

Enhancing effective implementation of new advanced practice nursing roles

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In this presentation advanced practice
nursing = **APN**



Presentation objectives



- ✓ To briefly define APN
- ✓ To present CASE example Finland
- ✓ To highlight effective APN implementation process
- ✓ To identify barriers and facilitators for the APN role implementation

ICN DEFINITION of APN

A Nurse Practitioner/Advanced Practice Nurse is a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice. A master level degree is recommended for entry level.

~International Council of Nurses

APN:

- Is an umbrella term
- Evolved to better answer multiple challenges and unmet needs of health care → an asset in improving service quality and accessibility, containing cost, and retaining experienced nurses within the clinical environment
- Is beyond front-line clinical nursing practice
- Is distinguished from front-line nursing by specialization, expansion, advancement, and autonomy
- Is separated from other advanced nursing roles (i.e. education, management) by division of direct patient care
- Role actualizes through the activities of advanced clinical practice, practice development, education, research, and leadership
- Recommended minimum training at master's level (ICN)

APN ROLE IMPLEMENTATION

- APN roles are being developed in over 50 nations
- Role introduction commenced:
 - 1950s – USA
 - 1970s – Canada
 - 1980s – Australia, UK
 - 1990s – Asia
 - 2000 – Europe
- Countries are in different phases of APN development and implementation
- Variation in definitions, titles, scope of practice, educational requirements, rights...

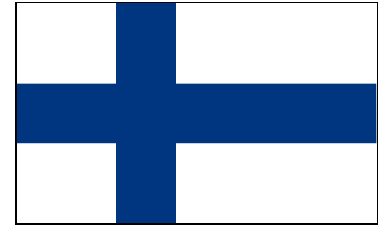


IN CONCLUSION...

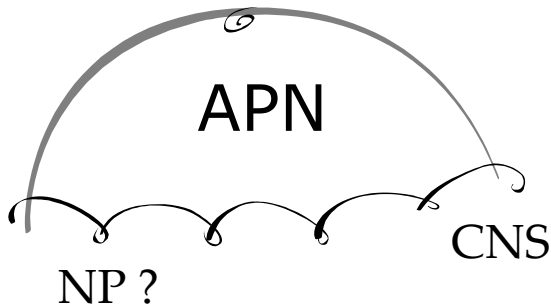


- APN is an umbrella term referring to nursing at a higher level than front-line nursing
- Confusion abounds regarding the meaning, scope of practice, preparation for, and expectation of these roles
- Although roles vary between countries - similarities also exist

CASE EXAMPLE - FINLAND



- Rather long history of specialist nursing practice
- Master's level education in nursing science: late 1970s
-> at 1980s first APN educational programs
- First APN role, CNS, were implemented in the beginning of 2000
- No uniform national policies, curriculum, or protected titles for APNs
- Roles and nomenclature are still evolving - exact number of APNs ?
- **Finnish Nurses Association is currently formulating APN career model**



CNS = clinical nurse specialist

NP = nurse practitioner

(**NM** = nurse midwife, **NA** = nurse anesthetist)



EFFECTIVE IMPLEMENTATION

- No quick fix – dynamic, complex process
- Progressive movement through overlapping phases
- Influenced by many factors
- Requires close collaboration between various stakeholders
- Prior planning of APN roles is identified as a key
- Strategies and structures to support the role introduction are scarce → major focus on APN implementation research has been on micro level ...

THE PROCESSES OF APN ROLE INTRODUCTION

PRE CONCEPTUALIZATION

ANALYZE NEED

- ✓ Engage stakeholders
- ✓ Determine appropriate service delivery model
- ✓ Indicate need for APN roles
- ✓ Make decisions and set initial goals

DESIGN ROLE

- ✓ Define role/ scope and write job description
- ✓ Identify core competencies
- ✓ Establish networks
- ✓ Make required organizational changes
- ✓ Develop role implementation and evaluation strategy

IMPLEMENT ROLE

- ✓ Advocate role
- ✓ Open vacancies
- ✓ Ascertain support / identify and address barriers
- ✓ Provide continuous education
- ✓ Develop feedback mechanisms

MONITOR ROLE

- ✓ Use pre-terminated measures
- ✓ Analyze/ interpret the data to indicate impact
- ✓ Re-evaluate goals
- ✓ Disseminate results

BARRIERS OF EFFECTIVE ROLE IMPLEMENTATION

MACRO LEVEL

- Lack of role clarity and understanding
- Lack of visibility
- Opposition from other professions
- Educational challenges
- Absence of reimbursement mechanisms / lack of funding
- Limited opportunities to APN / slow development of new roles
- Legislative / regulatory issues

MICRO LEVEL

- Role overload
- Lack of control over time
- Feelings of inadequacy
- Frustration / lack of career satisfaction
- Lack of support/mentoring
- Isolation

FACILITATORS OF ROLE IMPLEMENTATION

MACRO LEVEL

- Clarification of values, needs, goals, expectations, and policies
- Promotion of full use of APN skills
- Support for role
- Stakeholder involvement
- Demonstration of value and quality by outcome evaluations

