

Celebrating Certification in Nursing

Forces of Magnetism in Action

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Professional certification in nursing is a measure of distinctive nursing practice. The rise in consumerism in the face of a compelling nursing shortage and the profession's movement to elevate nursing as a career option has given prominence to the value of certification in nursing. The value of certification is not only significant for nursing practice rather the focus on professional certification is also essential to meet multiple standards within the American Nurses Credentialing Center's Magnet Recognition Program for excellence in nursing services. This article describes one hospital's success with a critical care nurse certification drive. The article identifies ways in which an organization can take elements of a professional certification drive to showcase the forces of magnetism and to provide evidence that a Magnet-aspiring organization meets required Magnet standards. **Key words:** *CCRN, certification, credentialing, forces of magnetism, Magnet*

Nothing great in the world has been accomplished without passion.¹

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tification is also essential to meet multiple standards within the American Nurses Credentialing Center's (ANCC's) Magnet Recognition Program for excellence in nursing services.³

This article describes one hospital's success with a critical care nurse certification drive.⁴ The initial purpose of the certification drive was to increase the number of certified critical care nurses at the bedside. Through relentless pursuit of a predominantly certified nurse workforce, the hospital was able not only to increase the number of certified critical care nurses, but also to galvanize an entire institution's commitment to certification in nursing and to lead its region in the number of certified nurses it employs. Along the way, providing growth, development, and recognition opportunities for staff and doing what is right for nurses and what is right for patients, the institution created unique Magnet evidence. Through concrete examples, this article discusses ways in which an organization can take elements of the professional certification drive presented to showcase the forces of magnetism and to provide Magnet evidence for Magnet-aspiring organizations.

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THE MEANING OF CERTIFICATION

Certification in nursing represents an example of professional credentialing and is a voluntary process undertaken by practicing nurses. Specialty nursing certification is considered THE standard by which the public recognizes quality nursing care.⁵ Certification in nursing embodies successful completion of specific examination content areas, understanding the core curriculum content of a specialty organization, and adherence to practice standards in a defined clinical area.⁶ Certification through a national credentialing body involves a study of evidence-based nursing practice and application of experiential knowledge in a designated clinical specialty.⁶ In critical care nursing, certification involves understanding the core curriculum content of the American Association of Critical-Care Nurses (AACN)⁷ and successful completion of the CCRN examination based on the blueprint for CCRN certification of the AACN Certification Corporation.⁸

Because the word *certified* has been used loosely within the profession,⁶ providing a clear definition of *certification* in nursing is essential. For purposes of this article, certification in nursing does not include institutional credentials such as "certification" in cardiopulmonary resuscitation (CPR), advanced cardiac life support, or similar in-house programs. According to the ANCC's Magnet Recognition Program, the term applies to nurses certified by a nationally recognized certifying/credentialing organization.³ In completing the Magnet demographic information, facilities are required to specify the number of nurse leaders and nurses in direct patient care who are certified according to the ANCC definition. A further breakdown by specific types of certification is also required.

CERTIFICATION AND MAGNET

Promoting certification in nursing is consistent with achieving high professional stan-

dards. As organizations aspire to achieve Magnet designation, certification in nursing takes on even greater significance. Increasing the number of certified nurses in the facility significantly improves the hospital's demographic profile that is a required element of the Magnet application process. As part of the Magnet site visit, Magnet surveyors scrutinize the percentage of certified nurses practicing at the facility. The surveyors will request a breakdown of the certified nurses by specialty and they will expect the percentage to compare favorably with other Magnet credentialed organizations. A profile of Magnet acute care facilities reflects that 26.4% of nurses providing direct care in Magnet facilities are certified.^{9,10}

Efforts to promote certification in nursing impact staff, patient, and organizational outcomes. Promoting certification in nursing assists in showcasing the forces of magnetism within an organization. The "forces of magnetism" refer to the characteristics that distinguish Magnet organizations from others. There are 14 forces of magnetism^{3,11} an organization must demonstrate to achieve Magnet designation. The 14 forces of magnetism and a brief summary of how a certification drive addresses the forces will be discussed in this article.

