THE AMERICAN BOARD OF NEUROSCIENCE NURSING

Stroke Certified Registered Nurse (SCRN)™

2023 Recertification Handbook

For SCRNs initially certified in 2018 or recertified as of January 1, 2019

Application Deadline for Recertify by Exam: August 10, 2023*
Early-Bird Application Deadline for Recertify by CE: October 1, 2023*

*Applications received at the national office after 5:00pm Central Time October 1, 2023 will pay the standard recertification fee.
Final Recertification by CE Deadline: January 31, 2024
No applications will be accepted after 5:00 PM (Central), January 31, 2024

*Applications must be <u>received</u> at the ABNN Office by 5:00 pm Central Time.
Application forms must be completed on the web and printed if submitting by check.

American Board of Neuroscience Nursing Recertification Program

Duration of Certification

SCRN certification is recognized for a period of five (5) years. The actual expiration date of a SCRN certificate is December 31st of the 5th complete year after certification (i.e., certification of SCRNs initially certified in 2018 or recertified effective January 1, 2019, expires on December 31, 2023). To renew certification, the certificant may either apply to retake the certification exam or submit documentation of the required continuing education hours related to stroke care. Early in the year that his or her certification expires, ABNN will notify candidates that their certification is due. **However, it is ultimately the responsibility of the SCRN to initiate the recertification process as well as to provide ABNN with current contact information.**

ABNN's Statement on Continued Competency

The Accreditation Board for Specialty Nursing Certification (ABSNC) defines continuing competency as "the ongoing commitment of a registered nurse to integrate and apply the knowledge, skills, and judgment with the attitudes, values, and beliefs required to practice safely, effectively, and ethically in a designated role, patient population, and/or setting." ABNN adopts this definition and believes that all ABNN Certificants should continue to expand on their knowledge through practice, continuing education, and/or professional development throughout their 5-year certification cycle. With the advancements of science and technology related to neuroscience and stroke changing over the years, the goal of ABNN's recertification program is for certificants to demonstrate continued competency by meeting the one of three different recertification pathways as stated below. Recertification demonstrates an ABNN certified nurse's commitment to patient care and dedication to life-long learning.

Eligibility for Recertification

- Current, unrestricted licensure as a registered nurse in the United States or Canada.

OPTION 1	OPTION 2	OPTION 3
4,160 practice hours that includes the direct or indirect care of stroke patients in the past 5 years (equivalent to 2 years full-time work)	4,160 practice hours that includes the direct or indirect care of stroke patients in the past 5 years (equivalent to 2 years full-time work)	2,500 practice hours that includes the direct or indirect care of stroke patients in the past 5 years (part-time)
and	**and**	**and**
Retaking of the certification exam	50 continuing education hours (see following pages for specific categories)	75 continuing education hours (see following pages for specific categories)

- **Stroke nursing practice includes both direct (bedside/clinical practice) and indirect (consultation, research, administration, or education) in the stroke field.**
- An approved CE offering or program is one approved by a state or national organization authorized to grant continuing education credit such as the American Nurses Association, the National League for Nursing, the American Association of Neuroscience Nurses, a state nurses association, a state board of nursing, or a hospital or other institution accredited as a provider by a national or state nursing organization, such as the American Nurses Credentialing Center (ANCC). In the event the application lists attendance at a seminar not meeting this definition, additional documentation is required.
- **Candidates for recertification who select Option 1 and fail the examination may not then recertify with continuing education hours.**

Eligibility for Recertification Rationale

- **5-year recertification period** – The 5-year recertification period was chosen as advancements in science and technology related to stroke are generally stable over this period of time. The recertification requirements direct specifically to the stroke population and coincide with the knowledge statements of the Job Analysis.

- **Option 1** – 4,160 stroke nursing practice hours in the past 5 years (equivalent to 2 years full-time work) AND retaking/passing the certification exam.

    - The practice requirement of direct or indirect stroke nursing facilitates the maintenance of current skills, and also promotes the acquisition of new skills through their exposure to the practice setting. The practice requirement of 2-years full time within the 5-year cycle takes into account the amount of time it will take a nurse to see a sufficient number and range of stroke patients as needed to remain competent as a SCRN. The work experience, study/preparation, and passing the exam will prove that the SCRN has maintained current knowledge and competence to be a SCRN.

