





Health Care Systems Demand New Nursing Roles

- □ Nurses must have the knowledge and skills to:
- □ Understand the health care environment
- Adapt or seek consultation to adapt client care in response to rapidly changing health care systems
- Access and communicate health care information with health care providers from other disciplines, cultures, and countries.



Nursing has the Answers to the Predominant Health Care Dilemmas, Including:

- □ The problems associated with normal human development, particularly aging;
- □ Chronic illness management in all ages;
- ☐ Health disparities associated with socioeconomic dislocations such as global migration, classism, sexism; and
- ☐ The strategies for health promotion and disease prevention



Nursing must produce quality graduates who are prepared for:

- □ Clinical leadership in all health care settings,
- □ Implementing outcomes-based practice and quality improvement strategies,
- Remaining in and contributing to the profession, practicing at their full scope of education and ability,
- Creating and managing systems of care that will be responsive to the health care needs of society.



The US Response: Innovation of Advanced Practice Registered Nurse (APN)

- □ Nurse Practitioner
- Nurse Anesthetist
- Nurse Mid-Wife
- ☐ Clinical Nurse Specialist
- □ Clinical Doctorate for APN



Advanced practice registered nurses manifest a high level of expertise in the assessment, diagnosis, and treatment of the complex responses of individuals, families, or communities to actual or potential health problems, prevention of illness and injury, maintenance of wellness, and provision of comfort



APRN Education

□ The advanced practice registered nurse has a master's or doctoral education concentrating in a specific area of advanced nursing practice, has supervised practice, and has ongoing clinical experiences. Advanced practice registered nurses continue to perform many of the same interventions used in basic nursing practice.



APRN Clinical Education (required educational components for credential)

- □ Advanced health assessment
- Pharmacology
- Pathophysiology
- □ Health promotion and disease prevention
- □ Differential diagnosis and disease management
- ☐ Must include 500 hours of advanced clinical practicum in specific specialty program
- ☐ Programs vary from 42 to 53 credit hours



Primary Care Nursing/Family NP Sample Program



Clinical Practice for NP Students

- □ Clinical sites have a certified NP to preceptor students.
- Students may observe from time to time or, but thereafter are expected to participate fully in the process of assessing, evaluating, diagnosing, prescribing, and teaching patients.
- ☐ Clinical rotations are generally 16 hours/week/semester. Summer rotations can involve 40hours/week for 4-6 weeks.
- ☐ Faculty work closely with clinical preceptors to monitor and evaluate students' learning.
- Preceptors evaluate students work and this evaluation become a significant part of the student's grade for that class.



History and birth of NP (APN) role in the United States

- □ Discussions about the nature of nursing and the scope of practice were on the agenda of every nursing organization
- There was social and professional interest in changing the role
 The first program was a demonstration project meant to be a
- The first program was a demonstration project meant to be a strategy to gain autonomy and self determination in practice, to energize nursing education curricula, and a way for nursing to fulfill their social mandate to serve humankind
 The program was academically and scientifically grounded, health-oriented and clinically focused. The nurses were prepared for autonomy in clinical judgment and collegiality and
- collaboration in team care.

 There was a perceived shortage of primary care physicians



Evolution of the NP Role

- The idea of the nurse practitioner was timely, responsive to immediate social needs, and attractive to individuals and institutions that before the first four years of test data were available, many programs for the preparation of nurse practitioners sprang up.
- Problems encountered were: Mutations of the original model allowed academic standards to be variable
- The focus of some programs went from nursing to a medical model
- Legal authorization and specialty certification were obtained state by state
- Organized nursing was slow to address the need of nurse practitioners for recognition and affiliation



How is an NP different?