→ Make post visible, communicate the above

MICRO LEVEL

- Enthusiasm, self-confidence
- Mastery of clinical knowledge and skills – maintaining visibility in clinical areas
- Prioritizing and creating reasonable time frames
- Learning strategies for dealing with uncertainty
- Networking
- Constructive criticism and advice
- Access to support services

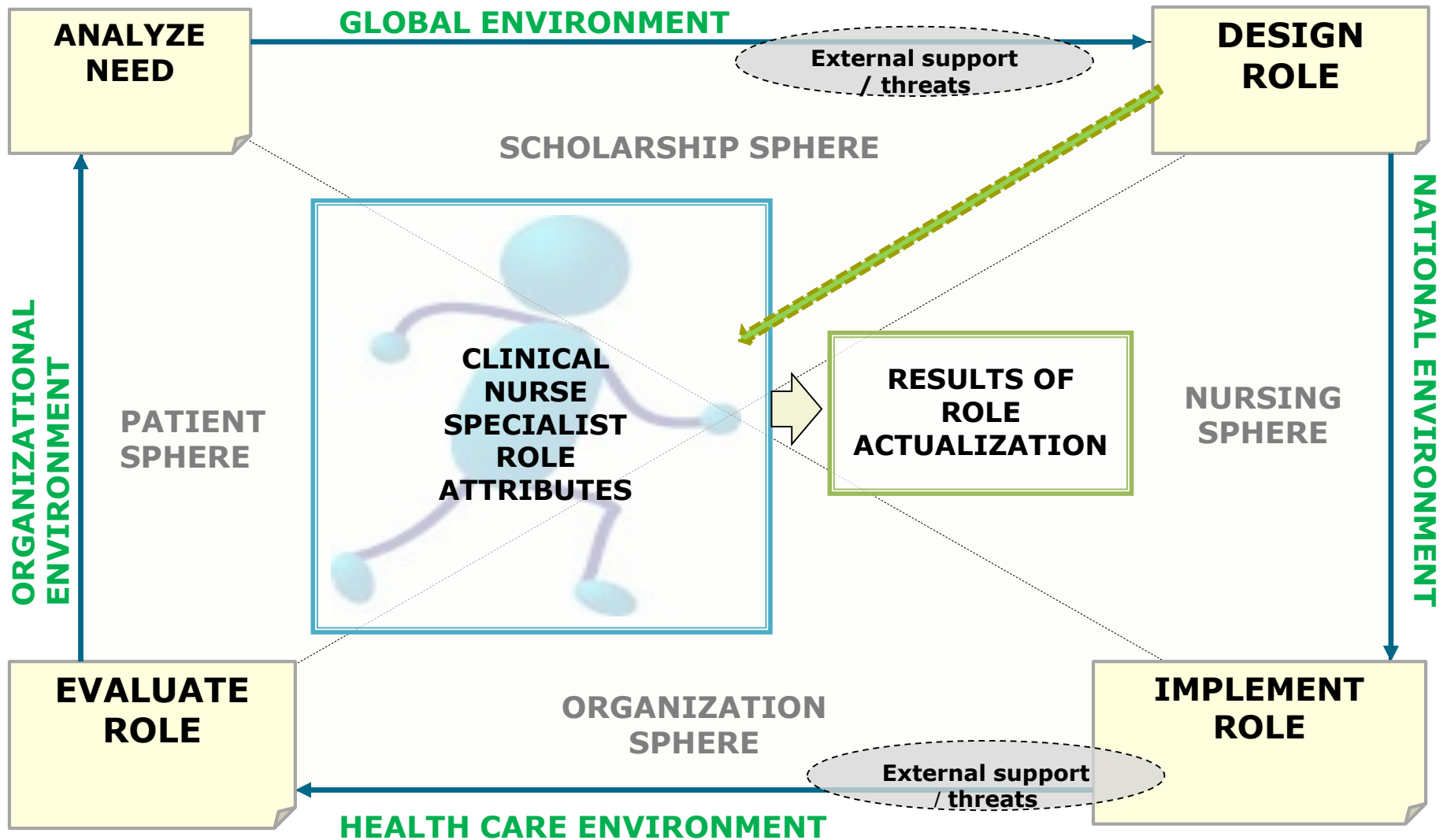


Figure: Clinical nurse specialist role conceptualization, implementation, and evaluation framework Jokiniemi 2014

