

THE EXPERIENCE OF ADVANCED PRACTICE NURSES IN US EMERGENCY CARE SETTINGS



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Contribution to Emergency Nursing Practice

- This study explored actual practice and facilitators and barriers to full advanced nursing practice in emergency settings.
- Movement toward a standardized program curriculum in emergency nurse practitioner and clinical nurse specialist programs that encompasses resuscitative care across the life span
- Clear metrics and assessment mechanisms for competencies

Abstract

Introduction: Little information has been published regarding the actual practice, training, and validation of basic skills and competencies needed by the advanced practice registered nurse (APRN) in the emergency care setting. The purpose of this study was to (1) identify skills being performed by APRNs practicing in emergency care settings (2); explore types of training; and (3) describe competency validation. Additionally, we explored frequency of skill use and facilitators and barriers to performing a skill to the full extent of training and education.

Methods: An exploratory mixed-methods study was performed incorporating a self-report survey and focus group interviews.

Results: The educational path to advanced practice nursing in emergency care settings is not standardized. Few programs incorporate or address the need for APRNs to receive acute care training across the life span, which is the hallmark of emergency nursing practice. Similarly, training is reported as fragmented, and validation of skills for both nurse practitioners and clinical nurse specialists can vary. APRN practice autonomy is affected by the presence of other providers (specifically physicians), institutional culture, and state boards of nursing that regulate practice.

Discussion: Integrated educational and orientation programs are needed that address high-acuity patients across the life span. Additionally, a more nuanced approach to assessing APRN capabilities as a combination of hard (clinical emergency) and soft (communication and organizational) skills may be an appropriate framework within which to examine the advanced practice role. Future research should continue to evaluate training, competency assessment, and outcomes for APRNs in the emergency care setting.

Key words: Advanced practice; Emergency nursing; Competencies; Education; Validation; Mixed methods

General skills and competencies for 2 advanced practice registered nurse (APRN) roles the clinical nurse specialist (CNS) and the nurse practitioner

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(NP) have been established by professional organizations.^{1,2} Skills and competencies for the emergency care advanced practice roles of CNSs and NPs also have been identified.³ However little information has been published regarding the actual practice training and validation of basic skills and competencies needed by the APRN in the emergency care setting; furthermore no published information is specific to the United States health system and available information reports only on treating minor illnesses and injuries or the general skills performed in the emergency care setting.^{4,5} The specific skill set for emergency care APRNs in the United States is reported in Delphi studies^{3,6} based on expert consensus. International establishment of competencies is also determined via Delphi studies. Little research describes what APRNs are actually doing in their professional training and practice and discussions of the facilitators and barriers to full APRN practice are equally rare.

APRNs have become an integral part of the health care system and play a critical role in responding to the increased

demand for providers. Emergency nursing (including advanced practice) has been recognized as a specialty practice,⁷ and as such, it requires similarly specialized education and training. Calvello et al⁸ reported the need for a dedicated workforce of specialized and credentialed persons in emergency care systems. These authors further stressed the importance of determining educational needs for emergency care providers because the education and training of these persons is anticipated to produce measurable improvement in the overall health system.⁸

The Institute of Medicine reported key factors with the potential to create change across the profession that may benefit patients, families, and nurses worldwide.⁹ Recommendations are that nurses should be allowed to practice to the full extent of their education and training, nurses should be full partners with physicians and other health care professionals in redesigning health care systems, and barriers to practice should be removed.

Despite the increasing numbers of advanced practice nursing programs, wide variation continues to exist in how competencies are validated. Typically, competency is achieved through academic course completion, continuing education offerings, or on-the-job instruction.¹⁰ In the evaluation of medical students, medical residents, and other providers, demonstration of performance through direct observation is another method.¹¹ However, there are no research-based recommendations on how competencies for the APRN practicing in the emergency care setting should be validated. Significant gaps exist regarding the concepts and definitions of APRN training and practice competencies in the emergency care setting, as well as the evaluation of those competencies.

The purpose of this study was to (1) identify the specific skills and competencies being performed by APRNs practicing in emergency care settings, (2) explore the type of training APRNs received to perform the skills, and (3) describe how often and by whom APRNs' competency in those the skills is validated. Two additional purposes are data collection regarding how often these skills are being used in practice and the facilitators and barriers to performing a skill or competency to the full extent of training and education as described by the Institute of Medicine.⁹ We expect that the study findings will identify facilitators and barriers to APRN practice in emergency care settings and provide the foundation for more standardized skills training and competency evaluation.

Methods

We conducted an exploratory mixed-methods study incorporating a self-report survey and focus group interviews for the purpose of context and of explanation when answering the following questions:

1. What skills and procedures are used by APRNs in emergency care settings?
2. How do APRNs learn and maintain these skills and procedures?
3. How often and by whom are skills and procedures evaluated?
4. How often are these skills and procedures being used by APRNs?
5. What are the facilitators and barriers to APRNs' use of these skills and procedures in emergency care settings?

A purposive sampling method was used to obtain a demographically diverse group of advanced practice emergency nurses with a wide range of clinical experience. Data were collected and analyzed sequentially (survey first, focus groups second) and then analyzed to identify areas of convergence and complementarity. This approach was chosen because of the complex nature of the research question, for which the use of combined quantitative and qualitative data provides a more complete understanding than either approach alone. Further analysis is provided in the Discussion section, where the integrated quantitative and qualitative findings are interpreted, compared, and synthesized. The Chesapeake Institutional Review Board (Columbia, MD) determined that the study was exempt from Institutional Review Board oversight.

QUANTITATIVE

The Self-Reported Survey

A 57-item survey was developed from findings of a Delphi study establishing competencies for APRNs.⁶ The survey was reviewed by the ENA Institute for Emergency Nursing Advanced Practice (IENAP) Advisory Council for content validity. Important content areas of the survey include categories of practice and education and nurses' training and preparation to function as emergency NPs or CNSs. Additionally, the survey was reviewed for research appropriateness by the principal investigator and 6 emergency nursing experts from the ENA staff and the Institute for Emergency Nursing Research Advisory Council, who contributed both advanced practice content and research methods expertise to the survey design. The IENAP Advisory Council reviewed the questionnaire a second time to determine face and content validity. Members of the IENAP Advisory Council also pilot tested the survey for relevance to practice, ease of use, and time needed to complete the survey.

Participant Recruitment

The survey sample included English-speaking APRNs who were older than 18 years and currently working in emergency settings. E-mail notifications, an announcement with a link to

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