



11th ICN NP/APN
Network Conference

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CONCURRENT ORAL PRESENTATIONS

August 29 - September 1, 2021

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August 29 – September 1, 2021

The conference is one of the largest international meetings on advanced practice nursing.

It will bring together advanced practice nurses such as nurse practitioners, clinical nurse specialists, nurse anesthetists, nurse midwives, and nurse consultants, along with researchers, educators, administrators, policymakers and students from around the globe.

The designation of 2020 as the International Year of the Nurse and Midwife, and the arrival of the COVID-19 pandemic have shone a spotlight on the nursing profession. The World Health Organization has now designated 2021 as the International Year of the Health and Care Worker, a further opportunity for the nursing profession to be recognized for their invaluable work.

The Conference seeks to set the foundation for developing and expanding the reach and impact of the next generation of nurse practitioners and advanced practice nurses. Conference sub-themes build on ICN's strategic priorities and the United Nations' Sustainable Development Goals to examine progress and future directions for nurse practitioners and advanced practice nurses towards addressing the health needs of populations.

Envisioning Advanced Practice Nursing Beyond 2020: Wider Reach, Bigger Impact

The conference theme was deeply inspired by Florence Nightingale, who by today's standards would have been the world's very first advanced practice nurse. As Florence once said, "For we who nurse, our nursing is something which, unless we are making progress every year, every month, every week, we are going back. No system shall endure which does not march." Thus, the conference theme challenges us to look forward and to set the foundation for developing and expanding the reach and impact of the next generation of nurse practitioners and advanced practice nurses. Conference sub-themes build on ICN's strategic priorities and the United Nations' Sustainable Development Goals to examine progress and future directions for nurse practitioners and advanced practice nurses towards addressing the health needs of populations.

Concurrent Oral Presentations

Concurrent Oral Presentations will be available to view on demand during the conference days and beyond. Throughout the conference days, attendees have the option to post their questions and/or to connect with the author for further discussions.

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Supporting NP Education: Preceptorship Recruitment and Retention

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Background

The nurse practitioner (NP) role is grounded in clinical practice delivered in a variety of healthcare settings. Students entering NP programs typically are building on their registered nursing experience; however, the NP role requires advanced skills not obtained during registered nurse education. Consequently, clinical experience is an essential component of NP education that relies heavily on preceptors, who are usually other NPs or physicians, for supervision and mentoring. Recruitment and retention of preceptors is challenging due to many variables that can affect NP education and practice.

Purpose

In this presentation, we will share the findings of a national survey of Canadian nurse practitioner programs to understand their preceptorship structures, how they support preceptorship, and to identify gaps and challenges to recruitment and retention of preceptors.

Methods

An 18-item survey, developed by the NP Education Interest Group, was distributed to 24 universities across 10 Canadian provinces. Experienced NPs and NP faculty assessed construct validity and reliability. Data were analyzed using relative frequency statistics and thematic analysis. Participants consisted of administrative staff and/or faculty designated as responsible for recruitment and retention of NP preceptors.

The findings included preceptor burnout because of overutilization resulting in their refusal to take students, challenges identifying placement sites and little time to recruit new preceptors, provide follow-up, offer support, or seek preceptors' feedback.

Conclusion

The findings suggest the need for exploring alternate approaches to identify clinical placement sites and support preceptors.

Significance

Much clinical education relies on the preceptor model to help NP students learn advanced nursing skills. Identifying and supporting preceptors is an imperative to ensure students graduate with the skills necessary to enact the role.

Evaluating the Effectiveness of Global Virtual Collaboration Among Advance Practice Nursing Students

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Background:

Global health concerns go beyond national borders. Many current issues such as human trafficking, palliative care and maternal -child welfare necessitate international collaboration, and care that demonstrates health equity delivery amid nations.

Method:

A global classroom platform was developed among Advance Practice Nursing Students to equip them with a framework to exchange knowledge, competencies, and formulate strategies to take on global health challenges within international settings. We employed a mixed-methods approach, as integration of quantitative and qualitative data to evaluate student perception and generate common themes around the experience.

Conclusion:

Key features of the pedagogical model incorporated the programs' objectives, global health core content, and a stage for international viewpoints to devise an international plan of action. The global exchange improved core aptitudes correlating with exploration of better health outcomes, improved patient adherence, compassionate care, and enhanced patient satisfaction.

Significance:

Students engaging in global classroom experience a transformation in learning and apply critical skills that convey the importance of an international effort in confronting common healthcare concerns. Additionally, global health experiences present students to be more sensitive to a various cultural perspective which may be different from their own.

Registered nurses' perceptions toward advanced practice nursing: A nationwide cross-sectional study

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Background:

Globally, the development and implementation of Advanced Practice Nurses (APNs) have been deemed propitious. Much interest has been on strengthening and expanding the APN workforce. APNs are recruited and developed from the current pool of Registered Nurses (RNs). Hence, it is imperative to explore RNs' perceptions towards the role of APNs.

Purpose:

To facilitate APN workforce recruitment, it is imperative to explore RNs' perceptions towards the role and impact of APNs in healthcare, and to examine RNs' interests in becoming APNs.

Methods:

A nationwide cross-sectional survey was conducted in Singapore. Population sampling was undertaken. RNs from all public healthcare institutions (nine acute hospitals, three community hospitals, six national speciality centres, 20 nursing homes, and 20 polyclinics) were surveyed. A 44-item survey instrument was used to collect RNs' views towards APNs' scope of practice, an increased supply of APNs, role and professional image of APNs, and their interest to become APNs. Chi-square test was conducted to determine associations between respondents' characteristics and interest to become APNs. Backward stepwise logistic regression was undertaken to present predictive variables suggestive of interest to become APNs.

Results:

Respondents (n = 1025) displayed optimism and acceptance toward APNs. However, only 30.7% hoped to become APNs. Nursing leaders were reported to have a low success rate in identifying RNs who were both suitable and interested in the APN role. Younger RNs with five years or less experience are more likely to show interest in becoming APNs.

Conclusion:

RNs' positive perspectives toward the role of APNs do not translate into interests in the role. The study offers pragmatic applicability in ensuring the sustainability and growth of the APN workforce.

Significance:

This pioneering study in Asia suggests that an APN-specific residency programmes for pre-master RNs may be facilitative to retaining and recruiting RNs for the APN workforce.

Coaching for wellness: You deserve to thrive.

Ms. Tanya Ter Keurs^{1,2,3,4,5}

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As an NP who has been practicing for a decade in family practice, I have been involved in pioneering the profession, mentoring, teaching and supporting other providers. I have also had the privilege to sit at multiple “physician” tables. This unique perspective has given me pause as I have watched new grads struggle, experienced providers burnout and physician organizations prioritize preventing burnout in their members. Burn out and provider wellness is an important issue and must be addressed. Some of our best clinicians are leaving practice and those who are left are struggling more and more. According to the Association of Registered Nurses (RNs) of British Columbia (ARNBC) (2017), “the new graduate nurses who are replacing those who are retiring are also leaving the profession at an alarmingly high rate” (ARNBC Nursing Practice Council, p. 4). Physician statistics are even more alarming: the Canadian Medical Association found that one in three medical doctors experience signs of depression and in the USA 40/100,000 physicians die by suicide. This is double the rate of the general population. As a relatively young profession, stats are not yet available for Nurse Practitioners (NPs), but NPs experience many of the same stressors as RNs and MDs. In search of an answer for this complex situation, I found coaching. Coaching is an innovative tool that has been embraced by the corporate world and senior executives in health care to promote professional and personal well being and achievement. I have implemented this tool with profoundly good results, which are supported by early research that is being done with physicians, “preliminary data has suggested . . . (coaching) can result in measurable improvements in job satisfaction, engagement and compassion” (Adelman & Liebschutz, 2017, para. 8). Coaching can be used to help providers go beyond barely surviving, to thriving.

Depression Screening in Rural Primary Care

Dr. Kelly Laham¹

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Background

Approximately 16.2 million Americans and 4.2 million Canadians are diagnosed each year with depression. Primary care providers are most commonly diagnosing depression. Depression screening guidelines from the United States Preventive Services Task Force and the American Academy of Family Physicians are recommended for all adults in primary care. The Canadian Task Force on Preventative Healthcare does not recommend routine screening, but recommends screening for adults at risk or exhibiting symptoms of depression. Both the literature and an informal needs assessment confirmed a low rate of depression screening in rural primary care.

Purpose

The purpose of this project was to improve depression screening rates in rural primary care by equipping healthcare providers with tools to diagnose depression in the primary care setting.

Approach

A quality improvement project was conducted in three federally-qualified health centers in rural North Carolina by implementing a depression screening protocol. Pre-implementation data for depression screening in the clinics revealed a screening rate of 0-1.4% in this organization over the previous three years. Following the implementation of a three-month quality improvement project, depression screening rates improved to an overall rate of 14%, with one clinic reaching a 60% screening rate.

Conclusion

Equipping providers and staff with the necessary tools and workflow process allowed for improvement in overall screening rates, leading to treatment for depression in the rural primary care setting. Collaboration with behavioral health professionals to implement a low-cost depression screening protocol improved screening rates to help meet Healthy People 2020 and Triple Aim goals.

Significance

A depression screening protocol with treatment options for specific rural areas can be similarly implemented in other regions of the United States and Canada. Successful treatment of depression and prevention of suicide can be remarkably impactful in improving health outcomes for rural health patients in both the United States and Canada.

An Examination of a Nurse Practitioner Students' Global Exchange and Diagnostic Reasoning Skills

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Aim: To facilitate a global exchange for year 1 Nurse Practitioner (NP) students from the United Kingdom and the United States of America to compare educational and clinical experience and to examine diagnostic reasoning skills of the two cohorts.

Background: Nurse Practitioners continue to play a pivotal role in health care provision globally. There are few opportunities for student NPs to work and study with international counterparts.

Introduction: Global exchanges offer nurse practitioner students the opportunity to experience an alternative cultural context; these experiences increase nurse practitioners' understanding of NP education and clinical practice in another country, expanding their understanding of global perspectives.

Methods: The study utilised a descriptive and thematic analysis with quantitative and qualitative sections of 23 survey respondents from an online survey.

Results: UK and US NP students positively evaluated the global exchange. They were able to reflect on the similarities and differences between their training and clinical practice. Analysis of the diagnostic reasoning skills showed there was a significant statistical difference of the structural memory scores and the flexibility scores when compared to the beginning of their clinical rotations and their final term.

Discussion: It was evident from the qualitative comments that this global exchange was an extremely positive experience for participants. It enabled students to gain a greater perspective of global issues and recognize the benefits of their NP training and opportunities for their roles in clinical practice.

Conclusion and Implications for Health Policy: It is well recognized that NPs continue to transform healthcare provision in the UK and USA. Offering a global exchange provides an opportunity to work with peers in another country and compare the role, curriculum and clinical skills. Adding a research component to a global exchange adds data about student NP diagnostic reasoning skills, which is currently missing globally.

Using Community Health Needs Assessment to Develop Family Nurse Practitioner Student Clinical Practice Sites

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Background: In the United States, family nurse practitioner student clinical practice site availability is limited. Innovations in clinical sites are needed to ensure competency-based education of these students. This includes vulnerable populations that exist in mass in all communities globally and are underutilized in the practical education of family nurse practitioner students. Assessing the health needs of communities can provide both effective clinical sites for family nurse practitioners students and impactful care for vulnerable populations.

Purpose: In an effort to acquire clinical practice sites for family nurse practitioner students in an urban setting within the United States, community health needs assessments were completed to determine how family nurse practitioner students may impact the health needs within their geographical area.

Methods: Reviewing local health information provided by various health agencies within the United States, health disparities were discerned and associated with social determinants of health inequalities. Networking and general needs assessments were completed to determine how family nurse practitioner students could effectively impact the health of the identified vulnerable populations.

Conclusion: Two current community partnerships have been developed where family nurse practitioner students are providing health promotion and transitional care to the homeless. Other clinical partnerships are in the developmental stages and appear promising to provide further clinical practice sites for family nurse practitioner students.

Significance: Clinical practice sites for family nurse practitioners in the United States are becoming more challenging to acquire. Assessing community health needs has allowed for addressing the need for quality, competency-based education for these students, but also the health needs of the most vulnerable in our community. Academic partnerships and community engagement is being fostered, but most importantly, the homeless are receiving transitional health care and becoming connected with primary health care providers.

How currently utilized APN conceptual frameworks align with the International Council of Nursing defined characteristics

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Background

In 2002, the International Council of Nurses (ICN) developed a definition and characteristics of the Advanced Practice Nurse (APN) role. As APN roles are implemented to address global health needs, consistency of definitions and conceptual frameworks will be required to assess the contributions of these providers.

Design

This paper examines currently utilized APN conceptual frameworks to determine alignment with the ICN characteristics.

Methods

Pubmed, CINAHL and ProQuest central databases were searched using the terms characterizing advanced practice nurse AND conceptual framework. To determine current utilization, frameworks cited more than 15 times during the last five years were reviewed for alignment with the ICN APN definition/characteristics

Results

Nine APN conceptual frameworks, all developed in high income countries, were reviewed in detail. These frameworks captured some but not all of the characteristics of Education, Regulation and Practice described by the ICN. Some had a specific focus on nursing practice, support or regulatory structures, which affected the APN role.

Conclusions

This review has demonstrated a focused methodology for identifying conceptual frameworks and their possible alignment with the ICN APN characteristics. The identified conceptual frameworks, all were developed in high-income countries. None demonstrated full alignment with the ICN characteristics. Further research into understanding and evaluating APN roles in lower income countries would benefit future workforce development. Implementing and evaluating conceptual frameworks and international characteristics of nursing beyond high income countries is an outstanding area of need

Significance

This paper examines APN conceptual frameworks in the context of the ICN definition. In the context of calls for health workforce initiatives in developing countries, this review provides an organizing framework to guide design and implementation of APN focused interventions.

Perceived causes and effects of gender-based violence among senior secondary school girls in Zaria

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This study sought to investigate causes and perceived effects of gender-based violence among senior secondary school girls in Zaria, Kaduna state. Descriptive survey research design was used and the target population for the study was 2,254 comprising of senior secondary school girls from Government Secondary Schools. The study employed Taro Yamane formula for calculating sample size, coming up with sample size of 115 respondents. It adopted the use of questionnaires for primary data collection. The data collected was cleaned, coded in which 96 valid questionnaires were analyzed using SPSS version 20. Finally, the study revealed that majority of the girls know about the existence, and they are mostly abused by their relatives, in which among the causes are illiteracy, husband is the decision maker of the family, Cultural belief doesn't allow women to work and earn, the community doesn't value women who work and earn, Gender inequality, women are perceived as subordinate in the society. For perceived effects of GBV it shows that GBV such as rape cause sexually transmitted infections (STI) and depression which may lead to suicide, and women who experienced GBV are socially isolated. For the relationship between ethnicity and GBV, Chi-square test was done which gave the value of 0.881, showing that there is no relationship between ethnicity and gender-based violence. It is recommended that family level should be the basic stage in tackling GBV, also programs that use simple affordable technology and reach a large proportion of the community should be used such as public education through posters and handbills, and it should also be part of civic education in the secondary school syllabus. In management of victim of GBV it should also include the family, health personnel, teachers, guidance and counseling among others. Further research should be taken.

Creating Nurse Leaders in Long Term Care

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Background

An exciting untapped resource for learning awaits our nursing students in long term care homes (LTCH). This project involves a quality improvement process and innovation in teaching project for our fourth-year nursing students in the degree program at York University, in Toronto, Ontario.

Purpose

There are many reasons for the creation of this project, as our placements in acute care are in short supply yet the requests from administrators are tremendous for student placements in the long-term care sector! Administrators of LTCH are also having great difficulty filling vacant RN positions therefore this innovation could provide advanced learning for the new nurse.

Approach

What was created is a new approach to teaching our fourth-year students in their final practicum, should they wish to specialize in gerontology. The nursing student would then have as their preceptor the Director of Care of the entire organization. A suggested process would be outlined from the faculty member with modifications to the plan based upon the structure of the organization and the nursing student's previous knowledge and experiences. The nursing student would start off learning the RPN role, then move to RN manager role and associate director roles understanding the many legislated programs in LTC such as falls prevention program, promoting continence, skin and wound care and alternatives to restraints. They would understand how the data collection tool called the resident assessment instrument (RAI MDS 2.0 model) functions. The nursing student could also work with nurse educators, various practice leads, outreach nurses, nurse practitioners, medical doctors and allied health professionals.

Conclusion

As professors we must change the image of geriatrics and facilitate learning in this domain.

Significance-Impact

Society is aging and we must prepare for this geriatric tsunami by encouraging more nurses to enter geriatrics.

Who will educate future APNs?

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Background: Shortage of nursing faculty has been a global concern the last 10 years, and the faculty in charge is getting older. There is reason to believe we have the same problems in Norway. Education of APN nurses on a graduate level demands more faculty with a PhD or equivalent qualifications. We need more knowledge about how PhD-students can be recruited as academically qualified faculty to resolve the growing shortage and educate APNs with master-competency.

Purpose: This project will first describe how many nurses are PhD-students in Norway, and secondly the project will describe Norwegian nursing faculty's academic qualifications.

Methods: On behalf of Norwegian Nurses Organisation (NNO), Nordic Institute for Studies of innovation, research and education (NIFU) organised the collection of data, made the analysis and published the results. NIFU has a register with data on all R&D activity at Norwegian higher education including information about faculty (gender, age, workplace, research-time, academic position). Nurses being PhD-students were identified through a combination of NIFU's R&D register and NNO's membership register. A survey was sent to 147 PhD-students to collect data about their PhD-projects and plans for the future. Another survey was sent to all 19 Heads of Nursing departments to collect data about their recruitment strategies.

Conclusion: 60% of current nursing faculty (N=846) with a PhD or equivalent qualifications are 55 years or older. Half of this population is expected to retire in the next 12 years. Only 30% of the PhD-students had plans for a career as an academic faculty member. We have reason to be worried about the education of nurses at all levels in near future.

Significance: ICN recommend more APNs to meet changing global population needs and consumer expectations. Stakeholders must be obliged to develop and finance nursing research to secure recruitment of academic qualified faculty.

The experiences of lesbian birth mothers seeking maternity care: A narrative inquiry

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Background

Pregnancy and childbirth are storied as times of self and family development, forming the foundation for a mother's identity. With more lesbians becoming mothers means nurses, midwives, and physicians interact with lesbian birth mothers throughout their most intimate and significant motherhood moments. For lesbian birth mothers, motherhood is juxtaposed against the dominant stories of motherhood organized around heterosexual reproduction. Intersecting stories of invisibility, heterosexism, and a historically hostile medical system can influence lesbian birth mothers' experiences of healthcare.

Purpose

Lesbian birth mothers' stories offer insights on how healthcare practitioners can plan and provide perinatal services while effectively and compassionately providing maternity care. Narrative inquiries make imagining otherwise possible, including pushing the limitations of conventional care for mothers and parenting identity extending beyond the current structures (Caine, Estefan, & Clandinin, 2013). Therefore, it is necessary to explore the ways lesbians birth mothers compose their narratives as they navigated perinatal healthcare.

Methods or Approach

Three birth mothers from Calgary, Alberta were recruited through multiple maternity care clinics. Interviews occurred 2-3 times over a 12-month period, happening in everyday places of the moms' lives. Guided by Clandinin (2013), data collected, and interim texts—participants' narrative accounts—were co-created by the participant and researcher. Interim research texts may include found poetry and journal entries. Final research texts are written once the researcher and participant are satisfied with the interim research texts.