CERTIFICATION EXEMPLAR

The successful CCRN certification drive at Deaconess Hospital (DH) in Evansville, Ind,⁴ provides an exemplar to identify ways in which an organization can demonstrate the forces of magnetism. Deaconess Hospital is a 350-bed acute care hospital located in southwestern Indiana. The facility is the flagship hospital of the Deaconess Health System and serves as a regional referral center. The hospital is well-known for its cardiac, cancer, and emergency services, and it is also recognized for its leadership position in the region. In 2000, the critical care department had 4 CCRN certified nurses working at the bedside. The cardiovascular services nursing director,

the cardiovascular clinical nurse specialist (CNS), and the cardiovascular nurse managers were not satisfied with only 4 CCRNs in a department of 300+ staff. The initial purpose of the CCRN drive was to increase the number of certified bedside critical care nurses and to provide critical care nurses with needed specialty knowledge using the AACN Core Curriculum for Critical Care Nursing. CCRN certification at the hospital was supported as a part of the critical care nurse progression from novice to expert.¹²

In 2004, the CCRN drive at DH celebrated 5 years of continuous operation. Table 1 summarizes the 5-year outcomes associated with the CCRN drive at DH. At the time the CCRN drive was initiated, we were not fully knowledgeable about the fact that the certification drive also represented Magnet evidence.

THE FORCES OF MAGNETISM

The process required to operationalize a certification drive in nursing practice provides evidence to meet the 14 forces of magnetism. The goals of the narrative statements supporting Magnet documentation are to demonstrate “how each force is present and functions within the organization and how it contributes to creating a dynamic and innovative focus on excellence.”^{3(p32)} Although evidence submitted should refer to the previous 12-month period prior to submission of the written documentation, a 5-year initiative such as the CCRN drive demonstrates a long-term commitment to certification in nursing. The following represents an example of narrative statements related to the CCRN drive that submitted with appropriate exhibits will help support a hospital’s Magnet documentation submission.

1. **Quality of nursing leadership** refers to knowledgeable, strong risk-taking nurse leaders who follow an articulated philosophy of nursing and demonstrate support for staff.

Creation and execution of the innovative and successful CCRN drive by master’s pre-

pared and nationally certified nurse leaders at DH was consistent with the philosophy of nursing and supportive of staff professional growth and development. The CCRN drive to promote certified nurses in critical care was the first such program in the hospitals’ history. The nursing leaders of the CCRN drive presented and continue to present at numerous internal and external venues to help nurses embrace certification and become credentialed. Multiple awards have been received as a result of the efforts to promote certification in nursing practice. Recognition includes the author’s receipt of the 2002 AACN Excellence in Leadership Award and the 2004 American Organization of Nurse Executives (AONE) Organizational Innovation Award. In 2002, the Greater Evansville Chapter of AACN received the Chapter CCRN Certification Drive Award. Through the efforts of the CCRN drive at DH and the opening of the educational sessions to nurses in competing facilities, the number of CCRNs in the area has increased from 14 in 2000 to 55 in 2004. Through the encouragement of our nursing leaders, 100% of the CCRNs at DH are members of the local AACN chapter and the national organization.

2. **Organizational structure** refers to structures that are characterized as flat, rather than tall, with unit-based decision making prevailing.

The nursing departments at DH are decentralized with strong nurse managers and a CNO who reports directly to the CEO. Nurse managers and a nursing director through their active involvement in the organizational committee structure developed and presented a grant proposal to the hospital foundation. Development of the grant proposal required us to complete a narrative description of the CCRN drive, its objectives, and a budget for the requested funds. A presentation of the proposal was delivered on behalf of the nursing staff to the DH Foundation and its board members inclusive of the hospital CNO and CEO. Success in procuring the funds involved articulating a persuasive argument that aligned the goals of the CCRN drive with those of the institution and the foundation.

