



Multiple Sclerosis Nursing in 2006: *A Global Perspective*

Grant Writing for Nurse Practitioners

Each year, high quality medical research is undertaken that adds to the body of scientific knowledge, advances the understanding of disease, and, ultimately, improves patient care. "Research also validates a health care professional's practice, validates his or her clinical tools, and contributes to the individual's expertise," Jennifer M. Smrtka, RN, MSN, ANPC, MSCN, told attendees at the 2006 CMSC Annual Meeting in Scottsdale, Arizona. But before the research is funded, one must complete a grant application, which can intimidate first-time grant applicants.

How to get around the fear factor? In a presentation co-authored with Amy Perrin Ross, APRN, MSN, CRN, MSCN, *Introduction to Grant Writing for Nurse Practitioners*, Ms. Smrtka advised nurses interested in obtaining a grant to start with a novel idea.

"The best place to find an idea you'd like to study is in your day-to-day practice, while you're working with your patients," said Ms. Smrtka. "That's when you have those 'Eureka!' moments." Your idea should then be assessed on a number of fronts: Is it relevant to and within the scope of your practice? Are you able to perform your research within your environment? Do you have

support for performing your research? Will you be able to get funding for your idea? Is the research feasible? What pitfalls might ensue?

Ms. Smrtka urged aspiring grant writers to get as much input from colleagues as possible on these points. Finding a good mentor, someone who has successfully navigated the grant application process and who can suggest how to avoid snags and get your grant funded, can be invaluable. Your mentor can also review your grant application before you submit it and co-author your findings once your project is completed. If you're in a university setting, you also may be able to present your ideas to and work with a clinical research committee within your department, which will provide constructive feedback and possibly direction with the process.

The integrity of your research depends upon doing a well-designed, well-controlled study. "You may want to sit down with a statistician or someone well-versed in statistics to find out the minimum number of subjects you will need to power your study, which will be necessary to have statistically relevant findings. Additionally, this information will be invaluable when it comes to submitting your budget," Ms. Smrtka advised. "Do a thorough literature search to see if any research has already been done on the

topic. If so, don't immediately give up. You may be able to approach the idea from a different angle or construct an additional hypothesis to further the original research."

Locating a Grantor

Web sites of different funding agencies may provide insight into what type of research they're funding, said Smrtka. The Bureau of Health Professions at www.hrsa.gov provides information about federally funded nursing grants. The CMSC, the IOMSN, and the National MS Society support nursing research. The MS Foundation and local organizations and foundations provide opportunities for nursing clinical research, too. "These organizations have an agenda and specific research they're interested in funding. Contact them. You may be able to speak to someone who can tell you about the types of grants being accepted, steer you to someone who's submitted a successful grant, or provide access to a grant writing kit."

Time and Money: Critical Factors

Underestimating the time a project requires from start to finish is probably the most common mistake people make, said Ms. Smrtka. "Researchers normally perform six-month, twelve-month, or twenty-four month studies—the latter being most opti-

mal. Determine your timeline and be realistic. Build into your timeline the time you'll spend on the intellectual process—conceptualizing the idea, doing the literature search, getting feedback, and writing up the proposal. It can take as much as six months of prep work, but doing all your homework can ultimately be a timesaver. For example, if you apply to the National MS Society to research mobility issues and they're currently interested in funding research on improving adherence to disease-modifying therapies, you've wasted valuable time."

Work out your budget carefully using a spreadsheet, Ms. Smrtka recommended. "When you're submitting a grant, you need to show how every dollar will be spent, so project accordingly and responsibly. Remember, this becomes a legal contract between you and the funding agency. If you misallocate or overspend, the grantor won't give you more money and your employer won't necessarily pay the balance. If you're at a university, find out from the department administrator or, if you are in a private office, ask the office manager what kind of overhead and indirect costs will be applied to your budget. Include a pricelist of supplies, cost of storage, and exam room time you may need, as well as nursing time and other staff time."

When writing your abstract paragraph, be specific about your hypothesis, what you intend to accomplish, and your research methods, such as data collection and study design and setting. Write with clarity, using simple, declarative sentences and good

grammar. Avoid generalities.