Conclusion

This research will offer examples of how lesbian birth mothers experience maternity care; thereby extending the understanding of motherhood beyond current structures.

Significance

Without this nursing research, the marginalized voices of lesbian birth mothers may never be fully and authentically represented in nursing curricula, policy development, advocacy plans, or research agendas. Nursing research with lesbian birth mothers deepens the understanding of the influences of oppression, invisible stigma, and heterosexual privilege

Nursing a Tuberculosis Immune Reconstitution Inflammatory Syndrome (TB IRIS) Patient: A Case Study

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Background

The immune reconstitution inflammatory syndrome (IRIS) is globally known to complicate antiretroviral therapy (ART). IRIS is mostly caused by the rapid restoration of pathogen-specific immune responses to opportunistic infections, leading to either the deterioration of a treated infection or the new presentation of a previously subclinical infection. ART has increased rapidly in resource-limited settings, with majority of these individuals living in sub-Saharan Africa.

Purpose

A case study of TB IRIS in Accident and Emergency (A & E) Unit, Princess Marina Hospital (PMH), is presented. A 32-year-old male patient, M.D., a referral case from a local clinic was admitted with the complaint of progressively worsening exertional shortness of breath for the last 4 days following initiation into HAART. The patient in this case presentation was diagnosed of TB IRIS, Community acquired pneumonia and PCP.

Methods or Approach

Subjective data and objective data were collected from the patient. Immediate management was administered and investigations of the disease condition carried out. The patient was diagnosed (nursing diagnosis) and interventions administered. Evaluation of the interventions and goals was then carried out.

Key Learning or Result

Full blood count results include: WCC 11.024, HB 14.1, Platelets 510.93, Sodium 125, Potassium 3.32, Urea 2.9, and total protein 91. Arterial Blood Gas (ABG) values include: Acid/base: PH 7.357, PCO₂ 38.2 mmHg, PO₂ 41.0 mmHg, BE -4.0 mmol/l, tCO₂ 22.1 mmol/l, HCO₃ 21.0 mmol/l, stHCO₃ 21.0 mmol/l. Results of laboratory investigations indicated that TB, and PCP were negative.

Conclusion

The patient in this case presentation was diagnosed of TB IRIS, Community acquired pneumonia and PCP. The daily round sessions from the multidisciplinary team yielded thorough, careful planning of interventions and goals, enabling healing and positive outcomes.

Significance (Impact/Reach)

Checking patients for TB before initiation into HAART will help reduce the incidence of TB IRIS.

Subversive Power: Professional Identity and the Strategic Negotiation of Advanced Practice Nursing

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Background

Advanced practice nursing is an increasingly important resource in healthcare delivery internationally. However, cultural barriers have been identified which inhibit advanced practice and limit effectiveness and reach. Literature suggests such issues may resolve over time. However, empirically little is known about longer term experiences of advanced nurse practitioners (ANPs) and how they work to mitigate cultural barriers to advanced practice.

Purpose

- To report PhD study findings exploring experiences of established ANPs in negotiating and integrating advanced practice within an inter-professional environment.
- Identify how ANPs can extend impact on healthcare delivery

Methods

- Qualitative ethnographic study of two UK primary care sites (2015-2016)
- Participants: ANPs and primary healthcare teams
- Theoretical framework of professional identity underpinned by Social Identity Theory and Positioning Theory
- Data analysed using Framework Analysis

Results

Even when well established, advanced nursing practice was contextualised within a traditional nursing identity and healthcare hierarchy, making it difficult for ANPs to break from fixed notions of nursing. To counter this, experienced ANPs utilised their knowledge of professional identity and hierarchy to develop their own form of subversive power which enabled them to forge and sustain advanced practice. Specifically, they used individualism, performed professional dirty work and reworked the doctor-nurse game to strategically carve a position for advanced nursing within an inter-professional environment.

However, while ANPs successfully negotiated advanced practice at an individual level, they were less successful as a professional group. This reduced strategic influence and leadership and inhibited ANP practice.

Conclusion

To professionally flourish, strategic focus on advanced nursing as a cohesive group, with its own distinct professional identity, is required.

Significance

For advanced nursing to broaden its impact and extend its reach as a key healthcare resource, it is imperative to strategically forge a strong, coherent professional identity at a group level.

PhD DNP and BSN Collaboration: An Innovative Approach to Advancing Nursing Research and Practice

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Background: Empowering nursing students is critical in advancing nursing education. One way to facilitate this empowerment is collaboration between PhD, DNP and BSN students. A team of PhD, DNP and BSN honors students was formed to deliver a brief Problem-Solving Therapy (PST) psychosocial intervention to stroke survivors and their caregivers for improving clinical outcomes of depression, health related quality of life, caregiver burden and functionality.

Purpose: This paper presents an innovative approach through an educational partnership between a PhD student, two DNP Clinical Nurse Specialists (CNS) students, and two BSN honors nursing students. Challenges and rewards will be described.

Methods: The team's work began with a survey of public knowledge of stroke signs/symptoms and risk factors at Driven to Discover state fair (n=270). BSN student helped implement the survey and analyze data which revealed that the majority of participants knew less than half of the warning signs of stroke, regardless of stroke history. This identified a need for health education, which the DNP students addressed by developing a comprehensive stroke book, utilizing current stroke literature to provide a holistic education program to address that knowledge gap. The PhD student designed a two-arm feasibility study in collaboration with the other team members. This project was carried out in collaboration with clinical stake holders.

Key Learnings: The team came together through communication and problem-solving. The students learned about teamwork and effective collaboration. They became knowledgeable and appreciative of each other's roles.

Conclusion: This was a rich and in-depth experience for all team members. The project will contribute to both research and clinical practice in distinct ways.

Significance: The knowledge and skills gained during this experience can be applied to future educational models. PhD/DNP partnership is beneficial to patients and health care systems, translating research into practice and optimizing care.

Bigger Impact Through Research: How Advanced Practice Nursing Roles Build and Support Research Culture

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Background. Participating in and leading research are essential components of the role of Advanced Practice Nurses (APNs), and APN involvement in research helps build a culture of research and evidence-based practice (EBP). While point-of-care nurses continue to report barriers to engagement with research and EBP, implementation of APN positions in health care settings has been helpful in overcoming these impediments.

Purpose. We developed a research training program that includes APNs as mentors and workshop leaders. While APNs' skill sets and self-confidence related to research is widely varied, our work demonstrates that including research-experienced APNs in supportive programs can result in a shift in workplace culture to one in which nurses embrace research utilization, nurses' research knowledge and ability increase, and a growing number of nurses are inspired to lead or participate in their own research projects.

Methods. Using surveys and interviews, we measured the program's impact on participants' knowledge and attitudes regarding research, their clinical practice, their understanding of EBP, and their interest in advanced education and future research involvement.

Conclusion. More than 600 staff have participated in the program, including almost 400 nurses. Survey results reveal a statistically significant increase in participants' research methods knowledge and practice, while qualitative findings show an increase in EBP and a shift in workplace culture to one that is more receptive to EBP and a significant number of point-of-care nurses lead their own research. Participants reported examples of sustained practice changes and heightened interest in both graduate education and future research engagement.

Significance. APNs can provide key support and mentorship in research programs, helping create a critical mass of expertise that results in a shift in workplace culture to one in which nurses at all levels embrace research utilization and a significant number of nurses lead and participate in research projects.

Can Training, Mentoring and Funding Encourage APNs to Participate in Research?

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Background. Engagement in research is key to the growth and development of the nursing profession, and fundamental to advanced practice nursing (APN) roles. APNs' competencies and expertise in leading research projects hinges on multiple variables, including academic preparation and exposure to rigorous research mentorship, as well as capacity to lead research in their current role. At our organization, some APNs lead research projects and mentor other nurses in research, while others are relatively new to research.

Purpose. To support those APNs who are inexperienced researchers, we developed a program that offers research training, mentorship and funding to clinicians who are novice researchers. In the nine years the program has run, close to 400 nurses have participated, including numerous APNs.

Methods. To determine the effectiveness of the research training program, we utilized surveys to measure the impact of the program on participants' knowledge and attitudes regarding research, and interviews of participants, mentors and managers, using open-ended questions, to explore their overall experience with the program. Reports prepared by teams at the conclusion of their projects offered additional data.

Conclusion. Evaluation of the program revealed a significant increase in participants' research methods knowledge and practice. Interviews and reports showed that research projects led by APNs have contributed to improved patient outcomes for youth who attended trauma-informed yoga classes, development of clinical pathways to support cardiac innovation, validation of a depression screening tool for cardiac patients, and increased self-care of patients undergoing hemodialysis. These projects have led to multiple conference presentations, healthcare awards, and publications.

Significance. The profession of nursing is strengthened by research endeavours. APNs are key contributors to research, but sometimes need support to engage. Our evaluation shows that supportive programs can increase research knowledge, while encouraging APN participation in research, with outcomes that benefit patients.

Master of Science in Nursing (MScN) the innovative way to prepare APN in Southern Switzerland

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Background

The evolution of health systems and how users are taken care of, show a progressive increase in the complexity of the conditions for the exercise of the nursing role. A very topical issue at a national and international level is the redistribution of tasks among health professionals and the consequent development of new roles. In Southern Switzerland, the Government approved the creation of an MScN only in 2015. The educational design for the first edition (from September 2018) followed innovative directions

Purpose

To create an innovative education program that can respond to the specific needs of the territory and in line with international recommendations for APN education

Methods

We defined a programme which: promotes interprofessional collaboration; fosters the transfer of scientific knowledge into practice; enhances the process by which students share their experiences.

The three important pillars underlying the orientation of the MScN are represented by: Fundamental Care, Self Care and Interprofessionality. They represent an important guideline for theoretical contributions and practical activities e.g.: clinical assessment, clinical leadership and clinical reasoning.

Results

At the end of the Master's programme, our students will be able to: apply the principles of interprofessional collaboration; use the research results to find innovative solutions to complex problems, including the challenges associated with the sustainability of the healthcare system; participate in research projects; adopt project management methods to improve care in terms of quality, safety and to raise the levels of patient and staff satisfaction; apply transformational leadership for empowering patients and colleagues.

Conclusion

During the first edition of the MScN, there were many moments when students and experts of the territory were asked for an evaluation. Overall, the evaluation is more than positive.

Significance

The MScN has allowed to create and insert a new professional role in the Southern Switzerland context of care: APN

A Global Team Approach to Strengthen the Reach and Impact of Advanced Practice Nurses

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Background: Given the complexities of healthcare today, nursing leaders are needed with advanced competencies to promote person-centered care and healthcare delivery systems. Advanced practice nursing education is evolving from the master's to doctoral level. The Doctor of Nursing Practice degree has prepared nurses to have profound impact on sustained outcomes involving patients, systems, populations and policy. Through interprofessional collaboration, the practice-focused doctorate in nursing addresses the gap between the current state of practice and the desired state of practice, which ultimately leads to transformed healthcare systems; timely translation of evidence into practice; and improved healthcare costs, quality and satisfaction of care.

Purpose: The purpose of this presentation is to describe a global team's efforts to engage international partners in identification of specific geographic healthcare needs, with the potential for development of practice-focused doctorate nursing leaders. These nurse leaders have proven outcomes that strengthen the reach and impact of advanced practice nurses.

Approach: An innovative project approach was used with U.S., Irish and Saudi Arabian nursing faculty scholars to address advanced practice nursing that included assessment of current national trends in policy, education and practice, and proceeded to development of competency recommendations for stakeholders while respecting cultural diversity. Additionally, opportunities for virtual classroom sharing were facilitated between international graduate nursing students.

Conclusion: The presentation will describe the team's efforts to foster global networking, collaboration and sharing of expertise with international partnerships from the perspective of three countries that span 3 continents.

Significance/Impact: The movement of advanced practice nursing education from masters to doctoral level education has great potential to strengthen and impact the nursing profession globally while improving healthcare outcomes.

Improving Health Outcomes of Aging Sexual and Gender Minority Populations

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Background: The world population is aging and consequently so are sexual and gender minority (SGM) people. SGM people may identify as lesbian, gay, bisexual, transgender, queer, non-binary or questioning. Of the 662 million individuals over 65 worldwide, 4.5 % or 30 million identify as a sexual or gender minority (World Health Organization, 2018). Income inequality, discrimination, and impaired quality of life reduce the life expectancy within the aging LGBT population (IOM 2011). These health disparities produce multiple barriers to health care that diminish successful aging.

Purpose: The purpose of this presentation is to provide participants and APN faculty with the tools needed to provide comprehensive, culturally sensitive, and cost-effective primary care to this population.

Methods of Approach: The presenters will define terms associated with SGM older adults, discuss evidence-based interventions and assessments, provide APN faculty with tools to implement best practices in primary care, and discuss interventions to remove barriers to care to promote healthy aging.

Conclusion: The provision of non-judgmental, longitudinal primary care for the unique needs of this population is critical for APN curriculum and training. The need to refine clinic processes and modify clinical settings will significantly impact health outcomes of aging SGM individuals and families.

Significant Impact and Reach: The aging SGM world population is increasing. This population experiences health disparities that negatively impact health outcomes. APNs and APN educators are uniquely positioned to positively impact the quality of care this population receives and improve overall health

Family Nurse Practitioner (FNP) Integration into the Israeli Health Care System

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Background: In 2019, FNP graduates began working in Israeli community clinics. Pioneers in their field, graduates began to work in collaborative practices with physician partners. Israeli integration of FNPs is part of a ground-breaking maneuver to increase access to primary care in both Jewish and Arab sectors. Limited knowledge of FNP practice among stakeholders challenges the process. Undefined laws and lack of government oversight stall progress and hinder integration.

Purpose: To understand the experience of new MSN-FNP graduates integrating into a new role in the Israeli healthcare system.

Methods: A qualitative critical ethnographic approach focused on the graduates' experiences of collaborative practice through individual interviews and focus groups. Open-ended questions were used. Purposive sampling of ten out of 19 possible graduates was completed via individual interviews and two focus groups. Eligibility criteria included: graduation from Simmons University's MSN-FNP program and current employment as an FNP for at least three months.

Results: Six transcribed interviews were analyzed until thematic saturation was reached. Four main themes were found: Support and Guidance, Role Negotiation, Logistics, and Interdisciplinary iterative processes. Strategies for fostering collaborative practice and FNP implementation were explored.

Conclusion: The process of integration requires strong organizational support for new graduates. Within the group, a leadership team emerged with guidance from the academic institution. Acceptance by stakeholders including nursing colleagues, doctors, and administrators was noted. The resulting interprofessional iterative process increased students' self-confidence, self-expression, and provided a clearer understanding of the new role among all stakeholders.

Significance: This study is the conclusion of a three-phase study to understand the experiences of Israeli physician preceptors, US faculty, and FNP graduates participating in a hybrid international interprofessional program. By demonstrating the feasibility of integration of FNPs in Israel, we aim to inform other countries considering NP role development by sharing our experiences, strength, and hope.

Elder Abuse: Focus on Financial Exploitation

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Background

Elder abuse is recognized internationally as a prevalent and critical public health issue and merits the attention of advanced practice nurses as well as policy makers and the general public. Financial abuse is one of five forms of elder abuse. The others are physical abuse, emotional abuse, sexual abuse, and neglect. It is not uncommon for more than one type of abuse to occur simultaneously. Elder financial exploitation is a significant problem now and is expected to worsen with the aging of the population. Financial exploitation is the illegal or improper use of an older adult's funds, property, or assets. Elders are particularly vulnerable to financial exploitation due to the aging process which can bring about cognitive and physical changes. Advanced Practice Nurses worldwide are positioned to make a substantial impact to reduce financial exploitation in 2020 and beyond.

Purpose

The purpose is to prepare advanced practice nurses to identify risk factors associated with financial exploitation and to use strategies and resources to reduce elder harm.

Approach

Case studies and discussion will be used to meet the presentation objectives.

Key Learning

The participants will be able to identify screening tools and clinical strategies useful to assess cognitive function, identify red flags for financial exploitation risk, and identify resources for reporting, referring, and collaborating with multidisciplinary agencies.

Conclusion

Advanced practice nurses are essential in addressing potential elder abuse, particularly in recognizing older adults who are vulnerable to abuse including financial exploitation. With this presentation, advanced practice nurses will have an increased awareness of financial exploitation of the elderly.

Significance

As the incidence of elder abuse increases worldwide, Advance Practice Nurses have multiple opportunities to prevent, identify, report and address financial exploitation which is an important aspect of envisioning advanced practice nursing for the future.

Nursing Potential - Optimizing Nursing and Primary Healthcare in Nova Scotia

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Background

Access to primary healthcare is a leading concern in Nova Scotia, with weekly news stories on the loss of physicians, the difficulty recruiting to rural areas, and the growth in the provider waitlist. Public discussion has centred on the role of physicians, with limited discussion on how to effectively optimize NPs and other nurses in primary healthcare roles.

Purpose

The Nova Scotia Nurses' Union decided to investigate the role of nurses in our current primary healthcare system and consider future developments that could help maximize their potential.

Methods or Approach

We undertook an environmental scan of primary healthcare and the role of nursing in it, both from the perspective of academic and grey literature. We conducted 14 key informant interviews with stakeholders in the province, including senior executive health care employers, government officials, academics, regulators, and union members. We conducted focus groups and surveys (N=586) with four sets of nurses, each representing an important touch point between nursing and primary healthcare provision: nurse practitioners (all settings), nurses working in primary healthcare, home care nurses and emergency department nurses.

Key Learnings or Results

The evidence collected makes the case that nurses are able to play a larger role in primary healthcare, to the benefit of patients and the health system. Participants identified gaps and potential solutions.

Conclusion

The results have led to a series of recommendations, including enhancing the role of NPs and RNs in emergency departments, employing NPs to oversee orphaned home care clients, opening nurse-led clinics, and improving system integration and the use of technology.

Significance

The impact of this study will be determined as we work with government, employers and other stakeholders on solutions. If implemented, nurse practitioners will experience significant growth in scope and number in Nova Scotia, providing improved health outcomes.

Client Complexity In Nurse Practitioner-Led Clinics

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Background

Nurse Practitioner-Led Clinics (NPLCs) are an innovative model of care in Ontario, Canada, where NPs are primary care providers in collaboration with a multi-disciplinary team. However, there is currently no systematic tool to track the complexity of NPLC clients. Research demonstrates that NPs in Canada predominantly provide care to vulnerable patients with complex bio-psychosocial issues. When NPLCs and NPs have clients with high levels of complexity under their care, there is an impact on their capacity to register new clients and their ability to efficiently and effectively achieve optimal patient outcomes.

Purpose

The aim of this research study is to measure and analyze the degree of client bio-psychosocial complexity in NPLCs and to better understand social determinants that may affect their clients' health.

Methods or Approach

The Patient Centered Assessment Method (PCAM) will be completed by an NP for every eligible client who has signed a consent form and attends an appointment at a participating NPLC during the collection period (November 2019-April 2020). The target is estimated to be 300 cases per NPLC. The PCAM is a reliable and valid tool that measures patient complexity across several domains, including medical, social, mental health and supports. Analysis for PCAM and across domains will provide the level of complexity for clients in NPLCs.

Conclusion

Identifying the level, and the most significant domains impacting complexity of clients at NPLCs has the potential to empower the providers to better care for their clients.

Significance (Impact and Reach)

Findings from this research may assist governments in defining NP workloads within NPLCs and help define the level of care coordination and team-based care planning their clients require. They may also assist in the determination of priorities in health care provider interventions for the patient population seen at the NPLC.

