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
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)
"...So, what is the difference between a GP and an NP?"

"...For one, legible handwriting."
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

### Preconceptualization
- **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
  - Ascertained support / address barriers
  - Provide continuous education
  - Develop feedback mechanisms
  - Re-evaluate goals
- **Monitor Role**
  - Use pre-termined measures
  - Analyze/ interpret the data to indicate impact
  - 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:

• 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)
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
REFERENCES


"Well begun is half done"
~Aristotle

Thank you!