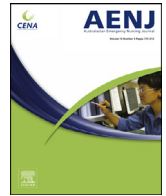




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Discussion paper

Evaluating an Australian emergency nurse practitioner candidate training program

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ABSTRACT

Nurse Practitioners (NPs) receive core clinical training at master's level, with their employer providing the opportunity to upskill in clinical and procedural competencies. It is increasingly recognised that this generic education requires supplementary training for operating effectively within a specific clinical environment. In this paper we describe a pilot program designed to train Australian NP Candidates to work effectively within the Emergency Department Fast Track model of care. The training program consisted of a 12-month period: four hours in-house training per week over two semesters, running concurrently with the NP candidate's University semesters, and 3 months' clinical practice to consolidate. The training team defined milestones for Semesters one and two, and developed a case review form to assess application of the candidate's knowledge in new clinical situations, as well as check for gaps in understanding. A clinical skills guide was developed for the candidate to work toward, and a comprehensive assessment was carried out at two time points in the training program. Feedback was obtained from the mentors and the candidate at the end point of the training program, and has been used to refine the program for 2017. This in-house training program provided specialised, evidence-based training for the emergency department environment, resulting in development of the nurse practitioner candidate as a high functioning team member.

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Introduction

Nurse practitioners (NPs) work in a variety of contexts in the Australian healthcare system [1]. Their skills include advanced physical assessment, ordering of diagnostic tests, interpretation of test results, referrals to appropriate healthcare providers, as well as prescribing patients a range of medications and other therapies. The NP role is defined by the clinical environment in which they practice, and advanced training enables the NP to work autonomously and collaboratively within multi-disciplinary teams.

Nurse Practitioners are registered nurses who have completed training at master's degree level, alongside clinical training. The master's program of study is based on accreditation standards developed by the Australian Nursing and Midwifery Accreditation Council (ANMAC), and provides the minimum requirements for education specific to NP level of practice [1]. Embedded in

the NP master's program is the management of integrated professional practice which requires engagement with a support team at a local facility. The ANMAC standards require a minimum of 300 h of supernumerary integrated professional practice [1]. However, endorsement as an NP requires the equivalent of three years full-time experience in an advanced practice nursing role within the previous six years from date of lodgement of application [3].

Whilst the master's program provides a high level of generalised training, it has been increasingly recognised that these generic training standards need to be supplemented in order to support clinical knowledge and role development in specialty fields such as the Emergency Department (ED) [3–5]. Emergency NPs (ENPs) are often utilised in fast track models of care in Australian EDs to complement existing medical staffing models. There is a high patient satisfaction rate with these models and strong medical collaboration [6–10]. However, current integrated professional practice requirements (ANMAC NP competency standards [1]) may be deficient when considering the specific skills needed for NPs working within an emergency fast track service model. This is because the standards are generic for NP training across all specialities. Whilst University-based master's programs are benchmarked against the

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ANMAC standards and cover core content, they do not provide sufficient individualised training for students working in an environment such as the ED, who encounter a broad base of patient presentations and require a set of specific procedural skills.

ENP training in the US

In contrast to Australia, ENPs in the US are prepared as a speciality at Masters level [11], and entry-level and advanced competencies and skills for NPs practising in emergency care have been developed by the American Nurses Association [12]. In recognition of the need to reinforce and test NP skills, a US Institute of Medicine report called for an expansion of NP postgraduate training to include residency programs [13]. Since that time NP residency programs have grown considerably to meet the needs of the workforce [14]. The mentorship and specialty training embedded in these programs have the potential to enhance the transition to practice whilst providing a comprehensive and extended orientation process which compliments structured learning [15]. The aim is to reduce the gap between what a new graduate is expected to do, and what they are actually capable of, within a specialised field of practice.

Following some controversy regarding the preparation of the US ENP, the American Academy of Emergency Nurse Practitioners (AAENP, 2016) and the American Association of Nurse Practitioners (AANP, 2016) collaborated to design a board certification by examination for NPs working in the ED. This includes recertification every 5 years. However they are not offering or endorsing any formal education program to prepare for the exam [16].