The Process to Include APN Role in Oncology at the Cancer National Plan in Chile

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Background:

Cancer is the second cause of death nationally. One of the main problems we face is the lack of access and health coverage for people with cancer due to the lack of oncology specialists mainly in public health system and remote regions. To address this problem, the Ministry of Health formulated the Cancer National Plan 2018-2028 in collaboration with key actors. As a team we present a proposal to incorporate APN in Oncology within the objective "Strengthening the Oncological Network: Human Resources".

Purpose:

To show the steps made by Chile in the design APN role in oncology for the Cancer National Plan following PEPPA Framework. To identify stakeholders and barriers for the future implementation of APN in Oncology at national level.

Methods or Approach:

Following the first five PEPPA framework's steps we organize a work team with faculties from three Nursing Schools and nurse specialist in oncology. We conduct a literature review, held meetings with stakeholders, identify priorities and agree APN role definition, curricula criteria and requirements for a master's program in Oncology. Finally, we define the scope of practice for APN Oncology nurse and the nurse specialist in oncology.

Key findings:

We found not big resistance about APN role from physicians and health authorities but a lack of engagement from other Nursing Schools and the Nurse Oncology Society. Also, we visualize financial barriers for education and economic recognition for professional development.

Conclusion:

PEPPA framework has been effective guiding the process to develop APN in oncology. It is relevant to get involved the Nurse Oncology Society and other universities through the country, especially in remote regions.

Significance:

We need to develop strategies to face the financial barriers. There is no doubt that APN will strength the human resources in Oncology and may contribute to reach universal health coverage.

Advanced Practice Nursing: Integrating Behavioral Health & Primary Care through The Collaborative Care Model

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Background: One in five adults in the United States experience depression and anxiety, yet equitable access to behavioral health treatment is limited due to a variety of factors including a shortage of behavioral health professionals. Primary care nurse practitioners (NPs) can improve access to behavioral health treatment using clinical guidelines for treatment and medication management with support from behavioral health professionals. The Collaborative Care (CC) model facilitates an innovative approach to improve patient outcomes for common mental health conditions in the primary care setting.

Purpose: The purpose of this presentation is to describe the role of NPs, who are Advanced Practice Registered Nurses, at a nurse-led primary care clinic in an underserved community in Chicago, Illinois, in the implementation of CC.

Methods or Approach: CC was implemented using a team approach and consists of NPs and a licensed clinical social worker collaborating to provide evidence-based psychosocial treatments and medication management. The team is supported by regular psychiatric case consultation by a psychiatric-mental health NP. An advanced practice population health nurse led the initiative and assured CC model fidelity.

Conclusion: One year post-implementation, screening tool scores for 166 patients demonstrated improvement over initial scores for depression (PHQ-9) and anxiety (GAD-7). Additionally, the primary care-certified NPs reported increased confidence in prescribing medications for depression and anxiety and in their overall ability to manage the comprehensive needs of the patient population.

Significance: CC supports primary care nurse practitioners in addressing both the behavioral health and primary care needs of patients. The clinic's integration of behavioral and primary health care exemplifies the holistic patient care approach by NPs in the primary care setting. CC improves patient access to mental health care and may be a solution to addressing the problem of insufficient access to behavioral health providers

Choose Your Own Clinical Adventure: Online Clinical Simulation Games About 2SLGBTQI Care

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Background: 2SLGBTQI individuals experience distinct healthcare barriers including discrimination, poor access to services and, crucially, lack of knowledgeable healthcare providers. Historically, nursing education has lacked 2SLGBTQI specific content, creating a barrier in providing competent, culturally humble APN care. Improving 2SLGBTQI clinical training will provide APNs with skills necessary for communication, conducting appropriate health assessments and creating a culturally safe environment for 2SLGBTQI individuals to access to inclusive, patient-centered care.

Purpose: To demonstrate how virtual simulation games (VSG) have been used as an educational intervention for APNs, improving care provided to 2SLGBTQI individuals.

Approach: Creation of an interactive VSG and online resource hub supporting sexual orientation and gender identity education for nurses and APNs by the presenters in collaboration with Canadian Alliance of Nurse Educators Using Simulation (CANSim) as part of Canadian Institutes of Health Research's Hacking the Knowledge Gap: Trainee Award for Innovative Thinking to Support LGBTQI2S Health and Wellness. Collaborative development involved teleconferences, resource curation, VSG design and peer revision, and filming of French and English VSGs. Online activities include pre-post testing and opportunity for reflective practice. Learning outcomes rubrics are used to support self-regulated learning.

Key Learning: Collaboration with CANSim allowed for the development of seven VSG. The VSG use live actors and choose-your-own adventure style testing to increase APN knowledge and comfort in providing safe and appropriate care to 2SLGBTQI individuals.

Conclusion: The development of relevant and authentic educational tools to support sexual orientation and gender identity education for APNs. The innovation of these VSG is a novel tool to increase APNs understanding of barriers to care experienced by 2SLGBTQI individuals and deliver tools to provide culturally humble care to this vulnerable population.

Significance: Providing innovative educational tools to enhance communication skills and provision of culturally humble and safe care by APNs to 2SLGBTQI individuals.

Shaping the Future of the Advanced Practice Nurse Profession - Doctor Nurse

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Over the last few decades, advanced practice nursing has continuously evolved and become an essential part of the complex health care system. It has been well documented that advanced practice nurses provide high-quality and cost-effective patient care. They are able to practice autonomously in their scope of practice and rely on their own knowledge to make decisions about patient care. In the intricacy of modern health care, technological advances, and highly specialized patient care, how can we shape the future of our profession in order to prepare for an advanced practice role with a greater scope of practice and complexity? Is the Doctor of Nursing Practice degree the logical evolution of the advanced practice nursing profession?

The purpose of this presentation is to demonstrate that the concept of a clinical nursing doctoral degree is the future of advanced practice nursing. The presentation will provide the rationale for the shift in the academic preparation and discuss challenges to the transition to clinical doctoral preparation for nurse practitioners (NPs). This topic fits the conference theme of envisioning advanced practice nursing beyond 2020.

I conducted the literature review on the topic and developed, implemented, and evaluated a survey related to the topic. I will include the results of the survey in the presentation.

Key Learning:

- Impact of the Doctor of Nursing Practice degree on the health care system, clinical practice, health care policy, academia, and other areas.
- Controversy associated with using the title of Doctor by advanced practice nurses.

Based on present-day assessment and evaluation current and future trends, the “Doctor-Nurse” title is in the future of advanced practice nurses.

Significance: Practicing and future NPs must be educated on the topic and recognize its implication in the future of advanced practice nursing.

Caring for Neurooncological Patients: Evaluation of a NP-Role After 2 Years

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Background:

Neurooncological diseases are known for their rapid progression. Patients experience to be dependent on information. It is known that information flows slowly and intermittent to patients/family and within the inter professional team; which can lead to delays in the treatment pathway. To improve this situation the Department of Neurosurgery at University Hospital Bern introduced a NP role in 2017 (based on the PEPPA framework).

Purpose:

Two years after the implementation of the NP-role the experiences gained and level of acceptance within the inter professional team were explored. Furthermore, the competencies of NP and MD were analyzed regarding process optimization.

Methods or Approach:

Using an interview guide 8 individual interviews and 1 focus group interview were conducted with members of the inter professional team to obtain information about their experiences. The analysis was carried out with the thematic analysis.

Additionally, 50 hours of work shadowing (NP, MD) were performed and the corresponding documentation was analyzed by content analysis.

Results:

Three main themes emerged in the interview analysis: "Implementation process of the NP role", "Impact by the NP" and "Potential of optimization". The interviews revealed different perceptions of the new role also reflecting different levels of acceptance of the NPs. The impact of the NP was perceived differently. Potential for optimization of the new role was pointed out. The activities of NP & MD showed various overlaps in responsibilities.

Conclusion:

The qualitative evaluation provided a deeper insight into the process of implementing a NP-role. It emerged that options for optimization must be discussed to maximize the impact of the NP and thus ensure best possible care.

Significance:

The study contributes opportunities to the improvement of patient-centered care as well as to process optimization.

Promoting physical activity-related health competences in people with intellectual disability. A participatory research project.

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Background

Physical inactivity is a global health problem. It is the main cause for many chronic diseases and an important risk factor for mortality. In people with intellectual disability (ID) chronic diseases occur more frequently and often earlier than in general population. Due to reduced cognitive ability, communicative and reading-writing skills, they are mostly unconsidered in concepts and have less access to programs promoting physical activity (PA). Target group concepts are rarely and existing interventions does not take the needs of users into account sufficiently. Regarding health promotion and prevention Primary Health Care Nurse Practitioner (PHCNP) in integration help are especially qualified to carry out PA intervention e.g., assessment of health conditions.

Purpose

Promoting a PA lifestyle by addressing physical activity-related health competence and self-efficacy by an own developed and tested target-group-oriented multi-modal intervention.

Methods and Approach

Scoping review; methodological triangulation: staff survey; participating observation; interviews with people with ID. Developing process orientated to participatory health research approach; expert board (four members, two with ID) and research working group (eight members, six with ID).

Conclusion

The Intervention shows good health outcomes due to a multi-modal approach and high acceptance, because knowledge and needs of users are included in the entire process (advices at every project step from expert board; developing survey instrument and intervention together with the research working group). Addressing health competences works well because the intervention is near to the life situation. Individual resources can be taken into account and health-promoting PA can be achieved through PA supporters formed out of PHCNP and people with ID.

Significance

Positive effects on the mobility of users through e.g., maintenance of muscles even by existing illnesses. Support a vulnerable group to their right of the highest attainable standard of health without discrimination on the basis of disability (see CRPD Article 25).

A first step towards advanced practice nursing for patient with hepatocellular carcinoma in France

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Background

In France, advanced practice nurse (APN) has been a new profession since 2019. Previously, nurse coordinators (NC) were implemented in several French units to manage care pathways, especially of patients with hepatocellular carcinoma (HCC). Their roles, not clearly defined, may be close to those of the APN.

Purpose

Describe NC's role and its impact on HCC patients' care pathways.

Methods

A questionnaire-based survey was collected online from 72 French units' physicians or NC between August and November 2018. It included a description of NC's roles over 2017. We performed descriptive statistics and a bivariate correlation test according to NC's presence or not and delay in taking care of patients, length of stay (LOS) and diagnostic disclosure.

Results

Forty-two units (58%) replied, declaring a cumulative activity in 2017 of 9079 patients with HCC, including 4331 new cases (representing 40% of French annual incident cases). Among them, 13 (31%), including 11 university hospitals, had 1 or 2 NC (10 and 3 units respectively). NC's main roles were: providing information to patients (100%), monitoring side effects (85%), psychological support, intra and extra-hospital coordination (77%), treatments and monitoring organisation (70%). NC participated in multidisciplinary tumour board in 24% of units. NC's presence was associated in bivariate analysis with the number of patients treated per unit ($p < 0.1$). There was no difference in terms of delay in taking care or LOS. Conversely, there was a correlation between NC's presence and a more comprehensive diagnosis disclosure according to the national cancer recommendations ($p < 0.05$).

Conclusion

NC's model of care could improve HCC patients' care pathways.

Significance

This pilot study is a first step to assess NC implication's impact on HCC patients' care pathways and to understand their relationship with APN's roles. A second study will analyse objective patients' case data and patients, NC, APN qualitative interviews.

Reflection and Cultural Humility: Attitudes of Nurse Practitioners Caring for Transgender Clients

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Background

Rates of suicide ideation and attempts among transgender people are highest when they have decided to transition but have not yet approached primary care providers for transition-related care. Transgender people experience significant barriers to primary care including stigma and lack of knowledgeable providers. Policy changes have changed primary care NPs' scope of practice regarding transgender health. Cultural humility is a practice framework that employs a relational, social justice perspective and has cultural safety for the client as an outcome.

Purpose

To examine the relationship between critical self-reflection and transgender health related attitudes, knowledge, resource, policy awareness among Ontario NPs who provide primary care.

To identify potential approaches to improve culturally safe primary care for transgender people.

Methods

The lead author's memoir piece framed the quantitative study to address his worldview, personal experiences, and resulting inherent biases. In 2016, we conducted an online survey of Ontario NPs in primary care focusing on critical self-reflection as a foundational variable to examine cultural humility. 160 NPs responded to the online survey, providing a 5% overall response rate of the approximately 2350 NPs in Ontario.

Key Learnings

Ontario NPs were highly self-reflexive and had moderately to highly positive attitudes towards transgender people but reported a lack of awareness of clinically relevant resources. Exploratory analysis of the confounding variables suggested that life experience influences one's reflexivity.

Conclusion

NPs in Ontario are well-equipped to provide culturally humble care to transgender people. Many lack awareness of relevant policy and educational supports. One approach to counter this is to increase transgender specific content in nursing and NP curricula.

Significance

These results highlight the challenge that exists for NPs working at the edge of their scope of practice and indicate the need for increased cultural humility and transgender health specific content in NP curricula, policy, research and practice.

Nurse Prescribing in Finland – How to Measure Outcomes?

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Background

Difficulties to provide efficient health care services in public sector has increased the number of nurse prescribers in Finland. Research knowledge of nurse prescribers' effectiveness in Finland remains scarce, especial in economic effectiveness.

Purpose

Objective of this study was to find out how and with what measures, it's possible to assess nurse prescribers' effectiveness. The purpose was to build a framework that supports management and can be used to evaluate nurse prescribers' productivity, efficiency and cost-effectiveness in primary health care outpatients' services.

Approach

Study uses qualitative approach and design science method. Framework has built based on qualitative interviews (N=61) and it's been tested with quantitative example register data (N=682477). Interviews have been analysed with content analysis and register data has been analysed with statistical methods. Qualitative and quantitative data has been collected from one Finnish health care district.

Results

Critical success factors of nurse prescribing are clear definition of the advanced role, high number of client visits and client groups that have guided to right specialist. Nurse prescribers' effectiveness can be measured with indicators that measure clarity of the role of nurse prescribers, customer groups, distribution of contact types, number and contents of prescriptions and performance-specific costs. These measurement indicators revealed differences between different research units.

Conclusion

Nurse prescribing is successful in units where the role of prescribers is clearly defined and differs from the role of other nurses, either entirely or in part. In these units, nurse prescribing is seen positive development, clients are guided to right specialist and client process is efficient, quality remains high and overall cost-effectiveness is achieved.

Significance

This study reveals importance of role clarity and advance role in nurse prescribing effectiveness and outcomes. In addition, study has provided highly needed research knowledge of nurse prescribers effectiveness in Finland.

Scaffolding for the Advanced Practice Nurse: Credentialing as a Framework for Lifelong Learning

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Background

Credentialing is a robust and evidence-based framework to ensure Advanced Practice Nurses (APNs) have mastered a body of knowledge and acquired skills; are competent to safely enter practice; are supported throughout their practice transitions; and are engaged in lifelong learning over their professional careers. From exam development to successful certification and from fellowship to continuing professional development, credentialing standards are the roadmap for success.

Purpose

The American Nurses Credentialing Center's (ANCC) framework for Advance Practice Nurses (APNs) guides APNs throughout the phases of their careers to achieve professional success.

Approach

ANCC's credentialing framework: initial board certification, fellowship standards, certification renewal requirements, and continuing professional development create the professional roadmap for APNs. During this panel presentation, senior leaders from ANCC will describe its credentialing framework including how board certification exams are developed; how eligibility, application, and certification processes are administered; how standards for APN fellowship programs are operationalized; and how continuing professional development standards and certification renewal requirements keep APNs engaged in a flexible model for lifelong learning that meets their individual needs. ANCC leaders will describe implications for APN practice, and time will be allocated for questions and participant discussion.

Conclusion

The ANCC credentialing framework for APNs has been implemented successfully in a variety of health care settings and across different specialty practice roles. Implementing this framework ensures APNs have demonstrated their competence in practice throughout their professional careers.

Significance

A robust evidence-based credentialing framework positively impacts APNs throughout their professional careers.

Development of a Nurse Practitioner Program for the Women's Unit in Provincial Corrections

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Background: Evidence demonstrates most women/trans/nonbinary people who experience criminalization in Canada have histories of sexual and physical trauma as children, poverty, poor health literacy, low educational attainment, substance use disorders, mental and physical illness. Women/trans/nonbinary people who are remanded or sentenced at the provincial level in Nova Scotia are co-located with larger men's populations and face administrative barriers to health care. Lack of consideration of gendered health needs and service requirements impairs quality of life.

Purpose: We describe the government-community-university collaborative process of implementing a clinical/research nurse practitioner (NP) program for women's health at a provincial jail.

Methods or Approach: The concept emerged from concerns raised by participants in regularly scheduled women's wellness workshops facilitated by a community-based non-profit organization at the provincial jail. Joint community, government (Health, Justice and Status of Women) and university discussions aimed to address the women's health concerns. As a group, we developed a research project to examine offering direct NP services and women's health knowledge development within the carceral context while facilitating relationship building and collaboration across sectors. The project is funded by Women and Gender Equality Canada.

Key Learnings or Results: We present our strategies for collaboration and the process of implementing the inter-sectoral project, including project management, determining working group roles, NP scope, human resources responsibilities, funding, and ethics.

Conclusion: Women are the fastest growing population in Canadian prisons. Health care in carceral contexts is a state responsibility and pragmatic collaboration is required to ensure equal access to services and the right to experience health.

Significance (Impact and Reach): This project aims to demonstrate the necessity of gender-sensitive health services to not only protect the human rights of women/trans/nonbinary people in corrections, but to improve health status and build health literacy and community connections and support for this population.

NPs leading the way: Safe and effective use of medical cannabis in the elderly.

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Background: Although scientific evidence is emerging, medical cannabis is becoming a promising therapy for the treatment of many health conditions and issues including pain, de-prescribing and palliative care, particularly in the elderly population. In Canada, cannabis consumption among those >65 years old has been accelerating at a much faster pace than it has among other age groups (StatsCan, 2019).

Purpose: To showcase how medical cannabis has been effectively used in an Ontario Long-Term Care (LTC) facility to treat elderly patients with a variety of medical conditions and symptoms.

Methods: In 2017, the Nurse Practitioner (NP) began treating elderly patients in a LTC facility with cannabis for conditions such as: PTSD, pain, anxiety and delusions. Cannabis was also used to taper anti-psychotic medications and for managing those in palliation. Although the NP led the way in facilitating the process of cannabis therapy in the LTC, it has been an interdisciplinary team approach.

Results: The LTC facility has achieved dramatic reduction in the use of anti-psychotic medications. Medical cannabis has shown alleviation of many symptoms such as: pain, dyspnea, agitation, fatigue, weakness, loss of appetite, nausea, vomiting, and twitching. Also, positive results were noted in several palliative care patients who received medical cannabis for pain and symptom management. As an adjunct therapy for managing PTSD, medical cannabis has been effective in reducing symptoms and for improving the patients' overall quality of life.

Conclusion: Although more empirical evidence is encouraged, the use of medical cannabis is emerging as a safe and effective therapy for the management of various health conditions and symptoms in the elderly.

Significance: This NP-led therapeutic intervention highlights the potential health benefits of medical cannabis and it is hoped that this will pave the way for more research studies and empirical evidence.

Advanced Practice Nursing in Primary Health Care in English National Health System

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Background: Nurses have worked at advanced practice nursing in the United Kingdom for a long time, since 1960s, with the assumption of a clinical approach, performing consultations, making diagnosis and therapy, and prescribing medication, in primary health care.

Purpose: To analyze the nurses' roles in primary care and their contributions to the quality of English primary health care service.

Approach: Integrative literature review in Pubmed database, followed by a case study in England, visiting six primary care units. The data were collected through interviews with eight key informants. The qualitative analysis of the data was thematic.