- **Option 2** – 4,160 stroke nursing practice hours in the past 5 years (equivalent to 2 years full-time work) AND 50 continuing education hours.

    - SCRN recertification with continuing education in the different categories is based on a belief that practice in the stroke field, in conjunction with continuing education (CE) activities, contributes to the continued competency of RNs working in the stroke field. Recertification by CE is available to meet the needs of a diverse population of certificants so those that prefer to keep updated via educational programs (Category 1) may do so. This allows the nurse to stay current through evidence-based practice in the medicine and healthcare of their specialty area. The additional categories recognize that professional development and maintenance of leadership competencies may be accomplished in a variety of professional activities.

- **Option 3** – 2,500 stroke nursing practice hours in the past 5 years (equivalent to 2 years part-time work) AND 75 continuing education hours.

    - Candidates who are working part-time are required to earn additional CE to ensure that they are gaining additional training/education for experience and skills that they may not have received during their practice hours.

Options 2 & 3: Recertification by Continuing Education (CE) Hours Credit

The activities documented must pertain to the application or dissemination of knowledge that the certified stroke nurse is required to know to stay current in practice. All items submitted for CE credit, regardless of category, **must** be stroke-related. Any item that is not stroke-related will not be accepted. There are six categories of CE eligible for recertification credit:

Category 1: Stroke Nursing Education
Category 2: Program or Project Activities
Category 3: Research
Category 4: Teaching
Category 5: Publication
Category 6: Involvement in Professional Organizations

Of the required CE hours, a **minimum** of twenty **(20)** under Option 2 or thirty **(30)** under Option 3 must be in Category 1. **All 50 (75) CE hours may be obtained in Category 1**. Or, once the required CE for Category 1 is obtained, the remaining CE can be earned in any and all of the other five categories. Examples of acceptable CE activities broken down by category are listed below.

Category 1: Stroke Nursing Education. A **minimum** of twenty **(20)** under Option 2 or thirty **(30)** under Option 3 CE hours must be attended in stroke nursing courses approved by state or national organizations authorized to grant nursing continuing education credit, a state board of nursing, or an institution accredited to grant approval by a national or state nursing organization.

The following examples can be submitted for CE under Category 1: Stroke Nursing Education

     a. Courses attended with DOCUMENTED stroke nursing content approved or accredited by ANCC (e.g., the AANN annual meeting), state boards of nursing, AACN, Association of Rehabilitation Nurses, or other nursing CE approvers.
     b. Stroke nursing home study courses approved by similar accrediting bodies.
     c. Internet or on-line Stroke nursing courses approved as above (e.g., AANN's on-line *JNN* articles).
     d. Courses taken for academic credit from an accredited college or university and specific to stroke. One quarter credit hour equals ten (10) CE hours. One semester credit hour equals fifteen (15) CE hours.
     e. Stroke CMEs. One CME equals one (1) CE hour.

If you attended a course that was only partially or not clearly stroke-related, or the title of the course does not explicitly indicate stroke content, submission of a course outline is required to enable the determination of the appropriate amount of stroke nursing credit. For example, a course titled "2006 Critical Care Update" may contain some stroke content, but based on the title alone this will not be clear to the reviewer unless a course syllabus or outline is submitted.

Please see the exam content outline starting on page 6.

For all attendance or home study activities, each of the following equals **one (1) CE hour**:
     60 minutes of lecture
     0.1 continuing education unit (CEU)
     1 continuing education recognition point (CERP)

Applicants wishing to count programs/courses that do not carry accredited nursing CE or medical CME credit must include the full name and description of the program, including its specific stroke content (e.g., "grand rounds" does not qualify).

