery NP Case Manager. The acute care position has been the most challenging as it marked a return to acute care, and required developing lines of communication with ten surgeries services and staff nurses. Joan has co-authored a manual for Long Term Care Orientation, and has authored contributions to several text books and reference manuals in geriatrics and primary care. Joan has served as preceptor for NP students and has provided continuing education programs to nursing groups throughout North Carolina.

Joan is married and is a step-mother to Jon, an active-duty Staff Sergeant in the US Army who has served tours in Iraq and Afghanistan, and to Chris, an Air National Guard member. She is a grandmother to 3 very active youngsters, and mom to a very spoiled puppy, Riley. In her spare time, she enjoys walking, movies, reading and traveling.

## SPOTLIGHT ON APN LIAISON

Representing VISN 20

Jonathan Wolman, ARNP

American Lake VA; Tacoma, Washington

Jonathan has been in nursing since a midlife career decision to exit the business world at the age of 33. He went back to school in science class "100" level with advanced high school kids that were 17 years old! Graduating in 2000 with his BSN, he went to work in the Medical ICU in the Seattle VA with a great training and mentorship program. ICU was full time through graduation with his MSN/ARNP certification in 2003. After a year of home visits "hanging his own shingle" as a LIP in Washington State, he returned to traditional outpatient Primary Care as a locum for Roseburg VA and then took his new "permanent" position in Tacoma with a panel of over 900 patients.

He has found his niche in Primary Care. He also enjoys supporting the training of new NPs by precepting a couple of students a year within Primary Care. Wanting to improve the lot for his fellow APNs at VA is a way of doing a little extra for his profession and in-turn, helping promote better care for Veterans/patients. Just when he was wondering how to become more involved in local and national issues for APNs, the Liaison alternate position opened up for VISN 20. One year later the primary Liaison rotated out and he now represents VISN 20 along with a very knowledgeable alternate, Valerie O'meara.

Being a part of the national Liaison group allows Jonathan to bring many local issues into the spotlight which would be very difficult without the support and knowledge of other APNs around the country. He has found that most "local issues" are really quite common to most areas, so support for each other by discussion and problem solving is ongoing. Some of the most challenging goals are affecting change to current policies, procedures and old ways of doing business at the VA. The national groups are a way of making these changes possible.

The topics Jonathan and the collective APN group are focusing on now include increased recognition of APNs as providers and professional practice issues. Another important topic is having APNs as a group, better represented within individual facilities, including Nursing and Medical committees. He feels that APNs are challenged to define and promote their profession on a daily basis.

Many patients express different levels of comfort with various practitioners (PAs, APNs, MDs). Jonathan feels a nursing background helps differentiate APNs from other providers and patients seem to appreciate that difference.

## SPOTLIGHT ON APNAG MEMBER

Sheila Dunn, RN, MSN, C-ANP

APNAG Member Representing VISNs 15 & 23

Sheila A. Dunn, RN, MSN, C-ANP, is a primary care nurse practitioner in the Belleville CBOC of the St. Louis VA Medical Center. She has been with the VA for 11 years and was the first NP in a CBOC in St. Louis. Prior to coming to the VA she worked as a primary care NP in the private sector for 2 years. She is a member of Sigma Theta Tau, Phi Kappa Phi, NOVA, American College of Clinicians and the American Academy of Nurse Practitioners. She received her undergraduate degree from Southern Illinois University – Edwardsville, her Masters Degree in Medical-Surgical nursing from the University of New Mexico and a post – Masters Certification as an adult nurse practitioner from St. Louis University. From 1980 to 1990 she was a member of the United States Air Force Reserves flying air evacuation missions out of Scott Air Force Base. She authored the nurse practitioner book; Mosby's Primary Care Consultant and also authored the chapter on Health History and Physical Assessment for Lewis, Heitkemper and Dirksen's, Medical-Surgical Nursing, Assessment and Management of Clinical Problems 6<sup>th</sup> Ed.

During her time at the VA she has enjoyed networking with NP's across the country about various topics that affect VA NPs. She has found it invaluable to speak with NP's outside of the local area to get a different look at the various problems that face VA NPs. She is looking forward to working with all of the other members of APNAG.

On a personal note, she is married and has a 28 year old step son and soon to be 21 year old son. In her spare time she likes to swim, golf watch college basketball and Cardinals baseball.

SEPTEMBER 23-24, 2008

FT WORTH, TEXAS



Members of APNAG met for their annual face to face in September. The meeting occurred in “cow town”, Fort Worth, Texas. The full agenda meant a long but productive one and 1/2 days. A high quality APN recruitment brochure was presented which should now be available at all medical centers. The activities of the Liaison Group were highlighted as well as the many contributions of APNs across VHA. Discussion occurred about methods of rewarding APNs including special contribution awards such as special advancement for performance and special advancement for achievement. A review of NNEC strategic plan and reexamination of APNAG goals took place. An overview of the current planning for the APN National conference was presented as well as input regarding potential speakers. The charter for the Liaison and the APNAG were examined and are being revised. New VHA directives as they relate to APN practice such as “Establishing Medication Prescribing Authority for APNs” and on rural health were reviewed. The meeting adjourned with all members feeling renewed energy and resolve to enhance the role of the VA APN and improve communication networks throughout the nation.

## VA APN NEWS

### VISN 9

**Janet Campbell**, ANE Ambulatory Care, Memphis VA. received a Doctorate in Nursing Practice (DNP) from the University of Tennessee.