Results: We present them in two thematic categories, as follows: advanced practice nursing replacing physicians in English primary care; advantages and disadvantages of increasing the scope of nurses' performance in English primary care.

Conclusion: Among the strengthens of the advanced practice nursing, related to the patient, we may highlight: improving access in primary care; consultations with longer duration; comprehensive care approach; better professional/patient communication; and greater adherence to treatment. There are also positive aspects related to the profession: enlarging professional skills; increasing knowledge; improving clinical competence; and getting more autonomy to provide complex care. For the health system, indubitably, the costs reduction was the main advantage. As weakness, we may point: different professional status between advanced practice nurses and general ones; income range among nurses working in general activities and advanced practice nurses; resistance from some doctors to transfer care responsibilities to advanced practice nurses; and inexperienced nurses performing the role.

Significance: To learn from the analyses about the successful experience adopted in England. The enlarged adoption of advanced practice nursing in United Kingdom has changed the primary health care reality in a good way since its beginning, for all involved parts: patients, nurses and national health system.

Core competencies in advanced practice education in Finland

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Background

Finnish healthcare system recognizes two advanced nursing roles; nurse practitioner (NP) and clinical nurse specialist (CNS). However, there is no agreed national level description of core competencies for these advanced roles. Therefore, an initiative on preparing a national white paper on core competencies of the NP education was launched in 2017.

Purpose

To describe the core competencies of NP for advanced practice education in Finland.

Approach

National network of Universities of Applied Sciences educating NPs was formed. The competence descriptions were developed in joint multi-professional workshops using cross mapping on the competencies with six international NP core competence descriptions and the definition of APN roles by the Finnish Nurses Association. The draft was validated by representatives of the Ministry of Social Affairs and Health, professional associations, heads of the health care programs, and representatives of nursing practice. The final core competence description was approved by the national network in March 2019.

Results

Three of the core competencies are shared for all health professions: Research and service development, Professional leadership, Patient education and staff development. Clinical core competencies are specific to nurses and allied health professionals. The core competence specific for nurses with NP role is Clinical expertise and direct clinical care.

Conclusion

The core competencies will guide the development of advanced practice education in Finland from 2020.

Significance

The competency description is intended to guide the development of advanced practice education in Finland. However, it can be modified to different cultural context. The description will support the development not only the education but also better recognition of the APN competencies. It will also create a better understanding on the differences and the similarities of NP and CNS roles in Finland. For the employers in healthcare, the framework is a tool when creating posts for practitioners with advanced qualifications.

Development of a national ANP programme in Ireland: where education meets service need and regulation

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Background: In response to a request by the Health Service Executive (Ireland) for a ‘broad based education programme for advanced nursing practice’ in partnership with Associated Healthcare Providers, a consortium of four higher education institutes (HEIs) (UCC, NUIG, UCD and TCD) led by UCC School of Nursing and Midwifery successfully tendered to provide such a programme. The tender required the HEIs to adopt a common approach to the ANP programme curricula that needed to adhere to the revised requirements and standards for educational programmes and registration of Advanced Nurse Practitioners (ANPs) published by the Nursing and Midwifery Board of Ireland (NMBI) in 2017.

Purpose: To develop, approve and introduce a commonly agreed education programme to prepare ANPs in Ireland.

Approach: Programme leads from each of the HEIs, met to analyse current provision for similarity, difference and congruence with updated requirements and standards for programmes. A new agreed programme, developed in line with updated requirements and standards, was approved at each of the HEIs and the NMBI.

Key Learnings: Significant similarities existed between existing programmes but there were differences. A change in national regulation and service need provided the impetus for programme redesign and alignment among the HEIs leading to a homogenous approach to advanced practice nurse education in the Republic of Ireland. This project highlighted the need for education programme alignment with service and regulatory requirements.

Conclusion: There are four main providers of ANP education in the Republic of Ireland, all providing the same agreed national programme. The NMBI have approved this programme as the direct route to registration as an ANP in Ireland (an alternative pathway is also available).

Significance: The model of education for ANPs developed by the consortium HEIs in Ireland demonstrates a national coordinated approach to preparing ANPs in response to service need.

Using Logic Models and Output Activity Logs to Understand the Registered Advanced Nurse Practitioner Roles.

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Background:

Ireland is undergoing a rapid national expansion in the development of Registered Advanced Nurse Practitioner (RANP) roles. The Health Services Executive (HSE) is implementing a national programme to develop 700 new RANPs by 2021. The initial cohort of new RANPs, in the areas of unscheduled care, older person care, rheumatology and respiratory medicine, provide a unique opportunity to evaluate the RANP role across key stages of role development namely, introduction, implementation and long-term sustainability stages. The PEPPA Plus (Bryant-Lukosius et al. 2015) and role specific logic models provide a viable approach for a systematic evaluation of RANP roles, and the identification of inputs, activities, outputs and outcomes as they relate to the impact of RANPs. Part of a larger HSE funded evaluation, this presentation focuses on using logic models and output activity logs as a means of understanding RANP roles.

Purpose:

To identify and measure the output activities as they relate to RANP roles.

Approach:

To identify the output activities associated with unscheduled care, older person, rheumatology and respiratory, the research team collaborated with RANPs to design and develop a set of output activity logs for each of the four areas. These logs are being used to generate activity-based data with a sample of consenting RANPs who are recording their daily work activities over a four-week period (research completion date January 2020). Identifying what RANPs do is key to understanding their impact on patient care and health services.

Conclusion:

Identifying and measuring the output activities of RANPs is a pre-requisite to understanding the relationship between activities (what RANPs do in their role), outputs (direct outputs of RANP activity) and related outcomes (benefits to patients).

Significance:

Evaluation at the implementation stage is timely; the output activity logs provide important information that will inform future evaluations of RANP roles.

Barriers and Facilitators to Implementation of The Registered Advanced Nurse Practitioner Policy in Ireland.

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Background:

In 2017, the Department of Health (Ireland) launched a policy strategy to build Registered Advanced Nurse Practitioner (RANP) capacity as part of strengthening health systems in Ireland. Key features of the Policy on the Development of Graduate to Advanced Nursing and Midwifery Practice (DOH 2017) were to: a) increase the critical mass of RANPs by creating 700 new RANPs by 2021; b) accelerate the graduate-to-RANP pathway to a minimum of 2 years; and, c) target chronic disease management and urgent care services specifically, respiratory medicine, rheumatology, older person and unscheduled care. The Health Services Executive (HSE) who were charged with responsibility for policy implementation, funded this evaluation study to determine the impact of the policy, and identify the challenges and opportunities arising from this policy initiative.

Purpose:

As part of a larger evaluation study, to present an analysis of the barriers and facilitators to the implementation of the RANP policy in Ireland.

Approach:

Using the PEPPA Plus evaluation framework (Bryant-Lukosius et al. 2015), key stakeholders are being interviewed (completion date January 2020) to explore relationships between what the policy promised and what was actually implemented. Semi-structured interviews focus on eliciting first-hand experiences of the RANP role development e.g., recruitment process, organisational supports, supervision and mentoring arrangements. Participants will include RANP's, mentors, senior nursing administrators and managers to provide multiple perspectives and a comprehensive overview of policy implementation.

Conclusion:

Implementation of national policy initiatives is challenging and complex. Policy-makers, leaders and healthcare funders need to evaluate such initiatives, so that lessons learnt can inform and improve the future development and integration of RANPs within healthcare systems.

Significance:

Evaluation at the implementation phase is timely; findings will inform the future roll-out and long-term sustainability of this policy on building RANP capacity in the Irish health systems.

Returning patients after intervention by Japanese emergency nurse practitioners and physicians.

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Background

In 2008, nurse practitioners (NPs) began training in the graduate master's program and a total of 417 NPs have been produced from 9 graduate schools (certified by the Japanese Organization of Nurse Practitioner Faculties). However, NP interventions in hospital emergency departments have not been legalized, and the safety of interventions has not been fully identified.

Purpose

The aim of this study was to identify the health status of patients returning after intervention from Japanese emergency NPs and physicians, and to verify NP intervention safety.

Methods

A retrospective medical record survey was conducted, with patients who visited an emergency hospital in Tokyo on weekdays and returned within 72 hours between April 2016 and March 2018. We compared the number of returning patients after NPs' and physicians' interventions, and also compared gender, age, whether to have a return, time of return, return method, outcome, and reason for return.

Results

A total of 381 patients in the NP group and 329 patients in the physician group visited the emergency department and returned home. Of these, NP group 48 patients (12.6%) and physician group 31 patients (9.4%) revisited within 72 hours. There was no significant difference between 17 patients (4.4%) in the NP group and 15 patients (4.6%) in the physician group who were not scheduled to return ($p = 0.348$). There was no significant difference in other items.

Conclusion

There were no significant differences in survey items related to returning patients who underwent NP and physician interventions on the first visit. The results of this study suggest that the safety of NPs' intervention is equivalent to that of physicians.

Significance (Impact and Reach)

The study results on the safety of NPs' intervention in secondary emergency outpatients may be the basis for the introduction of NPs into Japanese medical institutions and legislation.

The Impact of a National Policy to Develop Advanced Nurse Practitioners to Meet Healthcare Needs

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Background:

The Department of Health in Ireland recently initiated a policy to increase the proportion of ANPs from 0.2% of the total nursing workforce to 2% by 2021. The policy aims to develop an adaptive and flexible ANP workforce and is currently being put into action with demonstrator sites now established for over 120 ANP posts across a range of health services.

Purpose:

The purpose of this symposium is to present the results of a programme of research that measured, from multiple perspectives, the impact of governmental policy in introducing a cohort of ANPs into the following practice areas: rheumatology, respiratory medicine, older persons and unscheduled care.

Methods:

Using the Participatory Evidence-Informed Patient-Centred Process for ANP Role Development (PEPPA+) (Bryant-Lukosius et al. 2016), a theory-based model that guides the evaluation of ANP roles, this symposium will discuss the outcomes related to the impact of a government policy. The symposium will discuss the approaches that the policy had on: a) patients b) teams, c) organisations and d) the health system. The outcomes of the policy will be presented under the PEPPA+ Framework: 1) Introduction – discusses development of programme logic models that guided the evaluation. These logic models identified the relationships between inputs and outcomes; 2) Implementation – discusses the results collected from ANP activity-based data and how this impacted on patient care. The symposium will also discuss patients' perspectives; that is, the patient experience of being cared for by an ANP and how this impacted on their ability to manage their illness; 3) Sustainability - the final section will discuss interviews that were undertaken with ANPs and key stakeholders. This involves understanding how the introduction of the policy was perceived in professional practice.

Significance:

This is a major evaluation of a governmental policy and how it impacts on patient care.

An Online Course to Promote Resiliency in Doctor of Nursing Practice Students

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Background: In the US, demand for doctorally-prepared nurse practitioners (NPs) is growing. Doctor of Nursing Practice (DNP) programs are increasing; however, the limited research indicates that DNP students often experience varied demands that can threaten successful program completion. Promoting DNP students' resiliency may improve their ability to cope with academic and professional challenges.

Purpose: Describe and improve students' resiliency during their first year of a DNP program.

Methods: Ninety-three incoming DNP students from a large, American university were surveyed on levels of compassion fatigue, presenteeism, resiliency, and adverse childhood events. Sixty-one of these students were then recruited to enroll in an online 12-month course that addressed five evidence-based resiliency skills. Intervention participants completed a mid-term feedback survey on the course, and all students (control and intervention group) were recruited for a follow-up survey administered at the end of the course to reassess the students' levels of resiliency, compassion fatigue, and presenteeism.

Results: Initial survey data found students were starting the program with a history of traumatic childhood events, demands of balancing work and school, and poor resiliency levels. Many had symptoms of negative professional quality of life that could inhibit their job satisfaction and quality of care as an NP. Significant differences across the two timepoints and between the intervention and control groups will be presented as well as qualitative descriptions of student experiences in the program.

Conclusion: DNP students have varying degrees of adverse childhood events, burnout, and resilience that may impact their ability to be successful. Our program provided students with opportunities to build resilience skills.

Significance: Findings from this study can be used to guide future revision of interventions to improve resilience of DNP students. Enhancing DNP students' resiliency and professional quality of life could promote their academic performance and quality of patient care as an NP.

Doctor of Nursing Practice: Reviewing the Past and Envisioning the Future

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Background: The concept of an advanced practice nursing (APN) doctorate has evolved over the last 20 years. In 2004, the American Association of Colleges of Nursing (AACN) recommended that advance nursing practice education move to the doctorate-level by the year 2015. This prompted a significant growth in Doctor of Nursing Practice (DNP) programs with currently more than 300 DNP programs and 187 post-baccalaureate DNP NP programs in the US. The National Organization of Nurse Practitioner Faculties (NONPF) released a position statement in 2018 to move all entry-level nurse practitioner (NP) education to the DNP degree by 2025. NONPF's commitment to a seamless transition to the DNP degree will have a "wider reach and bigger impact" to transform nursing education in the US and globally.

Purpose: To provide an overview of the evolution of the DNP as a terminal degree for APNs with an exploration of future trends in the US and globally.

Approach: Compare terminal nursing degrees, review a timeline for the evolution of the DNP degree, examine the trends influencing DNP education, and explore future development of doctoral prepared APNs globally.

Key Learnings: Learners will be able to discuss the evolution and future trends influencing the DNP degree in the US and globally.

Conclusion: Although challenges exist related to the DNP degree in the US, we have a strong forward momentum. The complexity of the healthcare system demands that we have highly qualified APNs to address the rapidly changing healthcare environment.

Significance: The US could be a model for a practice focused doctorate that could be adapted by the international nursing community.

One Health Initiative: Understanding the Connection Between Human Health, Animal Health and the Ecosystem

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Background: With the emergence of new infectious diseases like Ebola and Zika virus, the ongoing danger of antimicrobial resistance, and the growing evidence of the positive benefits of the human-animal interaction, it is essential that advanced practice nurses (APNs) integrate One Health concepts into clinical practice. The One Health Initiative represents the collaboration of multiple disciplines working at the local, national, and global levels with the shared goal of optimum health outcomes, recognizing that human health is connected to the health of animals, plants, and their shared environment.

Purpose: This presentation will describe the One Health Initiative and review One Health concepts to integrate into clinical practice.

Approach: The One Health Educational Framework provides the structure for this session. One Health case studies that focus on a variety of scenarios directed at microbiological influences on health and disease, environmental health, and the human-animal interaction will be introduced.

Key Learnings: At the end of the presentation, learners will be able to discuss the One Health concepts, describe the application of these concepts to clinical practice, and identify the benefits of understanding the human health, animal health and ecosystem connection as it relates to optimum health outcomes.

Conclusion: Integrating One Health concepts into clinical practice will equip APNs with the knowledge to understand the connection between human health, animal health including pets, livestock, and wildlife. Animal assisted therapy and the health benefits associated with animals are essential One Health concepts that APNs must incorporate into practice.

Significance: The One Health approach is important because 6 out of every 10 infectious diseases in humans are spread from animals. APNs should have the knowledge and skills to prevent, diagnose and treat human and animal diseases, address health problems once disease is established in a population, and understand human-animal interaction and its impact on health.

A Nationally-Validated Clinical Learning and Teaching Framework for Nurse Practitioners: Research and Application

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Background

Formative research into the Australian nurse practitioner role established professional standards. Those standards are used for national regulation of the role and for accreditation of nurse practitioner academic programs. There are few contextualised specialty standards that inform clinical content for student learning and teaching. This has led to gaps and inconsistencies in clinical knowledge, skills and learning experiences for students. As a result, student capabilities and workforce mobility have been limited, with employers uncertain what clinical skills and expertise nurse practitioners, within their respective specialty areas, bring to the workplace.

Purpose

To describe development and validation of a broad clinical specialty framework that is based upon capability theory.

Methods

A national sequential mixed methods study with initial interpretive phase, followed by a modified 3-round Delphi study.

Results

Six discrete metaspecialty areas with supporting clinical practice standards have been validated using a large sample of nurse practitioners across all Australian jurisdictions. An online toolkit has been developed for academic programs, nurse practitioner students, and their clinical supervisors.

Conclusion

The framework has been successfully implemented into an Australian nurse practitioner academic program to guide student clinical learning and teaching. In addition, it can be used as part of a safety and quality framework to expand an individual nurse practitioner's clinical scope of practice.

Significance

This research can be applied to similar jurisdictions internationally that are developing and refining the nurse practitioner role, be used to enhance clinical learning and teaching outcomes, enhance safety and quality, and support workforce mobility.

Knowledge, mind-set and preparedness involving Ebola Virus among Health Care Workers in Pretoria, South Africa.

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Background: In 2014 and 2015, large numbers of people, including health care workers (HCW) were infected and have died as a result of Ebola outbreak spread in West Africa. Presently, the diseases is still of a great concern for WHO because of its spreading in Republic of Congo.

Purpose: This study determined the knowledge and mind-set of HCW about the disease (EDV) in private hospital in Pretoria, South Africa.

Methods: A quantitative, cross sectional survey was conducted in private hospitals. A self-administered questionnaire was used to collect information from 150 participants, and was analysed using descriptive summary statistics. The goal population included all the classes of the nursing staff in the hospital.

Results and discussion: The lack of relevant capabilities to treat Ebola in South Africa is the predominant situation to all respondents (53%) followed with the aid of contracting the diseases (50%). Seventy-nine percentage (79%) indicated that the Ebola diseases can unfold in a private hospital, however, the readiness to care for patients with the diseases is a subject to 32% of the respondents. Sixty-eight percentage (68%) of the respondents were confident that private hospitals could care for patients with the Ebola virus. Feelings of anxiety (36%) and fear (35%) used to be felt when providing services to patients with the Ebola disease.

Conclusion: There is no adequate, knowledge, mind-set and preparedness of the HCW in private hospital in Pretoria, South Africa towards Ebola Virus Diseases.

Significance of the Study: This study has helped the ministry of health in Gauteng to start awareness and training of HCW toward EVD.

Comparing Clinical Nurse Specialist Core Competencies Within Nordic Countries

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Background

Clinical nurse specialist (CNS) roles were first developed more than 60 years ago in the United States. However, CNS competency development dates back to the late 20th century and has predominantly occurred in the United States and Canada. Moreover, research has been limited to examine or validate established competencies across different countries.

Purpose

The purpose of this study was to examine and compare the use of newly developed CNS core competency descriptions across Nordic countries.

Methods

Comparative descriptive study, using an online self-report questionnaire, was conducted from May to September 2019. A population sample of CNSs in Finland, Denmark and Iceland was recruited. The validated CNS competency descriptions were translated into Danish and Icelandic and piloted within each country. The data were analyzed using descriptive and inferential statistics.

Results

A total of 185 nurses, 52 from Finland, 96 from Denmark, and 37 from Iceland, participated in the study (response rate=72, 35 and 48% respectively). Overall CNSs that participated in the survey utilized organizational competencies most frequently followed by the patient, nursing, and scholarship competencies. In Finland, CNS's utilized patient competencies less frequently compared to Iceland and Denmark ($p=0.000$). Other factors associated with role differences were related to experience in the CNS role, however education was not a predictive factor of competence use.

Conclusion

CNS use of core competencies across different Nordic countries were compared and described. The results are relevant to informing the clarification of CNS core competencies, the development of educational program curricula, and identification of areas for professional development.

Significance

Study results are highly relevant to the international advanced practice nursing community. The long-term goal is for the competency descriptions to enhance role clarity and ultimately the effective development and implementation of CNS roles and their education.