Category 2: Program or Project Activities. This category does not have a minimum or maximum for the recertification cycle, although some activities have yearly maximums. Please review the following for a list of acceptable activities and the corresponding CE amounts that can be submitted. All activities must be stroke-related. Activities that are not stroke-related will not be accepted.

      a.   Service on a stroke-related committee for 1 year = 3 CE
             - includes committees that are institutional or employer-based
      b.   Development of a stroke teaching tool for patients or staff = 3 CE
      c.   Development of a QI project related to care of stroke patients = 3 CE (maximum 10 per year)
      d.   Development of an original policy/procedure or competency-based tool related to the care of stroke patients = 3 CE
      e.   Facilitation of a stroke-related support group for 1 hour = 1 CE (maximum of 7 per year)

Category 3: Research. This category does not have a minimum or maximum for the recertification cycle, although some activities have yearly maximums. Please review the following for a list of acceptable activities and the corresponding CE amounts that can be submitted. All activities must be stroke-related. Activities that are not stroke-related will not be accepted.

      a.   PhD dissertation (subject matter must be applicable to care of stroke patients) = 25 CE
          -   Committee letter documenting completion and approval required.
      b.   Master's thesis (subject matter must be applicable to care of stroke patients) = 15 CE
          -   Committee letter documenting completion and approval required.
      c.   Grant proposal submission related to stroke care = 10 CE (maximum of 10 per year)
      d.   Research project implementation (including data collection and recruitment) performed within the stroke population for 1 year = 5 CE

Category 4: Teaching. This category does not have a minimum or maximum for the recertification cycle, although some activities have yearly maximums. Please review the following for a list of acceptable activities and the corresponding CE amounts that can be submitted. All activities must be stroke-related. Activities that are not stroke-related will not be accepted.

      a.   Presentation of stroke content at a conference or class for 60 minutes = 2 CE (maximum of 10 per year)
      b.   Poster presentation of stroke content at conference = 2 CE
      c.   Development and teaching of an academic course related to care of stroke patients for 1 semester credit hour = 15 CE
      d.   Development and teaching of an academic course for related to care of stroke patients for 1 quarter credit hour = 10 CE
      e.   Precepting a new stroke nurse for 80 hours = 10 CE

Category 5: Publication. Some items in this category have maximums for the recertification cycle. Please review the following for a list of acceptable activities and the corresponding CE amounts that can be submitted. All activities must be stroke-related. Activities that are not stroke-related will not be accepted.

      a.   Writing or editing a chapter in a text = 10 CE (maximum of 40 per recertification cycle)
          -   The chapter submitted for CE credit must be stroke-related, although the text it is included in may not be exclusively made up of stroke content.
      b.   Publication of a stroke article in a peer reviewed journal = 5 CE (maximum of 20 per recertification cycle)
      c.   Manuscript review of one stroke-related article for publication in the *Journal of Neuroscience Nursing* or other peer-reviewed journal = 3 CE (maximum of 20 per recertification cycle)
      d.   Publication of an article written for a local journal or newsletter related to the care of stroke patients = 5 CE

Category 6: Involvement in Professional Organizations. Some items in this category have maximums for the recertification cycle. Please review the following for a list of acceptable activities and the corresponding CE amounts that can be submitted. All activities must be stroke-related. Activities that are not stroke-related will not be accepted.

    a. Service on the board of ABNN, the American Association of Neuroscience Nurses (AANN), Agnes Marshall Walker Foundation (AMWF), or the Neuroscience Nursing Foundation (NNF) for one (1) year = 7 CE (maximum of 21 per recertification cycle)

    b. Development of five (5) SCRN items = 3 CE hours (maximum of 9 per recertification cycle)

    c. Serving on ABNN's SCRN Test Development Committee (TDC) for one (1) term (3 years) = 30 CE

    d. Serving on ABNN's SCRN Re-referencing Committee for one (1) year = 10 CE
Note: Assignment must be completed. No CE will be given for partial work.

    e. Volunteer/medical work for patient support organizations and/or missions that serve the stroke patient population for one year = 7 CE (maximum of 21 per recertification cycle)

    f. Committee member related to the care of stroke patients at the national or local level for one year = 7 CE (maximum of 21 per recertification cycle)

If submitted CE hours are not specifically listed in any of the categories above, you may be asked to submit supporting documentation.