Table 1. Five-year results associated with the CCRN drive at DH (2000–2004)*

Metric	Outcome
Number of CCRNs at DH	An increase in bedside CCRNs from 4 in 2000 to 34 in 2004 has been achieved.
Number of CCRNs in the DH tri-state region	An increase in the region's CCRNs from 14 in 2000 to 55 in 2004 was achieved. DH holds a leadership position with 34 (61.8%) of the CCRNs in the region.
Impact on certification in other nursing specialities at DH	Collaboration with the DH medical-surgical nurses allowed us to obtain funding for their specialty group's certification drive. This effort has increased the number of DH-certified medical-surgical nurses from 0 to 37 in 1 year. Similar certification programs have begun in other areas within DH.
Knowledge dissemination	The CCRN drive at DH has been showcased in multiple publications: <i>Journal of Nursing Administration</i> , <i>Critical Care Nurse</i> , and <i>AACN News</i> . Paper and poster presentations have been made throughout the country.
Awards	National recognition by AACN has been achieved inclusive of 2 chapter Circle of Excellence awards to the Greater Evansville chapter (Sharon Connor Excellence in Leadership Development Award in 2001 and the Chapter Certification Drive Award in 2002) and one individual award to Maria Shirey (Excellence in Leadership Award in 2002).
Staff recognition	An annual CCRN dinner and recognition program was begun that has been expanded to honor all certified nurses at DH. A Wall of Fame recognizing all DH-certified nurses during Nurses Week has been created with recommendation to maintain the display year-round.
Policy changes	Personnel policy changes have taken place that allow for all certified nurses to wear their certified nurse credentials on their hospital name badges.
Recruitment and retention	Promotion of the hospital's value for certification has been incorporated into its nurse recruitment advertising materials. Data are not available to tie the advertising efforts to actual hiring of nurses by DH. Achievement of 96% retention of CCRNs within the Deaconess Health System 1 year following the CCRN drive has been observed. The impact of long-term nurse retention is yet to be fully determined.
Patient satisfaction	Consecutive patient satisfaction ratings (Press Ganey) in the 90th (plus) percentile have been documented. It is not possible to tie the success of the CCRN drive directly to the hospital's patient satisfaction ratings.
Magnet evidence	Development of the CCRN drive has provided evidence to meet all 14 forces of magnetism and to enhance the hospital's demographic profile by increasing the number of certified nurses.
Professionalism in nursing	Increased professionalism in nursing has been evident by 100% of the CCRNs at DH joining the local chapter of AACN. The professional image of CCRNs as leaders has been promoted through production of the videotape, <i>A Day in the Life of a CCRN</i> , aired on local television.

*DH indicates Deaconess Hospital.

Specifically, we argued that certified nursing practice "raises the bar" in quality patient care, develops and retains nurses within the organization, and support for this endeavor,

provides the hospital with competitive advantage.

3. **Management style:** Hospital and nursing administrators demonstrate a participative

management style that incorporates staff feedback.

The cardiovascular nurse managers, CNS, and cardiovascular nursing director at DH involved critical care staff nurses at all stages in the planning of each annual CCRN drive. Staff nurse feedback has consistently been solicited and implemented to enhance each annual CCRN drive. Ongoing nursing leadership visibility and support for the CCRN drive provides for professional and career mentoring of staff nurses. True participative leaders allow their people to grow and shine. One vehicle showcasing our certified nurses was the CCRN recognition program and dinner held in honor of the CCRNs and attended by their significant others. This annual dinner started with honoring our CCRNs, however, it has now expanded to include all certified nurses at the hospital. The success of the CCRNs was also shared with colleagues in other hospital disciplines.

A certified nurse Wall of Fame is erected yearly during Nurses Week. For those nurses who did not pass the CCRN examination, personal support and consultation with the CNS is provided to facilitate success in future examinations.

4. Personnel policies and programs refers to competitive salaries and benefits inclusive of flexible staffing models and clinical promotional opportunities.

To promote certification in nursing and to allow our nurses to proudly display their credentials, the CCRN drive coordinators were instrumental in getting personnel policies changed to permit certified nurses to have their credentials added to their employee name badges. The value of certification has been incorporated into the hospital's recruitment and retention plan and is clearly reflected in its classified advertisements and organizational Web site. An intranet site to disseminate information about the hospital's journey to Magnet and the importance of certified nursing practice is available to all employees. A clinical career ladder is in place and it rewards certification in nursing. A tuition reimbursement program is also available to facil-

itate the educational advancement of nurses and to assist nurses to maintain their certification once it is achieved.

5. Professional models of care refers to models of care that give nurses responsibility and authority for the provision of patient care.

Deaconess Hospital has instituted a shared governance model of professional practice with staff nurses heading various councils and demonstrating accountability for practice. The quest for a predominantly certified critical care bedside nursing staff continues with the yearly CCRN drives. Based on the groundwork of the CCRN drive, national certification in nursing practice has become contagious throughout the hospital. In the spirit of collaboration, coordinators of the CCRN drive assisted medical-surgical nursing colleagues in developing their own certification drive. Deaconess Hospital now also has 37 certified medical-surgical nurses.

6. Quality of care refers to nurses involved in providing high quality of care with nurses in leadership positions developing the environment to provide such care.

Deaconess Hospital's quality program has established quality core care teams for each major nursing department. Each nursing department director chairs the department's core care team that reports to the hospital's quality council. Staff nurse involvement in quality occurs at the bedside, unit, and hospital levels. The hospital also participates in the National Database for Nursing Quality Indicators. The critical care competency team that developed the CCRN drive was a subgroup of the cardiology core care team and the cardiovascular services department. In addition to the CCRN drive, the critical care competency team, under the leadership of the cardiovascular CNS, developed a new competency-based orientation program for all cardiovascular ICU nurses. To demonstrate that certification in nursing makes a difference, the coordinators of the CCRN drive plan a future research study to answer the research question: Is there a relationship between CCRN

certification and quality outcomes in critical care patients?