ENP training in the UK

Historically, there has been no formalised requirement for training as an ENP in the UK, and the role is not title-protected. This has meant a disparity in the depth of training available, where some NPs may enrol in only a weekend course, compared with those that may undertake study at master's level. There is a move to address this lack of formalised training, and universities are increasingly offering courses at Bachelor of Science honours level for emergency practitioner training as well as advanced training at master's level.

An Advanced Clinical Practitioner (ACP) role for ED has also been developed in the UK [17]. The training takes up to 3 years and is at considerable cost to the individual. Clinical placement support is negotiated with the organisation. The first three ACPs – two nurses and one paramedic – were credentialed in 2016 by the Royal College of Emergency Medicine (RCEM), the Royal College of Nursing, the College of Paramedics and Health Education England. These colleges collaborated to produce an award that recognises the ACPs competence and provides confidence that the individual can practice at the described level [18].

The Emergency ACP curriculum is based on the intercollegiate Acute Care Common Stem (ACCS) curriculum, but with some amendments to allow for the scope of practice of ACPs and the legal framework in which ACPs work. Launched in May 2015, the curriculum aims to provide standardisation for the level and range of competence of practitioners, as Higher Education Institutions do not include specialty-specific competencies or nationally defined curricula. Nurse Practitioners could take this pathway to upskill but it would not lead to endorsement as an NP. The ACPs were assigned to medical rather than nursing rota [19].

ENP training in Australia

As mentioned previously, ENPs often provide complementary staffing in a fast track model of care. Clinical responsibility in fast track has been associated with the terms “lower acuity” and “minor

injury”, however these terms can be misleading: “minor” may in fact be a functional threat to the patient, debilitating or a cosmetic issue. The NPs at the pilot site undertake advanced procedures and purposefully manage co-morbidities within the patient's presenting complaint. In some instances an NP can only make the determination that the patient has a minor problem after a systematic and thorough review has been conducted. There are many examples where presenting complaints that appear minor at triage are revealed, on thorough examination, to be significant and serious medical problems; for example, erythema that is assumed to be cellulitis at triage may be diagnosed on examination as necrotising fasciitis by the NP in fast track. Appropriate training and clinical experience to be able to recognise and differentiate these types of problems is essential. We therefore believe that the ideal training scenario involves additional educational input and experience for the specialisation at the local level. This is in order for the student NP to become proficient in the many and varied advanced procedural skills and knowledge required for the ED, for example, paediatric and adult patients requiring fracture reduction and complex traumatic wound assessment, treatments and/or referral.

In Australia, while the authors are aware of one or two in-house education programs being offered to NP students, there are none yet published. One earlier study in Australia implemented a local education program for their emergency transitional NPs (TNP); in context this equates to the candidate role that this paper describes [20]. The authors describe a 2-week intensive education program after which the TNPs (n = 13) managed 68% (n = 1987) of the “see and treat” cohort of patients and 32% (n = 721) in the collaborative/consultative group. Ongoing support included biweekly education sessions, and a mentor program was established to provide a supportive forum to discuss patient management, work performance issues, and to gain feedback and practice updates. This program was an isolated paper reported in the Australian literature. A further paper evaluating the impact of emergency TNPs reports they managed up to 10% of the emergency workload; a substantial contribution, however no added local education was reported [21].

Developing a local NP training program

In this paper, we describe a pilot training program that was developed specifically for Australian NP candidates within a single site ED environment. The program has its foundation in a long-standing team of NPs, located in a dedicated physical location within a fast track model of care. The multidisciplinary team provides an opportunity to train candidates to a specialised level. It allows for NP candidates to transition into the NP role by reducing some of the occupational stressors such as familiarisation with the organisational structure and the requirements of the job, as well as the perceived need to be fully competent and knowledgeable in all aspects of the role upon graduation [22].

The training site advertised nationally to recruit to the one year training program at 32 h per week. Potential participants had to be enrolled in an ANMAC accredited NP masters level program and have five years emergency experience with postgraduate emergency or critical care qualifications. The successful applicant was employed at Queensland Health pay level Nurse Grade 7 for an NP Candidate. Table 1 provides a summary of characteristics of the NP candidate role using a checklist published in recent literature, as this will be important for future study comparisons reporting NP/candidate roles [23].

The broad aims of the program were to:

- Provide evidence-based knowledge and skills at the forefront of care delivered to patients in the fast track environment,

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