"You need to convince the funding organization that what you plan to do is going to be successful and meaningful, so provide evidence that

to validate the depth of their knowledge in their field through certification exams offered by the Multiple Sclerosis Nurses International Certification Board (MSNICB) and the

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you have institutional support for this research. Show how the environment in which the research will be performed is conducive to your project's success."

If your proposal is rejected, take heart, Smrtka advised. "The grantor may recommend changes and allow you to resubmit. You can also submit your proposal to other organizations. Rejection isn't always bad. You've learned something. You've learned the process. Writing a grant application is an undertaking, but it's just the first step."

MSX

—Kathleen Engel

Suggested Reading

Kemp, C. A practical approach to writing successful grant proposals. *Nurse Pract.* 1991; 16(11):51, 55-61.

Richards, D. Ten steps to successful grant writing. *J Nurs Adm.* 1990;20(1):20-3.

The MSCN and MSCS Exams

During the course of the year, health care professionals specializing in MS care have a number of opportunities

Consortium of Multiple Sclerosis Centers (CMSC).

The **Multiple Sclerosis Certified Nurse (MSCN)** exam is offered to registered nurses four times a year—at the CMSC conference, the MS Trust Meeting, and on two other dates in the spring and fall. The exam, taken in pencil at an exam center, consists of 150 multiple-choice questions and lasts two and a half hours. It is a one-day exam. "We typically recommend exam candidates have at least two years of experience in MS nursing, which seems to provide the minimum level of knowledge required to do well on the test," said Beverly A. Layton, RN, president of the MSNICB.

The **Multiple Sclerosis Certified Specialist (MSCS)** exam is offered to specialists involved with MS care delivery, such as physiotherapists, occupational therapists, psychologists, licensed practical nurses, licensed social workers, licensed dietitians, and physicians. According to Colleen Harris, MN, NP, registered nurses are also eligible for the MSCS certification but are advised to take

the MSCN exam, which focuses on nursing practice. The computer-based MSCS exam consists of a maximum of 150 multiple-choice questions reflecting a general knowledge base in MS care and takes two hours to complete. Two testing periods are offered each year. At least one year of practice in MS care is recommended for professionals interested in taking this exam.

“These are not credentialing exams,” explained Ms. Layton and Harris. “They provide a certification and a formal recognition of your level of knowledge in the field of MS care.” Exams are voluntary and are administered by the Professional Testing Corporation. For more information about dates, eligibility, and fees, or to download an exam application and a handbook, visit the Professional Testing Corporation Web site (www.ptcny.com). Click on Test Information and then on either the MSCS or MSCN icon. **MSX**

—*Kathleen Engel*

The Role of the Nurse Continence Advisor in an MS Clinic

Bladder and bowel symptoms are commonly experienced by persons with multiple sclerosis (MS), with some estimates of prevalence being upwards of 75%. Symptoms may range from mild to severe, and may vary in intensity throughout the lifespan. Because of the breadth and variability of these symptoms, and the

impact that these have on the individual, the Dalhousie MS Research Unit in Halifax, Nova Scotia, opted to expand the current clinical services offered to include a Continence Care Program (CCP) to provide ongoing assessment and treatment of bladder and bowel symptoms. As it was necessary to have an appropriately educated registered nurse to develop the CCP, I was asked to complete the Nurse Continence Advisor (NCA) program and develop the role of the NCA.

My first step was to complete the NCA Program on Continence Promotion and Management at McMaster University. The program is designed to assist the experienced nurse in acquiring skills and knowledge to become an NCA. The program is offered through distance education, has both a module and clinic practicum component of 150 hours, and takes about one year to complete. While the NCA role was first established in England in the 1970s, it was not offered in Canada until 1996.

