Translating advanced practice nursing competence into clinical practice

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The ANA Congress of Nursing Practice approved the following definition of advanced clinical practice:

Nurses in advanced clinical nursing practice have a graduate degree in nursing. They conduct comprehensive health assessment, demonstrate a high level of autonomy and possess expert skill in the diagnosis and treatment of complex responses of individual, families and communities to actual or potential health problems. They formulate clinical decisions to manage acute and chronic illness and promote wellness. Nurses in advanced practice integrate education, research, management, leadership and consultation into their clinical role and function in collegial relationships with nursing peers, physicians, professionals and others who influence the health environment.

(Congress of Nursing Practice, ANA, 1992 cited in Snyder 1995:5)
ICN’s 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.

(ICN 2006)
Think global, Act local

APN development is a global trend
Education for APNs

• Education

• Use

• Regulation

*For clients’ optimal health*
Competence of APNs (54 statements)

- Domain 1  Managing clients with complex health conditions
- Domain 2  Enhancing therapeutic nurse-client relationship
- Domain 3  Demonstrating effective leadership and team work
- Domain 4  Enhancing quality assurance and improvement
- Domain 5  Managing and negotiating innovative and effective approaches to care delivery
- Domain 6  Enhancing professional attributes of general and advanced practice
- Domain 7  Enhancing personal attributes

(Hong Kong Academy of Nursing Preparatory Group, Education and Accreditation subgroup, 2008)
APN Curriculum

- At postgraduate level
- **Theoretical** component
- **Practical** component
Theoretical curriculum

- **Converging** (common core, generic to postgraduate students and all APNs)

- **Diverging** (subjects addressing specific specialty content)
Model of Master’s Nursing Curriculum

Graduate Nursing Core
(All master’s degree nursing students)

- Administration
- APN Clinical Core
  (All master’s degree nursing students prepared to provide direct client care)
- Community Health
  (All master’s degree nursing students prepared to provide population-based care)

Speciality Curricula

- CNM
- CRNA
- NP
- CNS

- Primary Care NP
- Acute Care NP
American Association of Colleges of Nurse (1996)
*The essentials of master education for advanced practice nursing.* Washington, DC: AACN.

**Graduate core**
(e.g. research, health policy, leadership)

**Advanced practice core**
(e.g. advanced assessment, pharmacology, pathophysiology)

**Specialty core**
Clinical curriculum

Preceptor

experienced APN

socialization
A mean number of **416.2 clinical** hours
A range of **41.4 to 52.2 theoretical** credit hours

57 clinical nurse specialist programmes in 139 different schools surveyed in the United States by Walker et al. (2003)
Curriculum requirements for Accreditation
(Meeting of HKAPNC Education Sub-committee held on 31 March 2011)

500 theoretical hours + 500 clinical hours

Theory – two possible components

(a) Structured courses provided at Postgraduate programs at recognized universities

(b) Structured courses provided by Specialty Course Providers
APN Curriculum Design

- Philosophy
- Aim – Competence-based
- Content – Theory and Practice
- Teaching & Learning Strategies
- Evaluation (Deliverables)
**Domain 1**
Managing clients with complex health conditions

Assesses and adjusts plans for continuous management of client's health status by monitoring variation in wellness and illness.
Extract from a reflective journal written by a diabetes APN student (1)

With the enhancement of living standards, the incidence of diabetes is gradually increasing. The need for nurses specializing in diabetes care is becoming more important. The APN in diabetes care not only requires in-depth theoretical knowledge, but also astute observations and clinical decision making.

Our unit has admitted a type 1 diabetes client this month. He is 18-years old, receiving insulin treatment 4 times a day. He was admitted to the hospital because of poor control of blood glucose. His fasting blood glucose level was 11.2mmol/L. Before admission, his insulin dosage was 8 units before breakfast, 6 units before lunch and dinner and 4 units at bedtime.