### VISN 12

**Beth Hammer, RN, MSN, APN-BC**, Nurse Practitioner, Cardiology Service, Clement J. Zablocki, Milwaukee, Wisconsin, has been elected as the next president-elect for the American Association of Critical Care Nurses (AACN). She began the president-elect role on July 1 this year, and will assume the role of president on July 1, 2009.

Her new role will involve presiding over the largest specialty nursing organization in the world representing the interests of over 500,000 nurses. AACN is committed to providing the highest quality resources to maximize nurses' contribution to care for acutely and critically ill patients and their families and Ms. Hammer will be leading the way!

She specializes in managing patients with cardiac arrhythmia. Her clinical background includes MICU, Cardiac Cath Lab, and Electrophysiology Lab. She earned her BSN from the College of St. Teresa, Winona, Minn. and her MSN from Marquette University, Milwaukee, Wisconsin.

### VISN 18

**Mary Walters, Nurse Executive, Tucson**—recipient of Mentorship Award through the Tucson Nurses Foundation

**Connie Erhart, NP, Tucson**—Vascular service--- VA Employee of the Month –February 2008

**Elaine Hooper, NP, Tucson** – Intake Clinic – Coordinator for recent NOVA conference—Caring for our Combat Veterans

**Linda Sabre, NP, Tucson**—Urology service---Arizona Chapter President for SUNA (Society of Urologic Nurses and Associates) and chaired the Fall 2007 meeting for the Western region. She also hosted the National SUNA conference in Phoenix AZ.

**Karen Gialle, NP, Tucson**—Rehab and Transitional Care Line—has been a National Instructor for Spinal Cord Injury Primary Care Training and recognized in “Advance for Nurse Practitioners” July 07 magazine for coaching wheelchair athletes. She received a Nursing Achievement Award 2007 for contributions to the national SCI program as instructor for many years.

**Gladys Benavente, NP, Tucson** –Clinical Care/renal—presented lectures on Peritoneal Dialysis at the ANNA (American Nephrology Nurses Association) national meeting in April; she recently presented at Tucson Showcase “ The role of the Advanced Practice Nurse in CKD ( chronic kidney disease)”. She will also be presenting a poster on the APN in CKD role at the AANP national conference in Maryland. She is co-author of the CKD chapter in the revised CORE CURRICULUM for ANNA

**Donald Harrison, NP, El Paso VA**—completed his doctoral program

**Les White, NP, West Texas VA**—received his PhD in Nursing in May 2008.

## **Consensus Model for APRN Regulations: Licensure, Accreditation, Certification and Education**

Kelly Goudreau from Portland VA, and past NACNS (National Association of Clinical Nurse Specialists) president presented to the APN Advisory Group and The APN Liaison Group at a teleconference on July 2, 2008- "Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education". Kelly participated in a joint dialogue with other APNs across the nation in arriving at this consensus model. Her power point presentation included:

- 1) Reasons for future APRN models.
- 2) Requirements for Boards of Nursing
- 3) Requirements for Accreditors of APRNs.
- 4) Requirements for Certification Agencies of APRNs.
- 5) Requirements for educators of APRNs.
- 6) LACE ( licensing , accrediting, certifying , educational ) Structure and Process
- 7) Work to be completed as part of the model regulation.

### **First National Consensus Model for APRN Regulation described in Report Now Available On Nursing World and ANA Nurse Space**

The First National Consensus Model for APRN Regulation is now available on the American Nurses Association (ANA) Web site, <http://nursingworld.org/DocumentVault/APRNs.aspx> and readers are encouraged to provide feedback and discuss the report on ANA NurseSpace at <http://ananursespace.org/news/details/p/future-aprn-model-for-regulation/>. You must be a member of ANA to take part in the blog discussion.

Advanced Practice Registered Nurses (APRNs) have expanded in numbers and capabilities over the past several decades with APRNs being highly valued and an integral part of the health care system. Because 240,000 APRNs are presently prepared to care for the current and future health needs of patients, the education, accreditation, certification and licensure of APRNs need to be effectively aligned in order to continue to ensure patient safety while expanding patient access to APRNs. Collectively, APRN stakeholder nursing organizations, including ANA, persisted for nearly 4 years to complete this first ever model in order to achieve greater alignment of the elements needed to prepare APRNs to be competent practitioners and ensure public safety.

In summary, the Consensus Model for APRN Regulation includes: description of a futuristic model for regulation of APRNs that includes requirements for education, accreditation, certification and licensing; a definition of the Advanced Practice Registered Nurse; a definition of broad-based APRN education; a model for regulation that ensures APRN education and certification as a valid and reliable process, that is based on nationally recognized and accepted standards; uniform recommendations for licensing bodies across states; a process and characteristics for recognizing a new APRN role; and a definition of an APRN specialty that allows for the profession to meet future patient and nursing needs. The APRN Regulatory Model will be implemented in every state and program by 2015.

ANA believes strongly in the value of Advanced Practice Registered Nurses. APRNs are one of the keys to solving America's health care crisis, which was outlined in ANA's Nursing Agenda for Health Care Reform. We have been working for the APRN community for decades, and we continue to work for you today.

From:

Mary Stewart, Senior Public Relations Specialist, ANA

E-mail: [Mary.Stewart@ana.org](mailto:Mary.Stewart@ana.org)

ANA Web Site: [www.nursingworld.org](http://www.nursingworld.org)

## **COLLAGE**

Looking for information? Have questions related to APNs in the VA? Want to view minutes from APNAG & APN Liaison meetings?

There is a great resource available online on the INTRANET:

<http://vaww1.va.gov/nursing/page.cfm?pg=120>

[http://vaww.collage.research.med.va.gov/collage/N\\_APNAG/](http://vaww.collage.research.med.va.gov/collage/N_APNAG/)