“COVID19 VIDEO - WE’RE LISTENING”
Campaign

As the world navigates through 2020 much has been said about the COVID-19. It is undeniable that globally nurses have and are still at the forefront of the pandemic. Seeking to give a voice to nurse NPs and APNs, ICN NP/APN Network is launching.

“COVID19 VIDEO - WE’RE LISTENING”

The purpose of this initiative is to provide Advanced Practice Nurses with the opportunity to share stories about advanced practice care experiences during the current COVID 19 pandemic. Through shared videos, participation in "COVID19 - We're listening" serves to highlight the global work conducted daily by these important clinicians.

For all inquiries including submissions of videos (English, Français and Español) please contact ICN NP/APN Network Secretary Marie-Lyne Bournival on mlb.networkicn@gmail.com.

Please share through your network!

ICN NP/APN NETWORK- COVID19 Video Initiative
“COVID-19 – We’re listening”

Aim of COVID-19 video project

The purpose of this project is to provide Advanced Practice Nurses with the opportunity to share stories about advanced practice care experiences during the current COVID 19 pandemic. Participation in the initiative through shared videos serves to highlight the global work conducted daily by these important clinicians.

Advanced Practice Nurse (APN) Definition

An Advanced Practice Nurse (APN) is a generalist or specialised nurse who has acquired, through additional graduate education (minimum of a master’s degree), the expert knowledge base, complex decision-making skills and clinical competencies for advanced nursing practice, the characteristics of which are shaped by the context in which they are credentialed to practice. The two most commonly identified APN roles are CNS and NP (ICN, 2020).

Inclusion and Exclusion Criteria

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<thead>
<tr>
<th>Inclusion</th>
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<tbody>
<tr>
<td>Home or work/office area.</td>
<td>No patient information/data etc</td>
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<tr>
<td>Two minute or less video telling a story about the APN experience during COVID epidemic</td>
<td>No patients visual without signed consent.</td>
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<tr>
<td>Anyone/Everyone included in video must have signed consent</td>
<td>No signed consent provided by all participants appearing in the video</td>
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<tr>
<td>Should highlight APNs or APN role, or APN practice during COVID.</td>
<td>Not related to APN or APN practice</td>
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<tr>
<td>Professional attire</td>
<td>No defamation (government, colleagues, patients)</td>
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<td>Visually appealing video and good audio quality</td>
<td>No inappropriate language.</td>
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<tr>
<td>Includes the introduction material provided by NPAPNN</td>
<td>Longer than 2 minutes</td>
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<tr>
<td>Includes the mandatory information: Surname - First Name - Contact details Annual Nursing Practice/Registration/License number- Workplace details - Country</td>
<td>Non APN and/or not related to APN practice</td>
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<td>No current APN registration</td>
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Video:

Introduction: Must include

1. Your full name

2. Your country of origin and work *(can at times be different)*

3. Your professional title as an Advanced Practiced Nurse *eg: NP, CNS, etc*

4. Your workplace

5. Your role in the COVID-19 pandemic

Process

1. Please read, sign and attach your consent (enclosed below) with your video via *wetransfer.com*

2. Submit a 2 minute video to *mlb.networkicn@gmail.com* (Marie-Lyne Bournival - NPAPNN Secretary) via *wetransfer.com*

3. In the *wetransfer.com* submission please add in writing: your full name, country of origin and work *(can at times be different)*, professional title as an APN *eg: NP, CNS, etc*, workplace and your role during the COVID-19 pandemic.

4. When submitting choose the option “email” and “7 days”.

5. Tutorials for “wetransfer” on youtube
   
   a. En français : https://www.youtube.com/watch?v=-iNvSMhYF8w
   b. In español : https://www.youtube.com/watch?v=_9OQL6vNBfw
   c. In English: https://www.youtube.com/watch?v=CwLH9O8a4UI&t=171s

6. Your video will be reviewed by two reviewers. Although efforts will be made to review French and Spanish videos by two reviewers, at times it is possible that those videos will be reviewed by one reviewer.

7. You will receive a notification of Acceptance or Rejection by email within two weeks.

8. Accepted videos will be uploaded to ICN-NPAPNN social media platforms and website.
Photograph, Video, Audio Recording Consent Form

I, ___________________________________, do hereby consent to the use by the International Council of Nurses (ICN) and the International Council of Nurse - Nurse Practitioner/Advanced Practice Nurse Network (ICN-NP/APN Network) of my image, video, voice or all three of them, in the scope of the promotional material produced for ICN NP/APN Network website.

In addition, I waive any right to inspect or approve the finished product.

I agree that all such pictures, video or audio recordings and any reproduction thereof shall remain the property of the author and that the International Council of Nurses and the ICN-NP/APN Network may use it as it sees fit.

I understand that this consent is perpetual, that I may not revoke it, and that it is binding.

I understand that these images may appear publicly as part of ICN’s and/or ICN-NP/APN Network website and/or other marketing materials.

__________________________________
Signature

Date: _____/_____/_____