Recertification Application Fees (Non-Refundable)*

Applications submitted on or before the early-bird deadline of **October 1, 2023** must pay the following fee:

	AANN Member	Non-Member
Online – Credit Card	$275	$385
Online – Check	$300	$410

Applications received between **October 2, 2023** and **January 31, 2024** must pay the standard recertification fee below:

	AANN Member	Non-Member
Online – Credit Card	$360	$470
Online – Check	$385	$495

If you are unable to pay be credit card, the check or money order in U.S. dollars payable to the **American Board of Neuroscience Nursing (ABNN)** must be submitted with the reference number received with the online application. Applications will not be processed without the accompanying fee. **The application fee is not refundable.** Early-bird applications must be submitted at the national office by 5:00pm Central Time on Saturday, October 1, 2023. **Applications received at the national office after 5:00pm Central Time October 2, 2023 will be charged the standard recertification fee. Applications will be accepted at the national office only through 5:00pm Central Time, January 31, 2024. No applications will be accepted after this date.**

Application Instructions (Available June 2023)

Please follow the instructions below to complete your recertification application.

1. Visit www.abnncertification.org and click 'Certification Center'.
2. Log-in to your certification center:
   - **IMPORTANT: Do NOT create a new account.** Since you are due to renew, you already have an account in our system. If you click create a new account, it will prevent you from being able to complete your recertification application. If you do not remember your username and/or password, please click on the links provided and an email will be sent to you to reset. If you need assistance with your username or password, please contact Customer Service at 847-375-4733.
3. Click on "Apply" for SCRN Recertification in your Current Applications (opens June 1, 2023)
4. Follow each step to complete your recertification application.
5. You have the ability to save your work before moving on to the next tab and are able to come back to your previously started application.

If submitting a check, please fill out the online application, hit "Pay by check" and mail your check along with reference number to:

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ABNN Recertification Program
PO Box 3781
Oakbrook, IL 60522-3781

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For applications received by the October 1st deadline, **notification of your recertification status will be sent to you by the first week in December 2023**. If it is found that you do not have the required number of CEs to recertify, you will be notified. Efforts will be made to provide enough time prior to December 31, 2023, to earn additional CE if you choose. Applicants submitting their forms after the October 1 deadline will likely not receive notification of additional CE needed to be earned prior to December 31, 2023. Late applicants will be notified of their recertification status no later than February 28, 2024. A new certificate and wallet card will be issued to applicants who meet all criteria and requirements specified herein.

If you need assistance completing the application or have questions about the status of your application, contact ABNN at the address above or call 888-557-2266 or 847-375-4733.

Application Audits

Each year the ABNN randomly selects 10% of applications to be audited. Candidates will be notified by email within 30 days of submission if their application has been selected for audit. If your application is selected for audit, you will be requested to send the documentation for all listed CE activities within 21 days of notice of your audit. Be prepared to submit/upload a photocopy of your RN licensure, have your supervisor attest to your work experience, and enter each of your CE/upload certificates and written documentation of other activities (e.g., table of contents of journal showing you as author of an article; school transcript, etc.). If a CE program you attended does not meet the definition of an approved program, submit a copy of the behavioral objectives and an outline of the content (e.g., a program brochure) in addition to a copy of the CE certificate.

Denial of Application and Appeal

Approval of recertification will be denied if the applicant is deemed ineligible for continued certification, or if documentation does not meet the requirements listed. Falsification of the application, as well as failing to submit the required CE verification is grounds for denial of recertification. Applicants denied recertification will be notified in writing of the specific reason.

In the event an application for recertification is denied, the decision can be appealed to the ABNN Appeals Committee. Should you wish to appeal the decision you must notify ABNN in writing at 8735 W. Higgins Rd., Suite 300, Chicago, IL 60631, within 21 days of the postmarked date on the letter informing you of the denial.

Any applicant whose application for recertification is denied approval will be sent information about how to appeal the decision, including steps in the appeal process and additional information required.

Candidates with insufficient CE hours to recertify will **not** receive a refund. Candidates who are unsuccessful in recertifying by exam are not eligible for any fee refund.

Additional Recertification Statuses

ABNN developed alternative statuses for candidates when it is time for their renewal below. Download a certification status **comparison chart** to determine which option is best for you.