The APN Asks: Qualitative Survey of Needs in Brain Tumor Patients and Their Families

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Background

Literature shows specific needs of patients with high-grade glioma and their families. These patients often suffer of functional and cognitive impairments. A decreased life expectancy and high emotional burden for the patient and their family increase the need for specific support. Therefore, we developed and implemented an APN role based on a stepwise approach on a neurosurgical department at a University hospital in Switzerland. The current literature misses specific needs during the first treatment period from pre surgery up to chemo- and radiotherapy.

Purpose

The aim of this study is to gain an insight from the patients and their families' perspectives about the needs in the first treatment period, to fill potential gaps of the current ANP service.

Method

We choose a qualitative approach. We interviewed ten patients and their families six weeks after surgery. The interviews are analysed with a thematic analysis.

Results

Initial interviews have shown that patients and their families experience the possibility of low-threshold contact with an APN as very valuable for their need for information and support. Repetitive information for an everyday life adaptation is described as a key element in coping with the disease. The study is ongoing. Preliminary findings.

Conclusion

The results obtained until now show a high acceptance and appreciation of the ANP role from the patients' perspective as well as their families. The offer of personalized information what to expect in the further therapy is very acclaimed by the involved persons as well as support to organize support for the everyday life when patients suffer from cognitive or functional impairment.

Significance (Impact and Reach)

Based on study findings, the APN role for patients with high-grade glioma and their families can be optimized for the first treatment period in a sense of patient-centered care.

Expanding the Complexity of End-of-Life Conversations: Advanced Nursing Practice in the Canadian MAiD Context

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Background: With the advent of Medical Assistance in Dying (MAiD) in Canada in 2016, NPs can serve as both assessors and providers, while RNs play an active role in the conversations surrounding patient decision making, planning, and management of death.

Purpose: We studied the implications for nursing from the perspective of NPs and RNs, to understand the nature of the challenge, its moral and practical complexities, and the nuances of ensuring patient safety, autonomy, dignity and integrity in this context.

Methods: Using interpretive description methodology, we conducted in person or phone interviews with 59 RNs and NPs reflecting a range of geographic regions, clinical contexts and perspectives.

Results: End-of-life conversations necessarily change when the option of MAiD becomes theoretically available. Nurses must be vigilant for subtle cues that this information is being sought without being overly directive in providing that information. Patients and families differ in their wishes with respect to end-of-life preferences, and these may fluctuate over time. Nurses must be able to interpret and respond to highly nuanced conversations throughout the process of patient decision-making. NPs may have the added challenge of being brought into this conversation for limited periods of time in the assessment process, and then not again until the determined date for provision. A well integrated system of care is needed to ensure that patients are surrounded with appropriate supports to enable them to navigate this life passage with safety and integrity.

Conclusion: Nurses and NPs play a critical role in the end-of-life decision making process for many patients once the option of MAiD becomes available. Their perspectives are essential in the development of best practice guidelines and supports.

Significance: Death conversations are changing in Canada. Nurses and NPs are at the forefront of ensuring that patients have access to the appropriate envelope of care.

Improving Patient Care in Vascular Surgery by Implementing an Advanced Practice Nurse

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Background

Patients undergoing vascular surgery are often old and have comorbidities. Various surgical interventions are often necessary and complications are common. Hospital discharge and self-management are demanding for patients and families. The leaders of a vascular surgery unit at a Swiss university hospital were challenged by a high nurse turnover and visible potential for improving care.

Purpose

In 2018, we (mandated interprofessional group of clinicians) launched a project to integrate an advanced practice nurse (APN) on the unit with two goals: to provide evidence based, person centered, continuous care for patients and families, and to sustainably ensure the required expertise of the nursing team.

Approach

Overall, we used a stepwise approach. The APN first reviewed the literature and interviewed stakeholders, including patients and families. Based on outcomes, we developed a first intervention. The APN tested it, introduced it on the unit and coached nurses to promote implementation. Further interventions followed successively. For project evaluation, the APN continuously collects structure and process data, and we will interview stakeholders again. Data analysis and final adaptations will take place prior to project completion in August 2020.

Results

We introduced an adapted nurse assessment, improved patient/family education and discharge planning. The APN trained nurses to communicate more clearly with physicians in order to improve collaboration. New nurses are systematically introduced to vascular surgery care, including bedside teaching and additional education. The APN also complements nursing care by providing specific interventions to vascular surgery patients with particular needs, e.g. after major amputations, and their families.

Conclusion

Using a flexible approach, we successfully implemented an APN on a vascular surgery unit. The APN role includes nurse practitioner and clinical nurse specialist responsibilities.

Significance

Interventions were primarily designed for a vascular surgery unit, but extension to the entire department started early in the project and is ongoing.

Exploration of Young Adult Engagement with a Psychosocial Centre: Factors Promoting and Discouraging Participation

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The time of youth and young adulthood can be particularly daunting for those with mental health problems. In one Atlantic Canadian city a community-based, drop-in psychosocial mental health centre was designed specifically for youth and young adults aged 16 to 29 years, who self-identified as struggling with mental health problems. The purpose of this study was to explore factors that promoted and discouraged engagement with the centre. Narrative inquiry was used to gather the participants' stories. Ten participants (six males and four females), ages 19 to 29 years, who attended the program (some regularly, some intermittently) were interviewed. Thematic analysis revealed five major categories: (a) Shared Experiences: Shattered and Alone (b) Turning Point: Reasons for Coming; (c) Facilitators of Engagement and Beyond; (d) Challenges to Engagement; and (e) Benefits of Attending: Finding My Way. The common experiences of trauma and its impact were most evident and the need for an approach that helps individuals manage and move beyond the impact of the trauma is essential. Participants noted that critical factors promoting their engagement included having a safe place that facilitated their making connections and building trust to move forward. Staff also played an integral role in promoting participant engagement. This program played a significant role in assisting these individuals to persevere and move forward. This study highlights the need to consider a number of factors that encourage engagement, including integrating a trauma-informed approach when developing community-based programs for young adults with mental health problems.

Playing Matchmaker: Formulating data-driven NP practicum placement decisions

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Background

The strength and viability of a nursing program is dependent upon many factors, including access to quality clinical placements. Securing placements for family nurse practitioner (NP) students is a particular challenge despite what appears to be an ample number of practising NPs. Decisions on where to assign students have historically been based on experiential knowledge and aligned with student preference.

Purpose

The University of Victoria, School of Nursing sought a new approach with its health system partners to increase the number of clinical placements in British Columbia (BC) by developing new tools to support data-driven, evidenced-based placement matches.

Approach

Four tools were developed to capture and assess the appropriateness of each placement for the student and curriculum. Data was collected quarterly from regional NP leads that described key site characteristics for practice locations in BC. Students completed pre-and post-placement questionnaires. The data was analyzed to identify trends, gaps and opportunities.

Key Learnings

Key findings included: 1) Participation by regional NP leads was key to understanding the availability and complexity of each practice area. 2) Acute care and speciality primary care placements constituted over 50% of available placements and were being underutilized. 3) Lack of placements was primarily due to new staff training, vacancy, and space challenges. 4) Student practice appraisals needed to be re-engineered to evaluate new practice areas more effectively 5) Learning guidelines were developed to support students in specialized areas.

Conclusion

A systematic approach to capturing practice data enabled us to develop an operational strategy that increased the number of accepted placements and necessitated the need to evaluate the ability of acute care placements to meet NP competencies.

Significance:

As the complexity of the NP role progresses and the call for more NPs escalates, data-driven solutions are needed to ensure we adequately prepare the next NP workforce.

Treatment of Sexually Transmitted Infections in Special Populations

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Background The incidence of sexually transmitted infections (STIs) is increasing globally.¹ There are several patient populations that require alternative STI treatment. Pregnancy, HIV, mental health conditions, and men who have sex with men require methodical treatment to ensure appropriate management of infection.¹⁻³

Purpose The purpose of this presentation is to educate primary care providers on the STI treatment when complicated by pregnancy, HIV status, mental health conditions and/or sexual preferences.

Methods or Approach A literature review was completed on current STI treatment guidelines for special populations. Key Learnings or Results It is imperative that health care providers consider alternative treatments for pregnant women diagnosed with STIs. Standard STI treatment may result in adverse pregnancy outcomes.⁴ Pregnant women should not take fluroquinolones or doxycycline.⁴ Test of cure is needed for pregnant patients with chlamydia, syphilis and *T. vaginalis*.⁵ HIV infection has been shown to increase the likelihood of syphilis infection.⁶ Patients with *T. vaginalis* infection are at a 2 to three-fold greater risk for HIV infection.⁷ Men < 35 years old with epididymis complicated with gonorrhea or chlamydia who practice anal sex should be treated with levofloxacin or ofloxacin in place of doxycycline.¹ Patients with mental health conditions who have new STI diagnosis need to be monitored closely as there is associated depression, anxiety, shame, anger and fear.^{4,8-11}

Conclusion Standard STI treatment recommendations are not effective in all patient populations. STI treatment should be specifically targeted to the patient to optimize disease eradication and minimize antimicrobial resistance.

Significance There are clear guidelines for treatment of STIs in the general population. These guidelines do not apply to certain populations including pregnancy, HIV positive status, MSM, and those with mental health conditions. Appropriate treatment of these populations minimizes negative health related outcomes.

Networked blood glucose meter trial and Royal Melbourne Hospital

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Background: On average, 30% of inpatients at The Royal Melbourne Hospital have diabetes (Bach et al 2014). Purpose: To investigate if earlier intervention for adverse glycaemia in a non-critical care setting improves glycaemic control.

Method: Cluster randomised trial of 8 wards at a single tertiary centre, 10-week baseline and 12-week active period. 4 wards were randomised to the intervention arm and 4 wards in the control arm (4 medical and 4 surgical wards split over the 2 arms).

Outcomes included adverse glycaemia and clinical outcomes. Usual care in control wards consisted of a specialist Inpatient Diabetes Team (IDT) comprising a diabetes nurse practitioner, endocrinology registrar, and endocrinologist providing consultations in response (reactive) to parent unit referrals. In the absence of an electronic medical record at our institution this required the IDT to review the paper chart.

Intervention care involved the specialist IDT remotely accessing glucose results taken by frontline nursing staff using networked blood glucose meters (StatStrip; Australasian Medical & Scientific Limited). The IDT identified adverse glycaemic events and aimed to provide diabetes management within 24 hrs without parent unit referral.

Conclusion: The study population comprised 1,002 patients who had 19,060 blood glucose tests. 87% of the cohort had Type 2 diabetes and 30% were treated with insulin prior to admission.

Adverse glycaemic days reduced by 24% per 1,000 patient days in the intervention arm in the active period compared with baseline and more patients received specialist diabetes intervention (92% vs 8%, $p < 0.001$). Early intervention reduced hyperglycaemia and hospital-acquired infections (2.4% vs. 6.4%, $p = 0.035$). There was no change in these parameters in the control arm.

Significance: Early intervention and management of inpatients with diabetes through the use of networked blood glucose meter technology decreased hyperglycaemia and hospital-acquired infections

Parent's Satisfaction with Pediatric Nurse Practitioner Care at a Tertiary Hospital

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Background: Pediatric Nurse Practitioners (PNPs) are advanced practitioners with the background skills and knowledge to deliver evidence-based, specialized health care to infants and children. This unique and diverse role improves access to quality services for pediatric patients and their families. The future of Pediatric Nurse Practitioners (PNP) within the complexity of health care systems, relies on the ability of PNPs to identify the essential elements of practice that enhance parents' experience of the care provided to their infants and children.

Purpose: The purpose of this study was to understand parents' perceptions and satisfaction with the care provided by Pediatric Nurse Practitioners (PNPs) at a pediatric tertiary care hospital.

Method: A convenience sample of 1013 parents of children who saw a PNP were asked to complete the validated Parents' Perception of Satisfaction with Care from Pediatric Nurse Practitioners Instrument (PPSC-PNP). Parents were recruited from both inpatient and outpatient settings within the same tertiary care hospital.

Results: A total of 537 surveys were completed resulting in a return rate of 53.01%. Overall, 89.6% of parents were aware that their child was receiving care from a PNP. Caregivers who saw a PNP were found to be highly satisfied with the care they received (129.61/140). Caregivers were most satisfied with the caring behaviors exhibited by PNP's (28.49/30). Clinical competency (27.77/30), communication (27.97/30) and general satisfaction (18.29/20) were also rated as highly satisfied. Decisional control (27.09/30) was found to be slightly lower although still in the highly satisfied category.

Conclusion: This study demonstrates parents' overall satisfaction with the care provided by PNP's at a tertiary care hospital. Survey scores revealed that parents felt PNP's communicated well, exhibited clinical competence, and cared about their children.

Significance: This study provides important knowledge of the valuable role provided by pediatric nurse practitioners in both inpatient and outpatient settings.

Envisioning Advance Practice Nurses as Practice Champions in Quality and Safety in Ambulatory Care.

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Advance Practice Nurses (APNs) are key leaders to teach, champion and implement the Agency of Healthcare Research and Quality (AHRQ) evidenced-based strategies to improve quality and safety in ambulatory care practices.

Four leading causes of errors in outpatient visits put patients at risk:

1. Diagnostic errors (55% of patients state that as a chief concern with lack of communication).
2. Breakdown in communication within the practice team, families and patients.
3. Unsafe medication practices (failures in prescribing, filling and patient misuse) account for an estimated 160 million medication errors each year.
4. Fragmentation of care between patients' transitions and patients' information (patients immediately forget up to 80% of information shared in primary care).

Purpose

The purpose of this presentation is to illustrate strategies to empower APNs to lead quality improvements in ambulatory care practice as a practitioner, preceptor or faculty preparing the next generation of APNs.

Methods

Implementation of four strategies can position APNs to lead quality and safety in ambulatory care while revitalizing satisfaction in their work and improving patient outcomes. An exemplar case will weave through each strategy to demonstrate the application.

Key Learning

APNs act as safety champions by:

1. Preparing the patient to be engaged by using a template to set health goals.
2. Creating safe medicine practices by reconciling accurate safe medicine list together.
3. Improving communication and health literacy through Teach-Back.
4. Supporting collaborative communication using the Warm Handoff Plus.

Conclusion

Integration of the four strategies into curriculum positions APNs to transform ambulatory care. By serving as the Practice Champion APNs are in a key position to implement these best practices to improve quality and safety in ambulatory care.

Impact

Leading, mentoring and teaching the next generation of APNs to become safe practice champions improves the quality of care, and decreases preventable harm.

How Advanced Practice Nurses (ANP) Students Perceive Teamwork And Safety Culture

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Background.

Unsafe care in hospital treatments causes up to 134 million adverse events worldwide per year. Hence, the member states of the 72nd World Health Assembly decided to recognize measures to strengthen patient safety as a priority health goal. Patient harm due to adverse events can be continuously reduced through the training of nurses in advanced knowledge, skills, and attitudes. According to Hamric's model, creating a culture of patient safety is defined as one of the key competencies of APN roles. Safety culture is one aspect of organizational culture that enhances the organization's capacity to improve patient safety.

Purpose.

Purpose of our study was to investigate ANP student's perceptions about patient safety culture in their professional environment and to identify the areas where improvement is needed.

Methods.

We used the German 27-items Teamwork and Patient Safety Questionnaire (FTPS) in a descriptive, cross-sectional study design.

Results.

107 Austrian ANP students (female 97.4 %) participated in this study. The results indicate that nurses, who experience more leadership support, better communication, and team collaboration, have more competence in dealing with errors. There were no differences considering the professional experiences, as well as age or sex of the participants.

Conclusion.

The study provides insight into how ANP students perceive patient safety culture. Results have revealed that nurses in acute and long-term care setting need support in dealing with errors and ensuring patient safety.

Significance (Impact and Reach).

ANPs can influence or be influenced by the safety culture. Creating a safe environment for patients can be a challenge for nurses, especially for those in an unsafe organizational culture.

Employment Trends for Canada's growing Nurse Practitioner Workforce

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BACKGROUND: Effective health human resource planning and implementation of inter-professional teams requires an understanding of evolving trends and employment characteristics of individual professions. Nurse Practitioners (NPs) make an integral part of the inter-professional teams and emerging models of care. This presentation will provide a closer look at steadily increasing supply of NPs in Canada. It will also analyze evolving patterns of employment for NPs along with an examination of NP retention rates across Canadian provinces/territories.

PURPOSE: To provide a glimpse of evolving trends in supply and employment patterns of NP's in Canada and discuss the impact on care organization.

METHOD: Through an agreement with provincial/territorial RN regulatory authorities, CIHI receives a portion of the data collected on the annual registration form completed by all RNs including NPs. CIHI collates this data into a pan-Canadian Health Workforce Database (HWDB) for analysis to support health system planning and decision making. This presentation will analyse data on NPs from CIHI's HWDB from 2007 to 2018.

RESULTS: As of 2018, there are over 5600 NPs in Canada. Between 2007 and 2018, the total number of NPs quadrupled in Canada. Similar to the employment pattern for Registered Nurses, hospital remain the top place of employment (36.4%) for NPs. With an increasing focus of delivering care in the community, almost a similar proportion of NPs work in community settings (36.0%). Unlike other nursing professions (10.1%), more NPs work in Canada's rural and remote regions (16.4%) where about 18% of Canada's population resides.

CONCLUSION: The presentation will increase our understanding on distribution and employment patterns for NPs in Canada.

SIGNIFIANCE: It will generate discussion on factors influencing employment trends for NPs in Canada and potential implications for effective planning and management of health care delivery across the country.

Strengthen the reach and impact of the APRN through interprofessional education using our DOTI tool

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Background

Educating Advanced Practice Nurses in the skills that are needed to collaborate with other health care professionals is vitally important. Data indicate that patient outcomes are improved through team care. Individual health profession education does not provide team learning. When students are educated with other professions the teams function better and therefore improve health care.

Purpose

Identify an appropriate tool to evaluate health professional teams.

Method

Teams are educated and assessed using a tool which our interprofessional team developed. The tool, Direct Observation of Team Interaction (DOTI) measures team skills, interprofessional competencies, and communication skills, all of which enhance primary care processes and improve patient outcomes through didactic and clinical education. Teams of 5 different health care profession students are placed in a variety of clinical sites. Didactic education on use of the DOTI and skills in each domain are taught in a day long workshop. Teams work in clinical sites using the tool to measure team Addressing clinical gaps in care identified by the site.

Key Learning/Results

The tool provides a common language for both students and the interprofessional faculty. Students have the opportunity to practice their interprofessional skills in real time with patients which students appreciate. Using the tool in simulations also works well.

Conclusion

Data will be provided on the DOTI, results of the TDM, the ICCS and pre and post DOTI scores. In addition, faculty observers complete a DOTI and they are compared to the self-assessment by the students. It has been noted that the scores improve on all measures and on reflection, students really like learning about the roles of other health care professions and benefit from this form of education

Significance

The use of the DOTI improves APRN education in team skills and therefore improves patient outcomes in the long term.

Job Satisfaction of Nurse Practitioners in The Netherlands

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Background:

The amount of registered Nurse Practitioners (NP) in The Netherlands is increasing. Nurse Practitioners have full practice authority covered by Dutch law. Job satisfaction is an integral part of the performance of the NP. Research among American NP's shows a low degree of job satisfaction. Little is known about job satisfaction of NPs in the Netherlands. Due to economic, political and demographic factors the need for NPs in The Netherlands is increasing. A low degree of job satisfaction can lead to burn-out and early withdrawal from professional practice. We developed a multi-factorial framework to investigate job satisfaction based on the social determination theory, Herzbergs motivation theory and the Utrecht Work Engagement Scale (UWES) to measure the degree of job satisfaction of NP's.