7. **Quality improvement:** Quality improvement (QI) activities are viewed as educational and staff nurses participate in the QI process.

CCRN-certified staff nurses participate in multiple QI activities. Key coordinator positions on the hospital's multidisciplinary Code Blue Team (CBT) are held by CCRNs. The team meets monthly to review data from the hospital's National Registry of Cardiopulmonary Resuscitation (NRCPR) and to benchmark the hospital's code blue outcomes with the best demonstrated practices. Decisions regarding care improvement processes are data-driven based on findings of the database and audits of code blue events. The excellent code blue outcomes achieved at DH can be directly attributed to the CBT and their focus on process improvement. These excellent code blue outcomes include DH performing better than the national benchmark on 6 indicators: (1) initial rhythm of ventricular tachycardia/fibrillation to first defibrillation; (2) initial rhythm of asystole to first dose of epinephrine; (3) respiratory arrest to intubation time in minutes; (4) percentage of patients who survive a code blue event; (5) percent of patients who survive a code blue event to discharge; and (6) average length of stay for code blue event survivors. Efforts of the CBT have been rewarded with the 2003 AACN Circle of Excellence Award in the multidisciplinary team category. An exemplar of the activities of the CBT is being developed into a manuscript for publication.

8. **Consultation and resources:** Adequate consultation and resources are available inclusive of knowledge experts, particularly advanced practice nurses.

Deaconess Hospital employs master's prepared CNSs and clinical educators to provide consultation and instruction to critical care nurses. The development of a cadre of CCRNs further augments the existing internal resources, provides peer support for bedside nurses, and assists in mentoring future CCRNs.

9. **Autonomy:** Nurses are permitted and expected to practice autonomously consistent with professional standards.

Nurses at DH practice autonomously consistent with the Indiana Nurse Practice Act. CCRNs incorporate the AACN standards of critical care nursing and demonstrate evidence-based practice. CCRNs exercise independent judgment and advanced clinical decision making within the context of a multidisciplinary approach to patient care and existing protocols. One study that exemplifies evidence-based nursing practice in critical care is the hypothermia coma project headed by Lynn Schnautz, MSN, RN, CCRN, CCNS, in collaboration with a pulmonologist/critical care intensivist, a pharmacist, and other cardiovascular ICU staff nurses.¹³ The protocol was developed on the basis of a review of the world literature and implemented using strict inclusion and exclusion criteria. Patients selected for the study included individuals less than 1-hour postcardiac arrest who had a mean arterial BP more than or equal to 60 mm Hg with/without vasopressors and who following cardiac arrest were either comatose or unresponsive to verbal stimuli. The patients in the study were admitted to the cardiovascular ICU, a hypothermic coma was induced using a cooling blanket to achieve a temperature of 32°C to 34°C and maintained for 12 to 24 hours. The patients were mechanically ventilated and the hypothermic coma was supported with a sedation protocol including Fentanyl, Versed, and Nimbex. Outcomes of the study to date suggest that of the patients who met the inclusion criteria ($n = 8$) and participated in the study, 88% ($n = 7$) had complete neurologic recovery. The study is ongoing; however, the significant findings to date have changed how our emergency medical providers treat cardiac arrest patients in the field and how they transport these patients to our facility. An aggressive community education program has been initiated with information regarding the early recognition of patients meeting inclusion and exclusion criteria. Our critical care nurses in the ICU have become experts in determining

when “to freeze or not to freeze” patients following cardiac arrest. Involvement of our CCRNs on the CBT has also helped with early case finding that has proven beneficial to patient outcomes. The results of this study have been accepted for publication and soon will appear in the nursing literature.

10. **Community and the hospital** refers to the ability to recruit and retain nurses and maintain a strong community presence.

Deaconess Hospital participates in numerous community outreach programs. Leaders of the CCRN drive have partnered with local universities to discuss the value of certification early in the professional careers of nursing students. CCRNs have shared their expertise by participating in the annual cardiovascular services open house, the Legs for Life peripheral vascular screening program, and programs of the American Heart Association, among others. The hospital rewards nurse community involvement with career ladder points awarded for such activities.

11. **Nurses as teachers** refers to nurses incorporating teaching in all aspects of their practice.