- ☐ The difference in this practice relates to a greater depth and breadth of knowledge, a greater degree of synthesis of data, and complexity of skills and interventions.
- American Nurses Association (1996). Scope and standards for <u>Advanced Practice Registered Nursing</u>. Washington DC: American Nurses Association



Standards of Nurse Practitioner (NP) Practice

□ Qualifications: NPs are licensed independent practitioners who provide primary and /or specialty nursing and medical care in ambulatory, acute and long term care settings. The are registered nurses with specialized advanced education and clinical competency to provide health and medical care for diverse populations in a variety of primary care, acute and long term care settings. Master's post master's or doctoral preparation is required for entry level practice. (AANP 2008)



Standards of NP Practice (cont)

- □ Process of Care:
- ☐ The NP utilizes the scientific process and national standards of care as a framework for managing patient care. This process includes:
- ☐ A. Assessment of health status
- □ B. Diagnosis
- □ C. Development of a Treatment Plan
- □ D. Implementation of the plan
- □ E. Follow-up and evaluation of the patient status



Standards of NP Practice (cont)

- Care Priorities
- ☐ The nurse practitioner's practice model emphasizes:
- ☐ A. Patient and family education
- □ B. Facilitation of patient participation in self care
- ☐ C. Promotion of optimal health
- D. Provision of continually competent care
- □ E. Facilitation of entry into the health care system
- ☐ F. The promotion of a safe environment



Research regarding NP's show the following: NP's are

- □ Well accepted by patients, nurses, and many other professional, including physicians.
- Clinically safe, competent, and confident in caring for a large percentage of all ambulatory patients
- □ Cost effective in both preparation and practice



NP's Today

- □ An attractive model for recruiting potential students into the profession.
- Institutionalized in Master's programs and the new clinical doctorate (DNP) and a variety of practice settings.
- An influential political force in shaping health policy
- Working hard to secure reimbursement for services and to be free from unnecessary controls to practice



NP's Today (Continued)

- □ Professionally credentialed
- □ Enjoying an enhanced public image as professional nurses
- □ Expanding into new settings and new specialties demonstrating flexibility as needs, demands, and opportunities arise.



Nurse Practitioners in the United States

- □ 135,000 NPs in the United States
- □ NPs are independent practitioners and hold prescriptive practice in all 50 states
- □ NP Specialties: Acute care, Adult, Family, Gerontological, Neonatal, Oncology, Pediatric, Psych/Mental Health, and Women's Health
- □ Average NP is female (94.6%) and 48 years old, she has been in practice for 10.5 years as a family NP (49%).



Nurse Practitioners in the United States

- □ NPs write approximately 556 million prescriptions annually
- □ The 2008 mean full-time NP base salary is \$84,250 across all specialties and settings
- □ Average full time NP total income is \$92,100



Advanced Practice Nursing Internationally

- International Council of Nurses has defined an international standard for nursing and for advanced practice nursing
- □ The United Kingdom, Australia, and Hong Kong all have established the role of NP



Entry Level Core Competencies for NPs: seven content domains

- □ Management of Patient Health/Illness Status
- ☐ The Nurse Practitioner-Patient Relationship
- The Teaching-Coaching Function
- □ Professional Role
- □ Managing and Negotiating Health Care Delivery Systems
- Monitoring and Ensuring the Quality of Health Care Practices
- □ Cultural Competence
- □ (American Academy of Nurse Practitioners, 2007)



Developing a Vision for Innovation in Nursing

- □ Realistic appraisal of nursing education in relationship to clinical roles
- □ Does the present nursing education system prepare nurses for their present roles?
- Where does it fall short?
- □ What nursing skills will be needed for the evolving health care system?



Conclusions: How to innovate? Nursing Leaders MUST:

- 1. Clearly define what nursing is, where nursing is headed, and what it will be.
- 2. Develop a vision for the future
- 3. Take control of your current and future destiny.
- 4. Unite to whatever extent possible
- 5. Do not sacrifice the long term for the short term
- 4. Keep your eye on your vision
- 5. Identify the strengths of nursing and use it to begin moving forward.