Purpose

This study aims to investigate job-satisfaction of Dutch NP's and to determine significant intrinsic, extrinsic and motivational factors that contribute to job satisfaction.

Methods:

This study utilizes a cross-sectional cohort survey methodology and a descriptive analysis. The digital survey will be administered in November 2019 in a significant random sample of NPs in the Netherlands who are member of the professional association V&VN-VS (72,5 % of all registered NP's). The survey contains demographic data, the Nurse Practitioner Primary Care Organizational Climate Questionnaire (PCOCQ_NL), the Basic Psychological Need Satisfaction and Frustration Questionnaire – Work Domain and the UWES, a 5-point Likert scale is used. Analyzer and SPSS will be used for analysis.

Results:

The results are currently being retrieved and analyzed and will be available in the spring of 2020.

Conclusion:

This study is still in progress and conclusions cannot be stated yet.

Significance:

Dutch Healthcare needs a sustainable workforce of nurse practitioners. Early withdraw from professional practice needs to prevented. Therefore, there is relevance in investigating facilitators and barriers in job satisfaction in The Netherlands.

The introduction of advanced nursing practice into Norwegian Emergency Departments. A feasibility study.

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Background: In the Norwegian health care context advanced practice nursing is still a novelty, this especially in the emergency care context. When implementing a new role in a new context it is of importance to evaluate the quality of care.

Purpose: To compare diagnostic and treatment accuracy between APN and a standard (physician-led) care model, provided for patients with minor orthopedic injuries an emergency department.

Methods: To ensure diagnostic and treatment accuracy, a specialist in orthopedic surgery reviewed the charts and radiographs of the orthopedic patients within 1-3 days of initial assessment, i.e., quality assurance rounds. A study specific protocol was set up with background characteristics (patients' age, gender and diagnosis) and diagnostic and treatment accuracy of care offered by APN or medical intern. The protocol was filled in during the quality assurance rounds. Data was analyzed by descriptive statistics.

Results: Of all the included patients (n=333), 49.2% were seen by an APN. Preliminary results show that correct assessment/diagnosis was found in 97.3 % of the total cases. Correct initiated/suggested treatment was found in 91.3 % of the total cases. There was a significant difference found between APN and standard care model in correct initiated/suggested treatment: APNs had higher accuracy (94.6%) than medical interns (88.0%).

Conclusion: As in previous studies worldwide, the results indicate that APN-led care for patients with minor orthopedic injuries can be as good as standard (physician-led) care also in the Norwegian context. The preliminary results have to be studied more in depth to explore eventual bias.

Significance: This study suggests that although a novel workforce in Norway, ANPs offer high quality, safe care.

A Review of Treatment of Viral Sexually Transmitted Infections in Primary Care

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Background

Sexually transmitted infections (STI) are a prevalent public health concern. Incidence has increased not only nationally but globally.^{1,2} STI incidence is highest for adolescents and young adults 15-24, as they are diagnosed with half of all new STIs.¹

Purpose

The purpose of this presentation is to educate primary care nurse practitioners on current pharmacologic recommendations for viral STIs. The leading viral STIs in this category are herpes simplex virus (HSV), hepatitis B virus (HBV), hepatitis C virus (HCV), human papillomavirus (HPV) and Human Immunodeficiency Virus (HIV).

Methods or Approach

A literature review was completed on current treatment guidelines for viral STIs. Key Learnings or Results Treatment of HSV can be either episodic or suppressive and first line treatment is with acyclovir, valacyclovir, or famciclovir.³ Lifelong treatment is needed for the management of HBV. The treatment for HBV can include interferon, nucleoside or nucleotide analogs and antiviral medications.^{4,5} HCV is treated with sofosbuvir-velpatasvir. The main indication for treatment of genital warts is alleviation of bothersome symptoms.^{6,7} First line antiretroviral therapy (ART) treatment for adults and adolescents with HIV is with an Integrase Strand Transfer Inhibitor, Dolutegravir, in combination with a NRTI backbone.⁸

Conclusion

Due to the increased incidence and prevalence of viral STIs, primary care providers need to be aware of available pharmacologic therapies. Patients should be counseled on methods of disease transmission and preventive measures to prevent spread to sexual partners.

Significance

STI rates have increased overall from 2017 to 2018 with profound implications for public health.¹ While there is no cure for most of the viral STIs, medications and precautions may help limit disease transmission.

Nurse Practitioners Integration in the Canadian Primary Care Landscape: Some Lessons from the Trenches

Prof. Damien Contandriopoulos¹, **Assistant Professor Katherine Bertoni¹, Assistant Professor Katherine Bertoni¹, Assistant Professor Katherine Bertoni¹**

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Background: The policy-relevant evidence regarding nurse practitioners (NPs) integration in primary care is oddly unbalanced. On the one hand, there is strong and converging evidence showing that NPs can respond to the vast majority of primary care needs of the population. The evidence also shows that quality indicators for NP-provided care are comparable to those of MD-provided care. On the other hand, there is remarkably little to inform decisions regarding the optimal structural parameters (patient characteristics, organizational models, funding, power-sharing) to support a successful integration of NPs in primary care.

Purpose: The presentation will focus on cross-learnings derived from research in two Canadian jurisdictions. The purpose is to offer some insights on structural level dos and don'ts related to primary care NP integration in the Canadian context.

Methods: Data comes from the secondary analysis of three research projects. The first is completed and was focused on developing best practices for the integration of NPs in Quebec (phcnp.info). The second is an ongoing longitudinal mixed-method analysis of eight inter-professional primary care teams in Quebec. The last is a project in development focused on the evaluation of the launch of a BC-based NP-led clinic.

Key Learnings: The peculiarities of the Canadian primary-care landscape – dominated by privately owned clinics staffed by autonomous physicians paid through fee-for-service – have major implication for NP integration.

Conclusion: The plausibility that NPs impact the apparently intractable challenges related to primary care provision in Canada depends on the redefinition of primary care itself: What care is provided? To whom? By whom? When? And where? Such a redefinition will only happen if the structural challenges discussed in this presentation are coherently addressed.

Significance: Cross analysis of the various efforts at NP integration in Canadian provinces provides unique opportunities to navigate the challenges ahead.

Practice Patterns of Nurse Practitioners in a Multi-Site Academic Healthcare Setting

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Background: Nurse practitioners in primary and acute care provide both direct and indirect care through advanced nursing practice competencies. However, the daily work and practice patterns of nurse practitioners may differ, given the patient population, organizational needs, and individual nurse practitioners decisions around role enactment.

Purpose: Since differences in practice patterns can contribute to lack of nurse practitioner role clarity for team members, administrators, and/or nurse practitioners, we wanted to better understand nurse practitioners' practice patterns in this setting.

Methods: A sequential explanatory mixed-methods study in a multisite academic healthcare setting in Ontario, Canada.

Key Learnings: A high percentage of nurse practitioners time was spent on clinical care practice and provided them with a great deal of satisfaction. While a majority of respondents easily described direct patient care activities, qualitative data confirmed that respondents found it difficult to categorize their activities to broader domains of advanced practice; such as, indirect patient care and leadership and change activities, despite many examples they provided from their daily work. They also indicated that their team members and administrators were often unaware of their advanced practice skills and contributions. They indicated that some activities seemed to be invisible.

Conclusion: A variety of nurse practitioner activities are incorporated into the role on a daily basis, but may not be consciously understood within the context of the broader advanced practice nurse role competencies by the nurse practitioners, team members, or administrators.

Significance: This lack of understanding and visibility of broader role competencies by nurse practitioners may contribute to difficulties in understanding and optimizing the full scope of their role in this setting. Recommendations will be discussed for strengthening nurse practitioner, as well as team member and administrator awareness of the advanced practice skills, contributions, and potential of nurse practitioners in their daily practice.

Development of a Nurse Practitioner Fellowship Program in Complex Malignant Hematology

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Background: The number of patients requiring complex malignant hematology (CMH) care in Canada is rising. Cancer programs face challenges recruiting and retaining an adequate supply of nurse practitioners (NPs) with CMH expertise to improve access and quality of care for this population. Existing NP programs do not provide the CMH education necessary to help novice NPs become job-ready. NPs planning to work in specialized areas like CMH require mentorship, additional experiential learning and role development support to improve their confidence, competence, and job satisfaction.

Purpose: To implement and evaluate an innovative Fellowship Program designed to build human resource capacity for NPs providing CMH care in an Ontario cancer program.

Approach: Fellows complete a 1-year program that includes mentorship, varied clinical rotations in CMH care, and a course to implement a research, quality improvement, or evidence-based practice project. A formative evaluation assesses Fellow and stakeholder (e.g., healthcare team members) experiences and satisfaction with the program. A summative evaluation assesses pre and post program improvements in clinical, research, and leadership competencies. Data is collected using checklists, questionnaires, interviews, and focus groups. Descriptive statistics and content analysis will analyze quantitative and qualitative data respectively.

Results: Year 1 results focus on evaluating program marketing and recruitment strategies, implementation and satisfaction with specific fellowship components (i.e., mentorship, education, clinical rotations), and changes in NP confidence and competence.

Conclusion: Fellowship programs have potential to improve the recruitment and retention of NPs with the competencies required for CMH care.

Significance: There is limited international evidence about the effectiveness of NP Fellowship Programs. Evaluation results will inform decisions about program improvements and resources to sustain the program. New insights will consider how the Fellowship Program could be expanded to build the NP workforce for CMH care in other jurisdictions and to support NP development in other specialty areas.

Creating the role of Advanced Practice Nursing in Paraguay

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Introduction

Paraguay is a country with about 7 million people and considered the "heart of South America." While economic improvement is climbing, healthcare services are proportionally divided. The healthcare density with respect to professionals is two doctors per one nurse. This ratio does not adequately meet the needs of primary health care. The World Bank encourages an increase in resources allocated to public health. However, improved health outcomes in Paraguay have been modest, requiring broader access and coverage. The provision of health services is concentrated around the capital (Asuncion), where 90% of health services are located. This leaves a large portion of vulnerable people without access to medical care. The Pan American Organization (PAHO) and the World Health Organization (WHO) suggests implementing family health units as a strategy to meet the need of providing services in Latin America. In addition, they state advanced practice nurses (APNs) should be integral in the family health clinic team.

Purpose

We hope to formulate a synergistic plan to integrate Advanced Practice Nursing in Paraguay. This presentation will solicit expert recommendations from those who have successfully implemented APNs in their country.

Methods

Careful analysis of qualitative and quantitative data from key informants has guided steps for APN implementation. Some of the preliminary steps we are currently taking include:

- Investigating APNs role in future healthcare.
- Continue interviews with key healthcare decision makers nationwide.
- Seek continued PAHO support.
- Create project committee for APN baseline.

Conclusion

We expect to develop a synergistic plan with broad participation to install APNs in Paraguay. This is based on discussion of successful practices and nursing challenges in Paraguay.

Significance

Through analysis, from base "0" in Paraguay, we hope to provide guidelines on starting this process. Through our journey we can encourage other countries to implement APNs.

African-Canadian nurses and healthcare practice in Canada: A Scoping Review Protocol

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Background:

Canada, a country with 36 million people, is diverse, multicultural and prides itself on being a world leader in inclusivity. With approximately 1.2 million people of African descent, Canada has a global responsibility in addressing the United Nations' international declaration for people of African descent. However, pervasive racism has resulted in multisectoral human rights violations against African Canadians (ACs). One sector addressing this issue is nursing. ACs were prevented from entering nursing until the 1940s and continue to be underrepresented in the nursing workforce. AC nurses encounter racism from patients and colleagues as well as in institutional policies.

Purpose:

This scoping review maps the evidence regarding AC nurses, including in advanced practice nursing roles.

Methods:

This scoping review used the Joanna Briggs Institute approach for Systematic Reviews. A comprehensive search retrieved published and grey literature. Relevant sources were screened and data were extracted by two independent team members.

Key Learnings:

- 1) Consolidation of published research and grey literature, describing experiences of AC nurses.
- 2) Illuminating gaps regarding AC nurses including the need for quantitative research and the diverse experiences amongst AC nurses, secondary to geographical location and historical context.
- 3) Indicating ongoing underrepresentation of ACs in the nursing workforce, specifically, in leadership and advanced practice roles.

Conclusion:

ACs were excluded from nursing, which has greatly influenced their experience in nursing. Providing a synthesis of their experience is an essential step towards workforce diversity. Nursing requires diversity in order to strengthen the profession and better serve the diverse Canadian population.

Significance:

This scoping review addressed a knowledge gap in understanding and promoting diversity within nursing to inform research, education and policy.

Creation of an Advanced Practice Nursing program in Oncology. Proposal for Chile

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Background: In Chile there are large inequities in terms of access and health coverage. One of the areas with more serious problems is oncology, since people die prematurely due to lack of access to diagnosis and timely treatment, mainly due to the lack of professionals specialized in the area. The creation of an APN academic program in oncology was proposed to address the serious gaps in access and coverage. The PEPPA framework emerged as an opportunity to achieve its implementation in the Chilean health system.

Purpose: Develop an APN program in oncology to contribute to the solution of access and coverage problems in the oncological area through the application of the PEPPA framework.

Methods or Approach: Implementation of the PEPPA framework for the creation of an APN academic program in oncology and its incorporation into the health system.

Key findings: An implementation plan was proposed following the nine steps defined by the PEPPA framework contextualized to the academic, professional and legal reality of Chile, aligned with international standards. The implementation considers context elements such as having postgraduate training programs in the area, the adaptation of care models and joint work with decision makers.

Conclusion: The implementation of a postgraduate training program that allows to install a new role for nursing, based on the needs and gaps existing in Chile today, can contribute to the access and health coverage of people diagnosed with oncological pathology, contributing to their early treatment and subsequent survival.

Significance: The creation and implementation of an APN program in oncology support the introduction of a new role for nursing in Chile, contributing to solve the problems of access and coverage in oncology through a model that ensures the implementation.

Exploring the Experiences of Nurse Practitioners Who Prescribe Opioids in Primary Care

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BACKGROUND:

A limited amount of research has been published exploring the prescription of opioids by nurse practitioners (NPs). In 2012, the Canadian government passed legislation that sanctioned NP prescribing of controlled drugs and substances. NPs across the country began prescribing opioids supported by continuing education opportunities.

PURPOSE:

The purpose of this oral presentation is to discuss the findings of a recent study that explored the experiences of Canadian NPs who prescribe opioids in primary care settings. Participant identified barriers and facilitators in their approach to safe, ethical and evidence-based care that optimized client outcomes.

METHODS:

Using the method of Interpretive Description, 23 NPs participated in interviews exploring their experiences with prescribing opioids in primary care practice settings. Analysis of the participants' attitudes, beliefs and perceptions around the prescription of opioids, and the barriers and facilitators that influence decision-making processes, formed themes surrounding therapeutic avenues of care.

KEY LEARNINGS OR RESULTS:

Themes from the interview data reveal NPs as welcoming the expansion of practice that contributes to more holistic approaches to client care. Honest communication, and the ability to schedule longer appointments, were key aspects that NPs supported when prescribing opioids. For NPs in rural settings, a key barrier was concerns for follow-up care with a consistent health care provider.

CONCLUSION:

In response to the current opioid crisis, this study contributes to the development of knowledge about the prescribing practices of Canadian NPs in relation to opioids. The interviews with NPs highlight the challenges in developing knowledge and best practices when prescribing opioids and the benefits of interprofessional collaborative practice.

SIGNIFICANCE:

This research provides insight into the experiences of NPs in delivering holistic care to clients who require opioids to address their health concerns and contributes to narrow gap in the literature on NPs prescribing of opioids in Canada.

The related factors to workplace bullying in nursing: text analytics

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Background

The World Health Organization (WHO) declared workplace bullying to be a serious public health threat. National surveys show that 43% of healthcare professionals have witnessed other coworkers being bullied and 20–30% of nurses reported direct experiences of being bullied at work.

Purpose

The aim of this study is to identify the reasons of workplace bullying by nurses through text analysis related to workplace bullying in the online nurse community.

Methods or Approach

The study analyzed texts related to workplace bullying over the past five years in the online community of Korean nurses. The following seven modules are processed as follows: preprocessing, tokenization and part of speech (POS), topic generation, feature engineering, labelling, sentiment classification, sentiment analysis, and aspect ranking. The set of latent topics and sentences are generated from extensive documents. Affective terms are generated under each of the latent topics.

Key Learnings or Results

Exploratory findings show that the significant topics for extensive online documents were successfully identified by the text mining. In the last five years, bullying in the workplace has had the highest frequency of appearance with the concepts of ‘personal personality’ and ‘work environment.’ ‘Women’s group,’ ‘nursing culture’ and ‘lack of manpower’ showed the highest connection centrality and could be understood as concepts related to workplace bullying among nurses.

Conclusion

Our study findings suggest that it is necessary to develop two-armed programs to integrate both individual and organizational perspectives to prevent workplace bullying among nurses. In addition, unique culture should be considered in terms of specific gender-dominant and labor-focused aspects to create respectful and positive interpersonal relationship among nursing colleagues in the workplace.

Significance

This study can contribute to the development of policies in nursing management and healthcare institutions that form a desirable nursing organizational culture in order to prevent workplace bullying.

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"One of us": Exploring the Nurse Practitioner role within a surgical hospital in New Zealand.

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BACKGROUND: Today's health sector faces the challenge of providing high quality care within the constraints of increasing costs and reducing resources. Patient and consultant expectations have grown, exposing a need for advanced nursing skills and care in an environment where, in most small to medium sized private hospitals, nurses are often the only clinical staff on site. To meet these challenges our private surgical hospital introduced Nurse Practitioners (NP's). While informal feedback from patients and consultants has confirmed that the role is highly beneficial, there has been no formal review on the implementation or effectiveness of the role.

PURPOSE: The aim of this research is to explore the Nurse Practitioner role within the private hospital by providing a description of NP role; identifying the impact on pre and postoperative care; and by identifying how the NP provides leadership in their role.

METHODS: We used a mixed methods approach where data was collected concurrently and analysed separately. Quantitative data was collected through a patient satisfaction survey and nurse practitioner activity log. Qualitative data was collected through semi-structured focus groups and interviews involving management, nurses and consultant doctors.

KEY LEARNING OR RESULTS: Initial findings and themes that have emerged indicate the NP is an integral part of the patient journey. The NP provides timely assessment and intervention and often acts as an interface between patients, family, registered nurses and specialist doctors. The nurse practitioner is seen by ward nurses as "one of us", with management and doctors indicating they feel "secure" knowing that a NP is in attendance when they may not be there.

CONCLUSION: This presentation will present final findings once data has been fully analysed and triangulated.

SIGNIFICANCE: The research has the potential to influence the development of similar NP roles within the private healthcare setting.

LIGHTS, CAMERA, ACTION: Integration of Simulation and Standardized Patients into FNP Curriculum

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Background:

Studies estimate a shortage of 4,700 primary healthcare providers in California by 2025. NPs are poised to fill this gap; however, there are numerous obstacles to NP education which include lack of clinical preceptors, competition from multiple universities, and distance learning. Schools of Nursing must be flexible and creative in educating the next generation of APRNs to meet the increasing demand for healthcare providers.

Purpose

The purpose of this presentation is to describe the integration of live action simulation into NP curriculum to enhance students' educational experiences while preparing them to meet the growing demand for healthcare providers.

Methods or Approach

Faculty interested in the simulation program attended multiple educational seminars, met with experts in the field of simulation, hired new staff to assist, and wrote simulation scenarios. Several standardized patient simulations were initiated and integrated into NP curriculum. We also developed systems for review and student feedback.