Inactive Status
ABNN developed the Inactive SCRN status to recognize SCRNs who temporarily do not meet eligibility requirements for recertification (whether it be practice hours or CE hours) and do not want to forfeit their credential. Inactive status is appropriate for those planning to meet the renewal eligibility requirements within a 3-year timeframe from their expiration date. Candidates may reactivate their certification anytime during the 3-year Inactive status period, once the established renewal eligibility requirements are met. At the time of renewal, continuing education credits and other requirements must meet the time frame as defined at the time of renewal (i.e. within 5 years of submitting the renewal application). Read more about eligibility and download an application on the ABNN Website.

Alumnus Status
ABNN developed the Alumnus SCRN status to recognize SCRNs who no longer meet eligibility for active certification (i.e. no longer working directly or indirectly in stroke nursing), but are still in the nursing profession (in some capacity) and wish to remain connected with the credential. Read more about eligibility and download an application on the ABNN Website.

Retired Status
ABNN developed the SCRN-Retired status to recognize SCRNs who have retired from their professional nursing career but wish to maintain their credentials. Read more about eligibility and download an application on the ABNN Website.

ABNN SCRN EXAM

(Based on 2021-2022 Role Delineation Study)
Disorders - Detailed Content Outline

I. Anatomy, Physiology, and Pathophysiology of Stroke (28 items)

 A. Vascular Anatomy
 B. Brain Structure
 C. Stroke Types
 D. Stroke Syndromes
 E. Associated Stroke Disorders (e.g., etiology)
 F. Stroke Mimics
 G. Neuroplasticity
 H. Cellular Composition and Changes (e.g., penumbra)

II. Hyperacute Care (42 items)

 A. Initial triage
 B. Assessments
 C. Diagnostic Tests
 D. Treatment Considerations
 E. Thrombolytic Therapy
 F. Hemorrhagic Interventions
 G. Ischemic Interventions
 H. Advanced Interventions (e.g., thrombectomy, surgical)
 I. Complication Management and Education
 J. Medications
 K. Quality Stroke Metrics (e.g., door to needle)
 L. Patient Disposition

III. Acute Care (42 items)

 A. Assessment and Diagnostic Tests
 B. Hemorrhagic Interventions
 C. Ischemic Interventions
 D. Complication Management
 E. Multidisciplinary Plan of Care
 F. Safety Measures
 G. Individualized Care for Activities of Daily Living
 H. Therapeutic Environment (e.g., sensory, positioning)
 I. Psychosocial Care
 J. Education
 K. Quality Stroke Metrics
 L. Medications
 M. Early Rehabilitation and Discharge Planning

IV. Post-acute Care (19 items)

 A. Multidisciplinary Plan of Care
 B. Goals of Rehabilitation
 C. Levels of Rehabilitative Care
 D. Rehabilitation Considerations (e.g., spasticity, safety)
 E. Stroke Education
 F. Medication Management

    G.   Community Resources (e.g., support groups)

V. Primary and Secondary Preventative Care (19 items)

    A.   Comorbidities and Stroke Risk Factors
    B.   Prevention Measures and Social Determinants of Health
    C.   Diagnostic Tests (e.g., imaging, lab work)
    D.   Medication Education and Management
    E.   Quality Stroke Metrics (e.g., patient education)
    F.   Community Health Education