My role as NCA at the Dalhousie MS Research Unit is to assist patients with MS in managing bladder and bowel dysfunction within the framework of the nursing process of assessment, planning, implementation, and evaluation. Patients are referred to the CCP by their neurologist, clinic nurse, or through self-referral. The initial visit lasts approximately one to one-and-a-half hours wherein a detailed history of voiding habits, fluid/dietary intake, caffeine intake, bowel habits, medications, and functional ability is collected. In

addition, a urinalysis and ultrasound post-void residual are completed. Contributing factors for bladder and/or bowel dysfunction are identified. Considerable education on common contributing factors—high caffeine intake, inadequate fluid intake, weak pelvic floor muscles, and medication side effects—and interventions to manage symptoms are provided. The treatment plan initially involves management of these contributing factors through the use of conservative measures to improve symptoms. Implementing strategies such as timed voiding, decreased caffeine intake, and pelvic floor muscle exercises can help minimize symptoms. Patients are recommended pharmacological interventions and referred back to the neurologist when the symptoms are more severe and when conservative measures are not enough to manage the problem. Patients are asked to return to the CCP for re-assessment within two months and as required thereafter.

I work collaboratively in my role as NCA with the MS clinic nurses, nurse practitioner, neurologist, psychiatry team, and the patient's family practice physician to manage symptoms and make lifestyle changes with an overall goal of improving the patient's quality of life. **MSX**

—*M. Loretta Stefura,*
RN, MSCN, NCA

Suggested Reading

Frenette J, Harris C, Klassen L, McEwan L. Symptom management. In: Halper J, ed. *Advanced Concepts in Multiple Sclerosis Nursing Care*. New York, NY: Demos Medical Publishing; 2001:179-184.

Patient Education

The **Expert MS Patient**, available at www.expertmspatient.com, is an on-line educational tool that addresses the specific needs of MS patients. A product of CMSC and IOMSN, the site offers:

- Video programs, featuring CMSC and IOMSN members addressing topics such as “Multiple Sclerosis Effects on the Mind.” (Transcripts are also available.)
- A searchable online database of Frequently Asked Questions (FAQs) such as “How can I make these uncomfortable symptoms go away” and “How can I cope with fatigue?”
- An opportunity for Web visitors to submit their own questions, which will be answered by nurses, doc-

tors, and therapists who specialize in MS care.

An advisory board composed of CMSC and IOMSN members reviews all material found on the site. Go to www.expertmspatient.com, or access the Web site by clicking on the link at the CMSC site, www.ms-care.org, or at the IOMSN site, www.iomsn.org. **MSX**

—**Kathleen Engel**

Multiple Sclerosis Certified Nurses

In June 2006, candidates took part in a sitting of the examination for Multiple Sclerosis Nurses developed by the Multiple Sclerosis Nurses International Certification Board (MSNICB) and the Professional Testing Corporation. Successful candidates are eligible to use the

registered designation of Multiple Sclerosis Certified Nurse (MSCN). A sitting of the Multiple Sclerosis Certified Specialist (MSCS) exam will be from February 10 to February 24, 2007. For more information, visit www.ptcny.com/clients/MSCS. **MSX**

List of Passing Candidates

Gaylourd Anthony T. Ayag	Debra A. Goodwin	Laura E. Meyer	Nanette N. Rose
Cheryl L. Bowen	Helen K. Griffith	Dawn E. Moyer	Alayne M. Rosner
Eileen M. Boylan	Marsha L. Hanson	Jill R. Nelson (C)	Cynthia S. Schwanger
Vicki L. Cherry	Ann M. Harris	Brant Oliver	Nora H. Stark
Michelle Coleman	Denise L. Hartzog	Mary C. Owen	Cynthia M. Walsh
Deborah Curulewski	Marilyn D. Hester	Cheryl Poole	Yanette M. Yablecki
Karen E. Debusk	Wendy L. Innes (C)	Heather L. Popham	
Carol Dodaro	Nichole M. Irish	Carlos J. Ramirez	
Mary Ehrmantraut	Kristi J. Koch	Lisa A. Rattenni	
Diane M. Flatley	Mary H. Lambert	Susan M. Reynolds	
Patricia A. Garrett	Jeanne M. McCullough	Angela J. Rogers	

All USA except:
(C), Canada

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The IOMSN is the only organization dedicated to the education of MS nurses around the world. If you wish to join the IOMSN, you can access it on the World Wide Web at www.iomsn.org, or contact the organization at:

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