Key Learning or Research

We learned three key themes: 1. Simulation with standardized patients is a great way to observe the progress of NP students. 2. It allows students an opportunity to practice in a controlled environment. 3. We also discovered the state of California allows for simulation to be included as clinical hours.

Conclusion

Simulation with live actors is an excellent tool to enhance NP education. It allows for students to successfully practice new skills as well as receive feedback from faculty.

Significance (Impact and Reach)

Live action simulation is a successful tool in the education of NPs. It can be easily incorporated into advanced practice curriculum assisting in the creation of additional primary healthcare providers.

Evolution of an Advanced Practice Leadership Council to Enhance Care in a National Health System

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Background

Promotion of advanced practice is vital to increasing quality and access to care while maintaining cost effectiveness in today's healthcare world. This presentation describes one of the US healthcare systems' approach to resolving the challenges for advanced practice providers (APPs) through development of an Advanced Practice Leadership Council (APLC).

Purpose

This presentation will describe the evolution of the APLC and briefly describe the achievements of the Council from its inception to present. The speakers will describe how APLC members have transformed approaches to utilization of APPs employed in twenty-one states with more than 142 hospitals and 700 sites of care.

Key Learning or Results

Attendees of this symposium will gain knowledge on how one national organization has:

- Led the development of a cross-functional national APLC
- Implemented strategies for team-based care models where APPs function at the top of their education, training and experience.
- Developed valuable organizational resources including guidelines on onboarding and orientation; core privileging; compensation and care model alignment and a reference tool outlining regulatory boundaries based on State and Federal requirements for nurse practitioners, physician assistants, nurse midwives, nurse anesthetists and clinical nurse specialists.

Conclusion

The speakers for this presentation, including the System Senior Vice President of Advanced Practice and an APLC member, will share their achievements and challenges. The experience and wisdom gained may assist other advanced practice nurses expand their influence within their own organization.

Significance (Impact and Reach)

This presentation will demonstrate the value of a well-designed Advanced Practice Leadership Council that ensures collaboration between diverse team of strategic, clinical and operational experts as a very effective means to enhancing advanced practice roles within a national organization.

Implementation of Veterans Affairs' (VA) Standardized, Evidence-Based Three-Stage Suicide Risk Screening: Los Angeles VA Experience

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Background: Suicide is a global phenomenon and a public health concern. Suicide accounted for 800,000 deaths in 2016 worldwide, is the 8th leading cause of death globally, and 10th leading cause of death in the United States. Veterans Affairs (VA), a provider of care to the veterans, reveals 20 veterans' deaths each day between 2005 and 2016. The Veterans Health Administration (VHA) recognized lack of standardization towards identifying at risk patients. Hence, the VHA developed and implemented a standardized three-step, sequential, evidence-based suicide risk screening process across the VA sites.

Purpose: Our purpose was to implement the new evidence-based three-step sequential suicide screening method and evaluate the rate of provider adherence.

Methods: Seven clinical sites in the Greater Los Angeles Veterans Affairs healthcare system were included in the initiative. Two Plan-Do-Study-Act (PDSA) cycles were conducted with evaluation of adherence rates post each cycle. PDSA-1 provided education to all seven sites, with recommendation to embed the screening in their workflow process based on their available staff mix. PDSA-2 focused on a template driven suicide screen embedded within the workflow process as a mandatory field.

Results: PDSA-1 found the adherence rate at 27%. Clinicians were less likely to recall and self-identify need for screening. PDSA-2, with combined education and a mandatory template field, yielded an adherence rate of 86% at a three-month review.

Conclusion: Suicidality, especially among veterans, is a national problem. The VHA implemented a standardized approach to screening risk of suicide. Adherence rate for screening was found to be markedly improved with template driven screening embedded into the workflow.

Significance: Mortality outcomes are pending and being collected longitudinally. If successful, the standardized screening process can influence how suicide screening is addressed both nationally and internationally.

Older person nurse practitioner role transition in an Australian rural healthcare setting

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Background: The role of nurse practitioners in Australian healthcare is diverse and evolving. There is, however, a paucity of research about the transitional experiences of registered nurses (RNs) moving into the nurse practitioner (NP) role, particularly from the perspective of older person nurse practitioners (OPNPs) and in rural healthcare facilities. Offering challenges operationally, clinically and inter-professionally the OPNP role provides unprecedented opportunity for optimising healthcare for older persons in geographically isolated areas.

Purpose: To explore the experiences of, and factors associated with, the transition to an OPNP in a rural health setting.

Methods: Descriptive qualitative case study design underpinned this research. Semi-structured, in-depth, participant interviews were conducted at 6- and 12-months post-implementation of the OPNP role. Self-efficacy theory was used to analyse the RN to OPNP transition.

Results: A number of motivators existed during the transition period for the OPNP. Transition of the advanced practice role was compounded by geographical, social and organisational challenges. Six months post commencement of the OPNP role, all stakeholders were positive that the role was valuable and supporting the needs of the rural health facility, despite emerging concerns being raised about role sustainability. At the 12-month stage, the OPNP had overcome many of the initial barriers and the full potential and impact of the role emerged.

Conclusion: The implementation of an OPNP-led service in a rural Australian health facility addressed suboptimal health care access and improved patient outcomes. The transitional process for the OPNP was compounded by geographical, social and organisational challenges. Addressing the identified challenges assisted in facilitating a successful transition for the OPNP.

Significance: Understanding the experiences of transitioning into a NP role is important. Knowledge of the transition experiences may assist in preparing future NP in enhancing the initiation and maintenance of the NP role in other rural health settings.

A Novel Approach in Designing a New Post Graduate Sub-Specialty Educational Program

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Background.

The emerging role of the Emergency Nurse Practitioner (ENP) has far reaching implications in the care of vulnerable populations across the life span delivered in high acuity settings. Academia has opportunity to advance learning and develop skills of advanced practice registered nurses within this sub-specialty practice. Building on ENP competencies and scope and standards for practice prepare nurse practitioners entry-level practice within this dynamic health care environment. The journey of developing and launching an online ENP Post Graduate Certificate program is explored for graduate level nursing practice. Initiating and starting a new ENP program is not without its challenges. Pearls of wisdom and pitfalls of practice are described.

Purpose.

To describe the process of developing and implementing an ENP program in Southern California. Approach. A feasibility analysis was conducted executing a process driven approach. Targeted strategies directed the business case to support a plan to design and develop an ENP sub-specialty practice in a college of graduate nursing. Relevant factors were examined and explored to validate assumptions to guide decision-making.

Key Learnings.

Lessons learned included the challenges of being early adopters of a new sub-specialty introduced to California, penetrating an untested market, securing practice partners, and organizational support for sustainability, represented the most significant hurdles.

Conclusion.

Developing a strong business case for the implementation of a new educational program requires dedicated leadership, support of stakeholders and access to internal and external resources. Subject expertise is essential in the creation of curriculum, course instruction, and content delivery. Appropriate training, instructional design and learning format enhance student experience. Academic programs must be nimble enough to make adjustments that reflect market demands and student expectations.

Significance.

This approach can guide the development of new educational offerings or curriculum changes in existing programs as an alternative means to design future program delivery.

A community-based Nurse-led Integrated Chronic care E-enhanced Atrial Fibrillation (NICE-AF) clinic: A preliminary evaluation

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Background: The worldwide prevalence of AF is increasing. AF patients are known to have increased risk of stroke, translating into greater mortality. Current hospital-based physician-centric care will not be able to cope with this rising tide of AF. There is much deliberation to move AF management from acute settings to the community.

Purpose: We designed and implemented a Nurse-led Integrated Chronic care E-enhanced AF (NICE-AF) clinic which embodied the integrated care model, utilisation of Advanced Practice Nurses (APN) and technology in the community. We sought evaluate the effectiveness and patients' acceptance of the NICE-AF clinic.

Methods: The Chronic Care Model guided the design of the NICE-AF clinic which included the use of a computerised decision support tool and web-based patient education. We conducted a process evaluation using quasi-experimental and qualitative methods. Our outcomes of interest were: cardiac hospitalisation, stroke, AF-related quality of life (QoL), AF knowledge, medication adherence, patient satisfaction, and healthcare providers' adherence to AF management protocol. We collected data at 0-, 6-, and 12-months and conducted in-depth interviews to explore patients' acceptance. Recruitment and data collection are still ongoing.

Results: Preliminary findings has shown significant improvement in AF-related QoL, AF knowledge, medication adherence and healthcare providers' adherence to AF management protocol. Initially, patients were apprehensive about seeing an APN. However, patients' attendance for follow-up visits have been good and patients' acceptance of the APN improved with time.

Conclusion: Preliminary findings demonstrated the NICE-AF clinic was not inferior to hospital-based outpatient services. Patients in Singapore are accustomed to physician-centric hospital-based specialist care. As AF patients experience improvements to their health through APN-led services, they may gain confidence in APNs' skills and knowledge.

Significance: The NICE-AF clinic serves as a precursor to other clinics devised to implement the role of APNs and optimise chronic disease management in the community.

Exploring knowledge and experiences from the nurses' perspectives: task-shifting in HIV care in Cameroun

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HIV care and treatment (CST) services have evolved in scope, strategies and interventions. Test and treat (T&T) as a strategy, was first implemented in pregnant and breastfeeding women in the context of option B+. Option B+ recommended task shifting as a strategy for proper implementation. Tasks previously carried out by doctors only, like prescribing ART and monitoring clients were gradually shifted to nurses, and midwives due to the staff shortage problems affecting health sector in Cameroon and Africa. Nurses in Cameroon have played key roles in implementing option B+ and (T&T) strategies since 2013. This study explored their knowledge and experiences in process.

It was a cross-sectional study carried out in 30 health units in the west region of Cameroon from November 2016 to June 2017, 10 option B+ standalone sites and 10 (CST) centers. 70 nurses were interviewed using a semi-structured questionnaire, sample size calculated using an online sample, participants chosen by a non-random convenience sampling method. Participants were HIV (CST) service providers playing different roles in the care process. Data was analyzed using SPSS (21) in the form of frequency tables and paired sample correlations.

Results show that the different HIV care tasks were distributed across different service points in hospitals. A greater proportion of nurses (45/74, 1%) received both pre-service and in-service training on aspects of HIV care and all (65/100%) were aware that tasks were shifted from doctors to nurses. There was a positive correlation between the comfort levels and the frequency of tasks performed ($p < 0.005$).

As the nation and international community continue to promote early ART initiation and expand access to ART, task shifting remains a key strategy that will lead to the desired results. Nurses have played and continue to play a significant role in HIV programs and are well placed to promote task shifting even to the community levels if adequately empowered.

Targeting an obesity epidemic: Outcomes of a nurse practitioner-led clinic focused on self-maintenance

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Background:

Obesity is associated with increased cancer risk, e.g. pancreas, colon and rectum; type 2 diabetes, mental health, cardiovascular disease and arthritis. BMIs of adults attending Diabetes Clinics in regional Tasmania are high; maximum BMI 69.5m² and mean 44.5m². NPs enable prompt and specialised assessment and treatment in people living with obesity and diabetes. The role comprising skills in assessment, diagnostics, pharmacotherapy, care coordination and research.

Purpose:

To describe the impact of an NP-led obesity clinic for people living with diabetes.

Method:

Between 2015 and 2016, 130 adults were recruited to a 2-year program focused on self-maintenance. Personalised programs were devised in partnership derived from the results of psychometric scores, physiotherapy assessment, weight history, sleepiness scale, nutritional review and NP medical assessment. Individuals saw the NP and dietitian 3-monthly, with referral to others as required. Weight gaining endocrinopathies were eliminated. Glucose-lowering medicines altered to weight-neutral or weight-lowering medicines. Metabolic surgery offered to suitable program candidates after 12-months. Nutritional status and medicines management were managed pre and post-surgery.

Results:

Nineteen dropped-out following pre-clinic assessment. Mean age 60 years (23-74); 76.3% on disability allowance or unemployed. Indigenous Australians represented 11.4%. Eighty-six completed the program. HbA1c reduced by 0.5% at 12-months and 0.9% at 24-months. Reduced insulin use. More than half sustained >10% body weight loss; 15% had metabolic surgery. Mean weight loss at 12-months was 4.9% (-10.5% to 36.2%); 24-months 9.8% (-9.6% to 49.7%). Weight gain associated with chronic pain or comorbidities, e.g. Charcot's joint. Improvements seen in mean values for lipids, liver function, weight, BMI, systolic-BP, physical and mental component summaries.

Conclusion:

Cardiovascular benefits were seen with 5% body weight loss or > 0.5% decrease in HbA1c, which is clinically significant. The NP role supports quality healthcare in obesity and diabetes. Supporting healthcare integration and reducing cardiovascular risk through specialist care.

Exercise intervention on reducing frailty in cardiovascular patients: A systematic review

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Background: Frailty is associated with disability and increasing mortality in cardiovascular patients. The prevalence of frailty in patients with cardiovascular disease is around 15%-50%. There are similar pathological mechanism between cardiovascular disease and frailty, and therefore patients with cardiovascular disease are at high risk for frailty. Exercise is one of recommended intervention for reducing frailty level. However, the effects of exercise intervention for reducing frailty in cardiovascular disease patients had not been reported with a systematic review.

Purpose: The aim of this systematic review is to evaluate the effects of exercise intervention on reducing frailty in the cardiovascular disease patients.

Methods: A systematic review was conducted using electronic database of PubMed, CINAHL, Medline and Cochrane Central Register of Controlled Trials for articles published until 10, November, 2019. Eligible criteria included all randomized controlled trials with English language investigating the effectiveness of exercise intervention for reducing frailty in cardiovascular disease patients. Using keywords include: cardiac disease, exercise, physical training, frail, frailty and Boolean logic to search relevant literature. CONSORT 2010 checklist for randomized controlled trial was used for assessing methodological quality.

Results: Four randomized controlled trials were included, representing 225 participants in exercise arms and 156 participants in control arms. Participants included heart failure patients (n = 1) and cardiac surgery patients (n = 3). Exercise intervention had significantly effects on reversing frailty and improving physical performance such as muscle strength in cardiovascular disease patients. Intervention setting include: hospital or home. The recommend exercise prescription included: three to five times per week, 30-60 mins each time, moderate intensity, and exercise types of aerobic, resistance, and balance exercise.

Conclusion: Exercise intervention is recommended for reducing frailty in cardiovascular disease patients.

Significance: More randomized controlled trials are required to support feasibility and effectiveness of exercise intervention for reversing frailty in cardiovascular disease patients.

Evidence-Informed Policymaking in Developing National Advanced Practice Nursing Roles

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Background

Countries developing advanced practice nursing (APN) roles face myriad of challenges in blueprinting, implementing, integrating and evaluating the roles. However, there is a paucity of information guiding the policymaking or APN implementation process. The urgency of guidance to support future role development is highlighted by accelerated role development around the world.

Purpose

To illustrate an evidence-informed policymaking project in the formulation, validation, and dissemination of national policy modelling nurses' career pathway from a registered nurse to advanced practice nurse.

Methods

The Evidence-Informed Policy and Practice Pathway framework was utilised during a 5-year project between 2013 and 2018. Under the project, an expert group (n=9) was established by the Finnish Nurses Association by inviting purposefully selected APN experts to participate in the project with the aim of examining and modelling nurses' career pathway in Finland.

Results

This process involved three stages: 1) sourcing evidence; 2) using evidence in policymaking; and 3) disseminating and implementing the evidence. During iterative project stages, multiple methods were used to gather, synthesise and translate evidence, including a scoping review of literature, expert consultations, surveys, expert group round-table discussions, and the national seminars. As a result, a policy on the career pathway from registered to advanced practice nurse was formulated and translated into English and Swedish.

Conclusion

Evidence-informed policymaking is an effective, interactive way to work collaboratively with several stakeholders in developing policies, achieving consensus and translating knowledge into practice. The policy developed during the project clarified nursing role delineation, leading the way to role standardisation, better understanding, optimal utilisation, and future governing of the nursing roles.

Significance

The policymaking process described can be replicated in other countries developing new roles for registered nurses. Furthermore, the illustration of formal career pathway description developed, may help to formalise the various levels of practitioners.

Remodeling the Web: Supporting Diverse Older Women Experiencing IPV in Rural Contexts

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Background

Despite increases in the incidence of reported intimate partner violence (IPV) in diverse older rural women, little is known about their service and support needs in rural contexts. In addition, rural older women experience significant geographic disparities in health status and health outcomes, socioeconomic and cultural inequities and limited accessibility to appropriate services, creating unique challenges to the provision of supportive services.

Purpose

In this study we seek to contribute knowledge and innovative approaches to conceptualize and respond to voiced needs and challenges faced by diverse older women experiencing IPV in rural contexts.

Methods or Approach

This study draws on the thematic analysis of 14 interviews conducted with diverse rural New Brunswick and Nova Scotian women who experienced IPV and/or service providers supporting older rural women who experienced IPV

Key Learnings or Results

Findings from the study culminated in the following themes: retaining the traditional web (e.g., gendered and cultural expectations), breaking the threads (e.g., promoting community awareness), spinning new connections (e.g., creating and transforming new supportive partnerships) and remodeling the web (e.g., engaging women's voices)

Conclusion

All of these patterns played out within rural contexts where identified supports and challenges either encouraged or discouraged diverse older women's agency and supportive workers' abilities to spin supportive connections and create innovative solution focused approaches to meet the needs of diverse rural women experiencing IPV.

Significance

These findings will serve to assist nursing leaders to conceptualize and to inform future person centered, transformative, collaborative and supportive strategies, as well as to forge interprofessional and intersectoral partnerships, for relevant service provision, education, policy development and research with diverse older women experiencing IPV in rural contexts.

Transcontinental Experience: Advanced Practice Nursing Roles in Emergency Care – Past, Present & Future Directions

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Background

Advanced practice nursing (APN) roles have emerged in response to emergency care needs in individual jurisdictions but were, and continue to be, influenced by, among other issues, regulation and educational provision in each country. It is timely that we examine and discuss the experiences of selected countries in the development of APNs in emergency care. Are there transferrable lessons?

Purpose

To present and examine the experiences of three countries in the development of APN roles in emergency care. To identify any homogeneity or heterogeneity in their experiences to facilitate transfer of ideas to where there is a need for APNs in emergency care.

Methods

Data from the USA, Australia and the Republic of Ireland, where advanced nursing practice is regulated, is presented, including numbers, history, scope of practice and roles, legislative and credentialing issues, professional socialization (reporting relationships, facilitators and barriers) and educational provision. Countries are mapped under each heading forming the agenda for a panel discussion.

Results

APNs in each country have emerged in response to healthcare need. There are similarities evident regarding the challenges with legislation and credentialing, access to education and professional socialization. Roles have both similarities and differences across the jurisdictions. There is the opportunity to learn from the experiences of these countries.

Conclusion

APNs in emergency care has and continues to evolve. There is a need to share and learn among advanced practice nurses in emergency care globally to best serve our communities.

Significance

Emergency care provision is a significant issue globally. The development of APN roles in response to this global challenge is an imperative worldwide. This session will inform those who seek to develop roles in response to this challenge.

Stakeholders' perception of the implementation of advanced practice in France

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BACKGROUND: On July, 2018, the texts governing training and advanced practice exercise were published. The introduction of advanced practice in France was introduced to improve the quality of patient care by reducing the workload of physicians on targeted diseases.

The advanced practice nurse in France within defined specialties (stabilized chronic diseases, renal diseases, onco-hematology and mental health) set up orientation, education, prevention, screening activities, clinical evaluation, technical acts, and prescriptions.