Secondary Classifications

1. Correlate deficits or expected complications to site of injury
2. Identify physiologic changes at the cellular level (e.g., penumbra)
3. Identify stroke signs and symptoms (e.g., typical, atypical)
4. Recognize stroke syndromes (e.g., Middle Cerebral Artery Syndrome, Horner's Syndrome, Wallenberg Syndrome)
5. Identify underlying etiology of stroke
6. Identify stroke mimics
7. Differentiate between stroke types (e.g., ischemic, hemorrhagic, transient ischemic attack)
8. Collaborate with multidisciplinary team
9. Assess ABCs
10. Establish chief complaint
11. Identify appropriate level of care (e.g., stroke unit, certified stroke center)
12. Stabilize patients for admission or transfer
13. Activate an emergency stroke response (e.g., EMS, Rapid Response, Code Stroke)
14. Implement door to treatment times (e.g., protocol and pathways)
15. Collect focused medical history
16. Correlate chief complaint with patient's history and signs/symptoms
17. Facilitate diagnostic tests according to clinical practice guidelines (e.g., imaging, lab work)
18. Conduct neurological assessments (e.g., NIHSS, GCS, patient baseline)
19. Differentiate between expected neurological assessment findings and emergent concerns
20. Prioritize patient's needs based on comprehensive and focused assessments (e.g., Hunt & Hess scale, ICH score, modified rankin scale)
21. Assess, monitor, communicate, treat, and document vital signs and pain
22. Assess, monitor, communicate, treat, and document oxygenation and ventilation
23. Assess, monitor, communicate, treat, and document hydration (e.g., IV solutions, oral fluid intake)
24. Assess, monitor, communicate, treat, and document cardiac rate and rhythm
25. Assess, monitor, communicate, treat, and document blood glucose
26. Assess, monitor, communicate, treat, and document intracranial pressure
27. Identify indications and facilitate advanced interventions for ischemic strokes (e.g., thrombolytics, mechanical embolectomy, intra-arterial thrombolysis, hemicraniectomy)
28. Identify indications and facilitate advanced interventions for subarachnoid hemorrhage (e.g., aneurysm clipping or coiling, external ventricular drain placement)
29. Identify indications and facilitate advanced interventions for intracerebral hemorrhagic strokes (e.g., surgical interventions)
30. Identify indications and facilitate interventions for treatment of cerebral vasospasm
31. Calculate, administer, monitor, communicate, and document medications
32. Identify inclusion and exclusion criteria for thrombolytic therapy per clinical practice guidelines
33. Facilitate administration of thrombolytic therapy
34. Manage and assess patient post-thrombolytic administration (e.g., expected vs adverse outcomes) per clinical practice guidelines
35. Recognize signs of reperfusion syndrome and anticipate potential interventions
36. Assess arterial access site and distal extremity post-neurointerventional radiology procedure
37. Identify complications of neurointerventional radiology procedures (e.g., hematoma, arterial dissection, arterial thrombosis, pseudo-aneurysms, bleeding)
38. Correct coagulopathy including use of reversal agents for anticoagulants
39. Identify and manage carotid vascular abnormalities
40. Monitor patient safety before, during, and after procedures
41. Identify indications and post-procedural care for external ventricular drain
42. Identify indications and post-operative care for surgical interventions (e.g., decompression, carotid endarterectomy)
43. Implement safety measures (i.e., infection prevention, fall or seizure precautions)
44. Assess swallowing ability, including risk of aspiration, and implement precautions
45. Implement venous thromboembolism prophylaxis as indicated
46. Facilitate compliance with stroke program quality indicators (e.g., door-to-needle, VTE prophylaxis)
47. Participate in quality improvement projects

48. Provide nursing interventions to address activities of daily living (e.g., early mobilization, range of motion, elimination)
49. Identify, manage, and support rehabilitation needs and goals (e.g., spasticity, cognition, psychosocial, dysphagia)
50. Provide a therapeutic, patient-centered environment to accommodate for patient deficits and needs
51. Assess for and provide patient-centered, inclusive, and culturally sensitive care
52. Facilitate care goals such as discharge planning, palliative care, and end-of-life care
53. Collaborate with care team on nutritional needs (i.e., specialty diets, fluid consistency, alternate forms of nutrition)
54. Create and maintain a patient-centered and multidisciplinary plan of care
55. Facilitate the discharge planning process
56. Incorporate patient-specific transfer techniques and assistive devices
57. Identify and educate on patient-specific comorbidities and stroke risk factors
58. Assess family and/or caregiver dynamics as it impacts care outcomes
59. Recognize psychosocial impact of stroke on patient outcomes (e.g., poststroke depression)
60. Assess barriers and social determinants of health as it impacts care
61. Support the spiritual/emotional needs of patient, family, and caregivers
62. Provide and reinforce stroke education to patients, family, and caregivers, including risk factors, symptoms, and activation of EMS
63. Provide education on primary and secondary preventions and the importance of provider follow-up
64. Provide education about medications and medication management to patients, family, and caregivers
65. Provide stroke education to the community including community outreach programs
66. Identify patient-centered community resources (e.g., support groups, financial support)
67. Collaborate with care team for patient referrals