IMPLEMENTATION GUIDES / FRAMEWORKS

- **AUSTRALIA:**

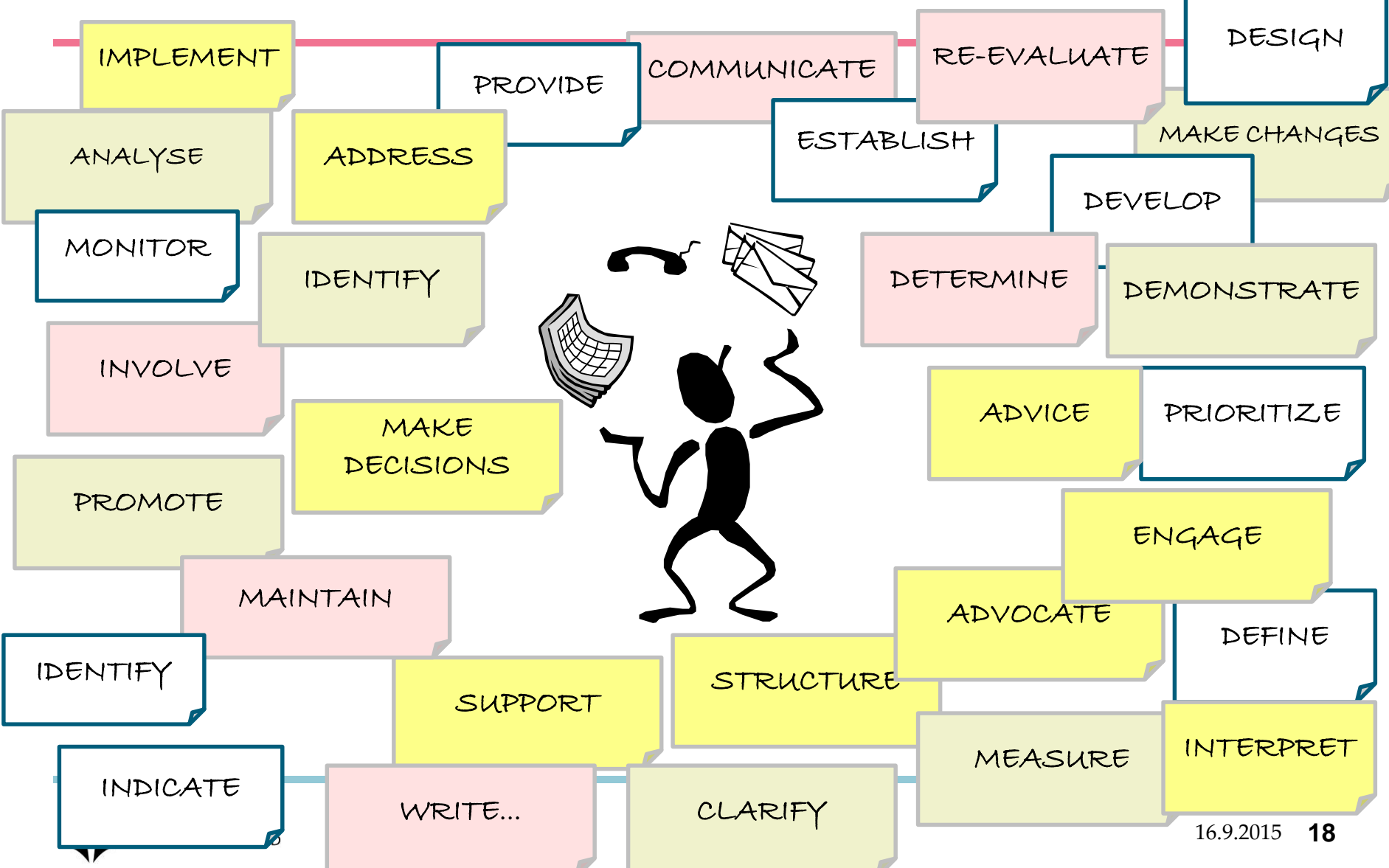
- Clinical Governance for NPs in Queensland – A Guide (Queensland Health, 2011)

- **IRELAND:**

- Framework for the Establishment of Advanced Nurse Practitioner and Advanced Midwife Practitioner Posts 3rd Edition
- Framework for the Establishment of Clinical Nurse/Midwife Specialist Posts 4th Edition (NCNM, 2008)

- **CANADA:**

- Canadian NP Role Implementation Toolkit (CNPI, 2008)
- A framework for the introduction and evaluation of advanced practice nursing roles (Bryant-Lukosius, D. & DiCenso, A. 2004)



IMPLEMENT

ANALYSE

MONITOR

INVOLVE

PROMOTE

IDENTIFY

INDICATE

ADDRESS

IDENTIFY

MAKE DECISIONS

MAINTAIN

SUPPORT

WRITE...

STRUCTURE

CLARIFY

PROVIDE

COMMUNICATE

ESTABLISH

RE-EVALUATE

DESIGN

MAKE CHANGES

DEVELOP

DETERMINE

DEMONSTRATE

ADVISE

PRIORITIZE

ENGAGE

ADVOCATE

DEFINE

MEASURE

INTERPRET

CONCLUSIONS

- Effective APN role implementation may be enhanced by:
 - determining consensus about the role attributes
 - careful prior planning
 - collaboration with central stakeholders
 - acknowledging and addressing the hindering and facilitating factors of the role
 - demonstrating value
 - clear communication
 - pursuing national policies and regulation

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“Well begun is half done”

~Aristotle

Thank you!



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