CCRNn serve as teachers for colleagues in the CCRN examination preparation study sessions and also for patients in the process of delivering patient care. CCRNs are involved in teaching members of the community through activities identified in force #10 and also through mentoring student nurse interns.

12. **Image of nursing** refers to nurses viewed as integral to the hospital’s ability to provide patient care services.

CCRNn and certification are showcased and promoted at DH. The fact that DH has more CCRNs than any hospital in the region is used for competitive advantage and is referenced in the DH recruitment materials. The professional image of CCRNs as leaders has been promoted in a video entitled *A Day in the Life of a CCRN*, in a certification *Wall of Fame* display, and in the literature.⁴ The CCRN drive has been shared in paper and poster presentations throughout the country. A descriptive study answering the research question *What is the Demographic Profile of a Suc-*

cessful CCRN? is in the manuscript development phase.

13. **Interdisciplinary relationships** refers to positive relationships with all disciplines.

Because of the success of the CCRN drive, this has led to certification becoming contagious at the hospital. The CCRN drive coordinators crafted and presented a similar grant proposal on behalf of the medical-surgical nurses that was also funded by the hospital foundation. This grant resulted in 37 medical-surgical certified nurses. The CCRN drive coordinators have also served as a resource for other nurses pursuing similar strategies in other specialty areas throughout the hospital. Additionally, CCRNs consistently demonstrate collaborative relationships with other nonnursing disciplines. These interactions occur at the bedside with clinical colleagues or within interdisciplinary team activities, including, but not limited to, unit-based patient care conferences, cardiac cath conferences, cardiovascular surgery teaching rounds, cardiovascular care circle, core care teams, ethics committee, CBT, and performance improvement teams. Critical care technicians employed as ancillary staff in critical care units work closely with CCRNs and are mentored as potential future nurses. To cultivate the future nurse workforce, the hospital has implemented a successful “Grow Your Own” scholarship program. The “Grow Your Own” program provides tuition reimbursement and ongoing salary support to technicians and other nonnursing employees who commit to becoming registered nurses and who agree to remain employed at the hospital following graduation.

14. **Professional development** refers to significant emphasis placed on all types of education and professional growth and development opportunities.

The CCRN drive demonstrates an innovative example for presenting content from the AACN’s Core Curriculum for Critical Care Nursing. This effort has complemented the development of a critical care, competency-based orientation program designed with the

assistance of CCRNs. Through collaboration with the local chapter of AACN, ongoing critical care nursing educational opportunities are available for CCRNs to obtain the necessary educational contact hours to maintain their CCRN credentials. Additionally, numerous internal educational courses are available through the hospital's education department.

CELEBRATING CERTIFICATION

Showcasing an organization's certified nurses on an ongoing basis is a way to demonstrate the facility's value for professional nursing. During the Magnet site visit, in particular, celebrating the accomplishments of certified nurses represents a planned strategy for preparing the environment in anticipation of the surveyor's visit. As part of the preparation process, exemplary certified nurses may be chosen early in the Magnet journey to be "nurse champions" throughout the process and also to serve as "hosts" during the Magnet site visit. Because the Magnet surveyors will want to interact mostly with staff nurses and not representatives from nursing administration, socializing staff nurse champions early will likely provide the Magnet-aspiring facility with long-term benefit.

CONCLUSION

The value of national certification in nursing can best be summarized for its benefits

to multiple stakeholders: patients/families, nurses, and employers.^{2,14-18}

Certification benefits for patients and families include validation of nursing knowledge, skills, and experience. Certification is a desired characteristic of the professional nurse. Certification benefits for nurses include validation of specialty nursing knowledge, clinical judgment, and competency. It positions nurses for recognition and professional growth and also serves as a driver of job satisfaction. Certification benefits employers as it contributes to an environment of professionalism and a culture of retention. A certified nurse workforce is a mark of excellence that provides a competitive advantage for hospitals, serves as a marketing tool, and provides Magnet evidence for the institution.

For the Magnet-aspiring facility, promoting certification in nursing constitutes documentation of Magnet evidence. More important, spreading the news about the value of certification and promoting credentialing in nursing contributes toward the advancement of the profession. Celebrating certification in nursing is indeed an example of demonstrating the forces of magnetism in action. Organizational leaders who reward and recognize their staff by acknowledging the value of certification in nursing encourage the heart.¹⁹ Organizations that aspire to move from good to great through pursuit of a predominantly certified nurse workforce must consistently invest in activities such as the CCRN drive to ignite the individual and collective passion needed to achieve greatness.²⁰

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