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### Advanced practice registered nurses: Addressing emerging needs in emergency care



#### *Infirmiers diplômés d'Etat à la pratique avancée en soins d'urgence*

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An advanced practice registered nurse (APRN) is a registered nurse with advanced specialized clinical knowledge and skills to provide healthcare to diverse populations. The role of the APRN is emerging worldwide to improve access to, quality, and cost-effective healthcare services. APRNs with expanded capabilities are now working in a variety of healthcare settings including emergency centres. This paper will provide a brief overview of APRN roles in the United States followed by a discussion of how APRNs can meet the healthcare needs of patients seeking emergency care. An example from a paediatric specialty practice will demonstrate how the APRN role can be implemented in the emergency centre. Finally, implications for initiating APRNs in emergency care across Africa will be addressed.

Un infirmier diplômé d'Etat à la pratique avancée (APRN) est un infirmier diplômé d'Etat disposant de connaissances et compétences spécialisées approfondies lui permettant d'administrer des soins de santé à des populations diverses. Le rôle de l'APRN se développe dans le monde entier afin d'améliorer l'accès à des services de soins de santé rentables ainsi que leur qualité. Les APRN disposant de vastes capacités travaillent maintenant dans divers contextes de soins de santé, notamment dans des centres d'urgence. Ce document fournira un aperçu des rôles des APRN aux Etats-Unis, puis une discussion sur la façon dont les APRN peuvent répondre aux besoins de soins de santé des patients cherchant des soins d'urgence. Un exemple d'un cabinet pédiatrique montrera la façon dont le rôle de l'APRN peut être mis en œuvre dans un centre d'urgence. Enfin, les implications de l'initiation des APRN en soins d'urgence en Afrique seront traitées.

#### African relevance

- APRNs have been shown to improve healthcare delivery and health outcomes.
- APRN roles are flexible and can be tailored to a country's workforce needs.
- Careful advance planning helps ensure that APRNs can work to their fullest capacity.
- Much can be learned by looking at the US model when planning APRN programmes.

#### Introduction

Emergency nursing is defined by the Emergency Nurses Society of South Africa as "(a) specialty in which nurses care for patients in emergency or critical phase of their illness or injury, focusing on the level of severity and time-critical interventions."<sup>1</sup> This definition universally captures the important role

that nurses play in emergency settings. To more fully address growing demands for emergency care, nurses are receiving advanced training and being credentialed as advanced practice registered nurses (APRNs).

Today, the role of the APRN is emerging worldwide to improve access to, quality, and cost-effective healthcare services for diverse populations. APRNs with expanded capabilities function in a variety of settings; ambulatory, emergency, and inpatient setting. They are well positioned to alleviate manpower shortages while providing care to seriously, acutely ill patients as well as those presenting with non-urgent conditions whose only access to care is through the emergency centre (EC). In order to provide context for a discussion of APRN roles in emergency care, initially a brief overview of APRN roles in the United States (US) will be presented. This will be followed by a discussion of how APRNs address emergent patient care needs with an exemplar from a paediatric specialty practice. Finally, implications for advancing the role of APRNs in Africa are discussed.

#### Development of the role of advanced practice registered nurse

An APRN is a registered nurse with advanced specialized clinical knowledge and skills to provide healthcare;<sup>2</sup> specific requirements of this role are found in [Table 1](#). The term

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**Table 1** Criteria for advanced practice registered nurses.

- Completion of an accredited graduate-level education programme preparing him/her for one of the four recognized APRN roles—nurse practitioner, clinical nurse specialist, nurse midwife, or nurse anaesthetist.
- Skills upon graduation build on the competencies of registered nurses and demonstrate,
  - A greater depth and breadth of knowledge, a greater synthesis of data
  - Increased complexity of skills and interventions needed to provide direct care to patients. This includes the responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, management of patient problem, and the use and prescription of pharmacologic and non-pharmacologic interventions.
  - Understanding of population-focused competencies
  - Greater role autonomy
- Successfully passing a national certification examination for a designated course upon graduation and maintains continued competence as evidenced by recertification.
- Licensed by one of the 50 states in the United States to practice as an APRN in one of the four aforementioned roles: certified registered nurse anaesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), or certified nurse practitioner (CNP).

<sup>a</sup>Adapted from: The APRN Joint Dialogue Group Report, July 7, 2008 ([www.apna.org/files/public/JointDialogueReport.doc](http://www.apna.org/files/public/JointDialogueReport.doc)).