When he was admitted to the hospital, his bedtime insulin was increased to 6 units. However, his fasting blood glucose level was still on the high side in the morning.
The literature and the Diabetes American Association guidelines suggested that there might be three possible reasons for this phenomenon. First, there was not enough insulin dosage before bedtime. The other two possibilities were the occurrence of the Somogyi effect [rebound hyperglycaemia in the morning caused by nighttime hypoglycaemia] or the Dawn phenomenon [natural overnight release of hormones such as growth hormones that increased insulin resistance].

Since the client was an adolescent and he was still in the stage of growth and development, the Dawn phenomenon was quite likely a reason that caused the increased blood glucose level before breakfast.
I therefore suggested the increased frequency in monitoring the blood glucose level throughout the night. The readings obtained were

- 4.9mmol/L at 1:00am,
- 5.6mmol/L at 2am,
- 6.3mmol/L at 3am,
- 7.5mmol/L at 5am and
- **10.6mmol/L at 7am** before breakfast.

This confirmed my clinical speculation.
Domain 2
Enhancing therapeutic nurse-client relationship

14. Provides emotional and informational support to clients and their families.
Critical incident –

The case of a client with renal failure (1)

One time I was dealing with a pre-dialysis case. The doctor referred the case to me and asked me to say more about the disadvantages of dialysis because he did not think the client was fit to take care of herself. The patient from my perspective was not like what the doctor said. Usually patients’ conditions are worse prior to dialysis. After receiving dialysis for a couple of months, her conscious level should be better.
Critical incident –
The case of a client with renal failure (2)

I decided to run a family interview. I felt that I was capable to deal with the emotions, and I had the renal knowledge. If I refer the case to the social worker, usually there are only comments such as ‘good bonding’, or ‘they don’t want to be a helper’. The daughter lived in Yuen Long, and she was helpful. She was willing to take the mother to Yuen Long and stayed with her. After talking to the daughter, I decided I would not mention too much about the disadvantages. Actually some elderlies don’t want dialysis because they don’t want to put burden on children. I recommend the doctor to apply the therapy to the patient. My role is to provide different viewpoints and let the patient make the best decision.
Domain 3
Demonstrating effective leadership and team work

22. Empowers staff to assume increasing responsibilities for complicated client care with delegation, support and supervision.
Domain 4
Enhancing quality assurance and improvement

28. Monitors peers, self and delivery system through Quality Assurance, Total Quality management, as part of Continuous Quality Improvement.
Nurse round
Domain 5

Managing and negotiating innovative and effective approaches to care delivery

37. Establishes detailed implementation schedules, resources planning, achievement indicators, and monitoring mechanism to support the service development plan.
ISSUES AND INNOVATIONS IN NURSING PRACTICE

Nurse follow-up of patients with diabetes: randomized controlled trial

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Nurse follow-up of patients with diabetes: randomized controlled trial
Aim. This paper reports a study comparing the outcomes of diabetic patients undergoing either early discharge or routine care.
Background. The hospital is not the best place to monitor the glycaemic control of patients with diabetes with no other morbidity or complications. It is an unnatural environment in which diet is planned and the activity level is low. The hospital is also an expensive place in which to treat patients.
Methods. This randomized controlled trial was conducted in the medical department of a regional hospital in Hong Kong. A total of 101 patients who needed
DM patient stabilized glycemic level in medical ward

DM team physicians for recruitment (randomization)

Stay in hospital

Teach self care skills and review techniques during hospitalization (same education checklist)

Follow up routine practice

Early discharge program

Teach self care skills and review techniques on discharge day (same education checklist)

Early discharge protocol

Collect data at 0 week, 12 weeks, 24 weeks
Including HbA1c, Re-admission rate, AED attendance rate, Compliance rate also length of stay at this admission and patient satisfaction survey at 24 weeks

Outline of Early Discharge Program Study
## HbA1c

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<td>12 week HbA1c</td>
<td>7.61±1.10</td>
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<td>-1.91</td>
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<td>24 week HbA1c</td>
<td>4.33±0.79</td>
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Home blood glucose monitoring

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<tbody>
<tr>
<td>12 week</td>
<td>5.19± 0.57</td>
<td>4.33± 0.79</td>
<td>2.569</td>
<td>65</td>
<td>0.012</td>
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<tr>
<td>24 week</td>
<td>5.02± 0.63</td>
<td>3.92± 0.94</td>
<td>2.809</td>
<td>65</td>
<td>0.07</td>
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# Exercise

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<tr>
<td>12 week</td>
<td>4.88± 1.03</td>
<td>3.15± 1.35</td>
<td>2.911</td>
<td>64</td>
<td>0.005</td>
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<tr>
<td>24 week</td>
<td>5.31± 0.9</td>
<td>3.0± 1.35</td>
<td>4.068</td>
<td>64</td>
<td>&lt;0.0001</td>
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## Length of stay

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<tr>
<td>Mean</td>
<td>2.33±0.45</td>
<td>6.03±1.57</td>
<td>-6.534</td>
<td>&lt;0.0001</td>
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<tr>
<td>Median</td>
<td>2</td>
<td>5.5</td>
<td></td>
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Economic impacts

- **Savings**
  
  $3.7 \text{ Days} \times $3,500 = $12,950$

- **Expenses**
  
  60 minutes (6 times x 10 min) nurse time = $298$

- **Net gain**
  
  $12,652 / \text{client}$
**Domain 6** Enhancing professional attributes of general and advanced practice

#47 Interpretes own professional strengths, role, and scope of ability to peers, clients and colleagues.
2005 Guangzhou Southern University APN Course

- Pamphlet
- Referral form
- Case
- Plan
- Reflective journal
信念--我们相信：
1. 每个糖尿病病人都有接受教育的机会。
2. 糖尿病教育能提高每个病人主动参与治疗的意识。
3. 家属的参与和支持对糖尿病人健康有促进作用。
4. 健全社区糖尿病护理，能提高社区糖尿病治疗护理的品质。
5. 通过整合护理，提高糖尿病病人健康水平。
6. 教人传教，助人自助，提高病人自我管理能力，达到糖尿病控制的目的。

糖尿病教育的工作目标：
1. 预防糖尿病的发生，降低糖尿病的发病率，减少及延缓糖尿病的并发症，提高病人生活质量，回归社会。
2. 达到身心健康。
3. 提高医护人员对糖尿病专科知识与技能。
南方醫科大學珠江醫院會診單

姓名：張有祥 性別：男 年齡：67 歲 病區：內分泌科 病號：7 ID：542703

<table>
<thead>
<tr>
<th>會診科室</th>
<th>糖尿病專科護士</th>
<th>□ 立即會診</th>
<th>□ 一般會診</th>
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病史：

患者現患2型糖尿病4年多，近兩個月出現噁心、頻繁嘔吐、手足麻木及刺痛加劇，小便明顯減少，於2005年5月21日入院治療。現在病人神志清楚，噁心嘔吐情況已明顯改善，血糖控制不佳（10.8-16.5 mmol/L）。

現有措施
測血糖4/日，優泌林70/30注射2/日，測血壓4/日，糖尿病飲食 低鹽低脂飲食

轉介目的：□護理措施 □血糖控制 □教育計畫 □出院後跟進 □其他

轉介人：□醫生 □護士 □營養師 □其他 簽名：張三

聯繫方法：珠江醫院內分泌科 電話：61643181

專科護士會診意見：

病史敬悉！病人目前主要問題為血糖控制不佳，缺乏糖尿病相關知識。建議護理措施：

1. 監測血糖：時間為早餐前、早餐後2h、晚餐前、睡覺前。
2. 監測血壓：4/日 6-10-16-20。
3. 介紹糖尿病相關知識：飲食、運動、胰島素治療等
4. 自我監測和護理知識

具體工作計畫及措施詳見專科護理會診記錄。

謝邀！

簽名：張有祥 日期：2005年6月10日
Domain 6
Enhancing professional attributes of general and advanced practice

51. Interprets and markets the advanced practising nurse role to the public and other health care professionals.
Domain 6
Enhancing professional attributes of general and advanced practice

52. Participates in legislative and policy-making activities which influence advanced nursing practice and health services.
Education for APNs

Reproduction vs Creation

Led by education vs interplaying of academic, clinical & management

Competence-based – integration of theory, practice and client outcome