APRN refers to four separate types of nurse clinicians who function in advanced practice roles. These include nurse anaesthetist, nurse midwife, clinical nurse specialist (CNS), and nurse practitioner (NP). Each of these four roles, despite having very different origins now function similarly, diagnosing and managing patient conditions, performing procedures, and prescribing medications.

The first two APRN roles to emerge in the US were nurse anaesthetists and nurse midwives. In the late 19th century, the nurse anaesthetist role was created to reduce anaesthesia related mortality. The need for nurse anaesthetists became increasingly acute during World Wars I and II. Since the advent of the American Association of Nurse Anaesthetists in 1931, continued strides in educational and certification requirements have been made.<sup>3</sup>

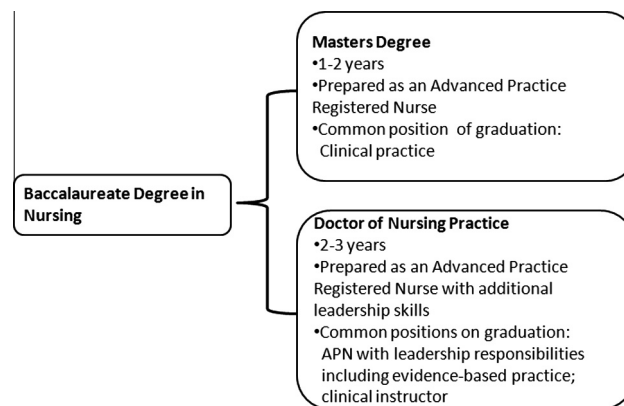
Nurse midwifery followed a similar path. In the early 1920s, the practice of nurse midwifery was introduced to the United States to address the needs of poor women in the rural areas in Kentucky; nurse midwifery schools began a decade later. By the 1950s, numerous educational programmes began. The American College of Nurse Midwives, their professional organization, was established in 1955 and currently oversees all related professional practice issues.

The next APRN role that was created was that of the CNS in 1954 when psychiatric nurses were given advanced training. Over the next several decades, additional CNS educational programmes emerged and nurses obtained advance education in specific clinical areas such as medical-surgical, paediatric, and women's healthcare. The CNS's role includes providing direct clinical care for complex patients, modelling clinical expertise for professionally younger nurses, promoting interdisciplinary collaboration, and advancing evidence-based practice.<sup>4</sup>

The fourth advanced practice role to emerge was that of the NP in 1965. Initially created in a response to the growing need for primary healthcare providers to care for underserved children, the first training programme for NPs in the US was initiated by Drs. Ford (a nurse) and Silver (a physician). This programme was based on a “nursing model focused on the promotion of health in daily living, growth and development for children in families as well as prevention of disease and disability.”<sup>5</sup> Graduate degree NP programmes have been developed for numerous specialties and a role has evolved to provide primary or acute care for different populations. Specialties include family NPs, adult NPs, paediatric NPs, and women's health NPs trained to work in primary care as well as acute care paediatric and adult NPs.

Today in the US, there are many educational pathway variations to become an APRN (see Fig. 1). For all specialties, a Masters degree in a specific APRN programme is the first step towards eligibility for practice. To better provide efficacious care in an increasingly complex healthcare system, however, many university APRN programmes are transitioning to the doctor of nursing practice (DNP) credential.<sup>6</sup> This transformational change in nursing education is underway; timelines for change varying across the APRN professional organizations. For example, the American Association of Nurse Anaesthetists is the first professional organization to mandate a DNP as the entry level degree for professional practice for new graduates beginning in 2025.<sup>7</sup> Upon completing a credentialed master's or DNP programme, graduates may then sit for their respective professional certification exam and be eligible for state licensure as APRNs.

APRN educational programmes contain the same core components—didactic coursework and clinical mentorship—regardless of specialty. Didactic coursework is divided into three broad areas. The first area are core courses including nursing theory, research and evidence-based practice, role responsibilities, pharmacology, pathophysiology, and health assessment. The second area is specific to the specialty. An adult NP programme, for example, contains courses specific to health promotion, diagnosing and managing acute and chronic problems (e.g., diabetes mellitus, hypertension, and osteoarthritis) commonly experienced by that population. Depending on the plan of study, a third area of coursework



**Figure 1** Common educational pathways for advanced practice registered nurses.

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