The introduction of these new professionals represents a major upheaval in the French health landscape, and it seems important to ask the questions of the stakeholders' perceptions in order to achieve a quality implementation.

OBJECTIVES: The main objective of this work was to explore stakeholders' perceptions of the implementation of advanced practice in the health institutions of PACA region of France.

METHOD: In partnership with the PACA regional health agency, the team conducted a qualitative study by focus group and interviews with stakeholders in six institutions. Paramedical supervision, nurses, physicians, future APNs, patients were interviewed. 22 focus groups 6 interviews were conducted on the different themes related to the implementation of advanced practice, for a total of 118 people interviewed.

RESULTS: Despite the risks identified by research regarding the use of APN, the arrival of these new professionals is seen as an opportunity for each profession and for the health system.

CONCLUSION: Advanced practice is generally well received, but everyone's perception means that each group of professional has their own perception of this profession. It is important for a quality implementation to take these risks into account.

SIGNIFICANCE: The analysis of the results led to the construction of a quality implementation guide containing 7 major recommendations to help decision-makers implement advanced practice in their institutions

Similarities and differences in developing education programs of Advanced Practice Nursing in two Nordic countries.

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Background:

Educating high skilled professionals that can meet the future healthcare demands of the population, is an international effort. Advanced Practice Nursing (APN) education has a long tradition in many countries; however, Norway and Denmark have limited experiences in APN education.

Purpose:

The purpose of our project was to identify and optimize the structure and content of APN education programs contextualized to the Nordic Welfare state.

Methods and approach:

We organized five seminars and workshops with faculties and stakeholders across the two countries during the last three years. Each seminar and meeting had a specific agenda around the issues of how to build a sustainable APN education.

Key learnings:

The initiation of the APN programs was quite different in the two countries. In Denmark, eight municipalities initiated the program and approached the university. In Norway, the initiation came from the health authorities. Despite the modes of initiation were quite different, the two universities experienced many similar challenges and barriers in their effort to build up the new programs. Our approach of collaboration provided the opportunity to develop the programs and courses across the two countries for the prospective students.

Conclusion:

Political and organizational challenges were critical issues to resolve and manage in the development of the education programs. Working together across countries and professional traditions was fruitful for expanding our understanding of the content and structure of the APN education. We increased our capacity in developing the APN programs.

Significance:

The project proved that our approach has opened up our understanding of how we can develop new education models that may be transferrable to other countries.

Learning objectives:

To learn about the benefit of collaboration across the countries in developing APN- education in Nordic Welfare states. To contribute to the discussions on how to develop sustainable APN programs.

Outcome-Based Continuing Education: An Innovative Professional Development Model for Advanced Practice Nurses (APNs)

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Although continuing nursing education (CNE) credit has long been recognized using a time-based model, outcomes of participating in CNE are independent of the amount of time an individual spends in the activity. In response to the need for the CNE credit system to evolve, the American Nurses Credentialing Center (ANCC) created an innovative outcome-based methodology to align practice expectations to the educational needs of nurses.

This conceptual model is built upon a hierarchy that specifically addresses the level of learner engagement, expectations for assessment and evaluation, and potential impact on performance.

The five levels for this outcome-based continuing education (OB-CE) model use principles of outcome-based education, starting with articulation of knowledge and skills and progressing through application, demonstration, integration and impact on practice, patient and/or system outcomes. The model acknowledges that learning is affected by individual/group behaviors, attitudes, culture, values, judgments, and beliefs that can positively or negatively impact achievement of desired outcomes. Continual competence of the APN requires on-going engagement in life-long learning to advance knowledge, skill, and evidence-based practice with evaluation of professional performance and patient, system and/or public health outcomes. The ANCC OB-CE model and ANCC framework supports APNs throughout the phases of their careers to engage in and demonstrate life-learning.

As healthcare becomes increasingly outcome-driven, OB-CE specifically addresses the level of learner engagement, expectations for assessment and evaluation, and potential impact on performance beyond self-report.

The ANCC OB-CE methodology to plan, implement and evaluate continuing education positively impacts practice and patient outcomes through a competency-based, outcomes-driven professional development framework.

The ANCC APN certification requirements recognize OB-CE as a viable and valued option for initial and certification requirements.

Investing in the Future: A Model for Empowering Nurse Practitioner Practice in Integrated Health Systems

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Background: The newly integrated healthcare delivery system in Ontario, Canada provides an opportunity to optimize and grow the workforce, with the goal to improve access and cost-effectiveness.

Purpose: The NP Task Force: Vision for Tomorrow was launched by the Registered Nurse Association of Ontario (RNAO) to ensure integration, optimization, and growth of NPs in Ontario. The objectives of the Task Force include the identification of key sectors of NP utilization, facilitators and barriers to role optimization, needed legislative changes, and the size of the NP workforce.

Methods or Approach: The framework of the Task Force draws on the Sustainable Development Goals and the Quadruple Aim. The process of the Task Force drew on key stakeholders and experts from multiple sectors across Ontario: advanced practice nursing, medicine, insurance, government, unions, education, and administration. An environmental scan with sector analysis of public health, primary care, acute care, home care, and long-term care was undertaken.

Results: Key findings with recommendations will be completed in February 2020 and formal report will be finalized by July of 2020.

Key learning categories:

1. Strategic importance of the NP model in an integrated health system
2. Key findings from the Ontario project
3. Resonance for the global healthcare workforce

Conclusion: Integrated health system transformation with full integration of advanced practice nursing and optimization of scope of practice depends on a broad coalition of key stakeholders.

Significance (Impact and Reach): The RNAO process model and findings can inform international health planning for those with an eye on workforce development and sustainability.

Optimizing and Expanding the NP Role in an Integrated Health System

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Background: While the legislated authority of Ontario's NPs exceeds most jurisdictions, Ontario's NP workforce is relatively small. Ontario's NPs comprise 3% of the total RN workforce, compared to 7.1% in the United States. Ontario's new integrated care delivery system provides an opportunity to grow the NP workforce and optimize the NP role.

Purpose: The NP Task Force was launched to ensure integration, optimization and growth of NPs in Ontario. The final report will: highlight key sectors of NP utilization; identify opportunities for, and facilitators and barriers to, role optimization; identify needed legislative changes; determine NP workforce requirements; propose strategies for integration across sectors; and, recommend ways findings may be applied to other health care systems.

Methods or Approach: The NP Task Force brings together two important frameworks: the UN's Sustainable Development Goals (SDGs) and the Quadruple Aim. These frameworks position NPs as a key solution for health systems internationally. The Task Force has conducted environmental and literature scans of NP utilization across sectors. Recommendations are being developed by a panel of experts, focusing on ways to optimize and further integrate NPs into Ontario's health system. Implications for national and international NP practice will be discussed.

Results and Key Learning: Sector by sector analysis enabled the role optimization within and between sectors, resulting in an optimized blueprint of the NP role.

Conclusion: Health system transformation is an opportunity to fully integrate NPs into the health system.

Significance (Impact and Reach): Using Ontario as a case study of optimization of nursing resources, in the context of health system transformation, this project will advance our understanding of how NPs can contribute to global transformation as set out by the 2030 Agenda for Sustainable Development.

Lived experience of French nurses graduated from the first two masters' degrees in advanced practice

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Background

Faced with the need to maintain access to care adapted to the changing needs of the population, successive governments since the early 2000s in France have considered introducing the function of advanced practice nurse (APN). In 2009, the Ministry of Health announced that this legislative change would take place quickly. In this perspective, two advanced practice master's degrees have been opened in France in order to anticipate the introduction of this function. However, following a change of government, this project will be postponed several times. The legislation was only introduced in 2018. During this time, more than 300 nurses have graduated from these two masters' courses. They had to use their competencies in unprepared clinical environments and without having a dedicated scope of practice.

Aim

Describe the experience of nurses graduating from the first two masters' degrees in advanced practice offered in France

Methods

A descriptive phenomenological study inspired by Husserl was carried out during the first half of 2018 with 10 participants who graduated from these masters. Open interviews were conducted. The analysis plan proposed by Giorgi was used. The study was approved by the competent authorities.

Results

6 themes emerged from this qualitative analysis to describe the phenomenon:

1. My training and my master's degree.
2. The evolution of my nursing practice.
3. Difficulties encountered upon return from the master's degree.
4. Between satisfaction and disillusionment.
5. Need for support.
6. My professional project.

Conclusion

This study illustrates the transition experienced by these new graduates from nursing to advanced practice nursing. This transition has been made more difficult by the lack of legislation and regulations on advanced practice.

Implications

These results confirm the need for a project to introduce advanced practice nurses into a health system to focus on jointly establishing a legislative framework and training system.

Development of Essential Coaching for Every Mother: A Postnatal Text Message Educational Intervention for Mothers

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Background: Mothers often seek support and information during the immediate postpartum period but may face gaps in access. One innovative strategy to improve mothers' access to important, quality postnatal information and support is mHealth, specifically text messaging.

Purpose: To describe the design, development, and iterative testing of a postnatal educational text message intervention for mothers in Halifax, Nova Scotia called Essential Coaching for Every Mother.

Methods: Eight participants (3 mothers, 5 healthcare providers), thirteen participants (8 mothers, 5 healthcare providers) and 8 participants (8 healthcare providers) took part in three cycles of iterative testing. Participants reviewed text messages by topic area for the first two rounds (i.e., breastfeeding) and by timing for the third round (i.e., week three). Semi-structured interviews were used to solicit feedback on content and the intervention approach, which was used to adapt the content of Essential Coaching of Every Mother.

Results: First time mothers were on average 30.6 years of age (SD=3.6) and postpartum healthcare providers (e.g., public health nurses, family doctors) had a mean of 14 years of experience (SD=10). Text messages evolved from risk-focused to prevention and education focused on well-baby and well-mother care. Mothers will receive daily messages for the first six-weeks postpartum, with two messages per day for the first two weeks. Mothers felt the messages addressed their needs and healthcare providers ensured the content was consistent with the information currently being provided to postpartum mothers in Halifax.

Conclusion: Involving end-users (first time mothers) and stakeholders (postpartum healthcare providers) in the development of Essential Coaching for Every Mother ensured that the text messages were appropriate and desired.

Significance: Essential Coaching for Every Mother is the first postnatal educational text message intervention developed for mothers in Halifax, Nova Scotia and will be evaluated in a randomized controlled trial starting in Spring 2020.

New Competencies, Unsettled Role in Primary Healthcare: A Qualitative Study of NP-students Experiences in Norway

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Background

Advanced practice nursing is a new role in Norway. In a white paper the Norwegian Government (Meld. St. 26, 2014-2015) presented the need for a more advanced clinical nurse (ACN) role in the primary healthcare services, and to meet the needs of the growing group of elderly people with complex disease conditions. A University College, transitioned an existing graduate program into an ACN (i.e., nurse practitioner) program in 2016. Core competencies were created for the ACN-role following the National Organization of Nurse Practitioner Faculties.

Purpose

The aim of the study was to gain knowledge about how the ACN students have experienced competence- and role development during the graduate program.

Methods

A qualitative design, with focus group interviews was used to gain knowledge about the students' experiences at the end of their program of study. Data were analysed by systematic text condensation, described by Malterud.

Ethical considerations

The study was carried out in line with the Declaration of Helsinki. The rights of the participants was ensured by informed consent.

Results

Students learned more than expected in their graduate program. Specifically, the competence gained made a difference in their advanced clinical practice, provided security in the practice of advanced nursing, provided confidence in interaction with other professions, and provided a holistic approach and care for the patients. Another major theme identified, was the potential of the ACN-role in primary healthcare is unknown as a role and with various expectations from leaders and colleagues. In addition, there is a need for making the new role visible.

Conclusion

Education based on core competencies from NONPF were well received by the students. There is a significant gap between the government's recommendations to educate ACNs and the lack of facilitation for the new role in the primary healthcare system.

Significance:

Making ACN-role visible in Norway

Patient Portals: Paving the way to wider reach, bigger impact

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Background: In an evolving health care system, patient empowerment through optimizing technological advances is an important aspect of clinical care for advanced practice nurses. Patient portals increase the opportunity for patients to be informed and to have increased accessibility to their personal health information. Within a secure digital platform, patients are able to establish mutually negotiated plans of care and information sharing with their health care providers. An acute care health care system committed to the strategic priority of implementing a regional patient portal with distinct features including: access to test results, discharge summaries and a self-care diary.

Purpose: To empower patients and families to enhance their access to health care information and to improve their self-care management through increasing access to digital tools.

Approach: The RE-AIM framework (Glasgow, McKay, Piette, & Reynolds, 2000) was utilized to evaluate the strengths and areas for improvement for the patient portal deployment through a multi-site program centric implementation approach.

Results: Post initial implementation of the portal, 208 evaluation surveys were completed by patients to gain insight into their satisfaction with the accessibility and user features of the patient portal.

Conclusion: Overall, 57% of respondents were in moderate or strong agreement that they felt more informed about their health as a result of accessing the portal. Qualitative feedback indicated respondents would recommend greater accessibility to clinical notes, real time report release and an ability to communicate securely with their health care provider.

Significance: As digital health strategies continue to develop, patient portals will be a mainstream intervention integrated into clinical practice. Preliminary results of the implementation of a patient portal indicate positive patient satisfaction findings. This project brings forth great opportunities for advanced practice nurses to partner with patients to embrace patient portals into their practice environments.

Advanced Practice Nurse's Role and Scope of Practice in The Field of Pelvic Floor Disorder

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Background & Purpose: Pelvic floor disorder is a widespread chronic disease that can confront patients with a variety of physical and psychosocial impairments. An interprofessional team from a hospital region of Switzerland expressed the need for support through an Advanced Practice Nurse (APN) to further develop interprofessional care. The focus of this oral presentation, which arose as part of a master's thesis, is the role development of an APN in the field of pelvic floor disorder based on expert knowledge.

Methods: A stakeholder-oriented, participative evaluation research was carried out, which was based on steps one to three of the PEPPA framework. Ten interviews with internal and external experts in the field of pelvic floor disorder were analyzed by structuring content analysis according to Kuckartz.

Results: The stakeholder described eight possible activities of an APN: (1) Contact person and patient advocate, (2) patient education, counseling and information, (3) training of professionals, (4) internal and external collaboration with professionals, (5) evidence-based practice development, (6) scientific work, (7) performance of delegated medical services and (8) administration and organization. In addition, it could be shown that adherence management is of particular importance for the care of this population and that APN could play a central role in this. The areas of activity were further operationalized and led to a comprehensive role description.

Conclusions & Significance: The benefits of an APN in the field of pelvic floor disorder are prominently shown in four APN competencies according to Hamric: direct clinical practice, collaboration, counseling and evidence-based practice. An APN can provide both: a conceptual and a clinical contribution to the care of those affected. Further research should investigate the value of an APN, in the care of patients with pelvic floor disorder, from the patient perspective.

Adopting a new Speciality Advanced Practitioner into the Emergency Department to enhance the patient journey

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Background

We recognised that increasing numbers of patients presenting to the Emergency Department (ED) with chest pain and palpitations meant that not all patients were being diagnosed or receiving treatment in a timely way. We looked at how we could add to our hybrid emergency care workforce and piloted the role of the ED Cardiac ACP role in the ED as part of the larger ED team.

Methods

Between March and September 2016, a Cardiology ANP assessed patients presenting to the ED with suspected heart attack, abnormal heart rhythms and symptoms suggestive of heart failure. The post was piloted for two days a week (Monday and Friday) and a direct comparison with data from the previous year was completed. We developed a comprehensive competency framework to support the post and linked this to the HEE multi-professional framework, as well as developing a cross speciality working group and mentor scheme.

Results

Of the 223 patients assessed, 159 (71%) were discharged on the same day avoiding medical admission. Of these, 126 (79%) were discharged with a cardiology diagnosis following clinical assessment, face to face or telephone advice. The remaining 33 (21%) were discharged with a non-cardiac diagnosis. Total number of admissions avoided over six months was 126. The prospective bed days saving was 630 bed days per annum; based on an average bed day cost of £350, the annual estimated cost saving can be estimated at £220,500.

Conclusion

The implementation of the ED cardiac ACP role is effective at providing early specialist assessment, streamlining direct admission to specialist care, decreasing hospital admissions and facilitating early discharge. This improves the patient journey, and improves patients' safety and outcome. The post is now permanent. A hybrid approach to ED workforce development has proved to be successful but a clear support infrastructure is crucial.

Developing Non-Technical Skills in the Advanced Clinical Practitioner Skill Set

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Background and Purpose

Advanced Clinical Practitioners (ACP) are a growing part of the multi-professional workforce in primary, secondary health care as social care in England. Recently the new ACP level 7 masters apprenticeship has given universities the opportunity to take a cohort, spiral pedagogy approach to advanced practice programmes. As part of the ACP apprenticeship programme we identified a clear need to develop non-technical skills in our trainee ACPs.

Approach

A rapid review of the literature was undertaken in order to identify key themes. The programme team debated and explored different educational approaches to meet the needs of the ACP apprentices.

Key Learning

Key themes identified from the literature were:

- Imposter syndrome
- Lack of professional identity when moving into a new advanced role
- Developing sophisticated negotiating skills
- Managing interprofessional conflict
- Managing uncertainty

Action learning sets were identified as an ideal educational approach to addressing these issues, which would also allow the ACPs the opportunity to develop and practice their coaching skills.

There are 3 action learning days a year with a format of: a national expert presenting in the morning with time for debate. In the afternoon, key themes from the morning session are explored from the ACPs experience. A brief review of the issues and progress from the last action learning day are reviewed at the beginning of the afternoon.

Conclusions

The informal feedback has been overwhelmingly positive from the cohort so far, a more formal evaluation is planned to take place.

Significance

Non-technical skills are not normally formally incorporated within a formal masters programme in advanced practice in the UK. The ACP Apprenticeship approach has given us an innovative opportunity to address the knowledge, skills, values, behaviours and non-technical skills development of the ACP in order to make them a resilient practitioner

NP Led Coronary Care Unit - a Novel Model in Acute Care

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Background: In February 2019 the Rockyview General Hospital, Calgary Alberta, established a new clinical model, one of the first in the country, a NP led CCU with 7 days a week, 24 hrs coverage.

Purpose: The original CCU model of care had many inconsistencies in patient management, discharge processes for follow-up as well as bedside and in the moment teaching of nurses and allied health care providers. It has been well documented that NPs provide consistent high-quality care that is both efficient and cost-effective.

Methods: This quality improvement project received permanent funding to support the implementation of medical cardiology NPs in the CCU – providing autonomous care in collaboration with cardiology physicians to ensure quality, comprehensive, consistent care was provided for the cardiac population

Results: Preliminary measurements on outcomes such as medication reconciliation documentation, antibiotic resistant organism documentation, and Meta-vision charting have shown to be more consistent than the previous model of CCU care. Operationally, length of stay has improved with an increase in after-hours discharge. Measurement from a work-place satisfaction, has shown excellent acceptance by nurses in the response time for patient assessments and dissemination of patient's plan. The overall satisfaction from the medical team is robust as it relates to trust and confidence in the NP independent practice.

Conclusions: This NP led CCU is a model of success in acute care process delivery as well as in overall satisfaction of added value to the health care team.

Significance: NPs as leaders in acute care improve the health care experience for many. This NP team continues to engage with our stakeholders within Alberta Health Services to promote the NP role and the value that an NP provides to Albertans so that this model can be replicated throughout the province.

Transforming the Primary Care Landscape through Collaboration with Government - The Bermuda Health Triangle

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Background:

The burden of chronic diseases has been an important factor that has led stakeholders to consider various models in primary care to control cost and improve patient outcomes. The Patient-Centered Medical Home (PCMH) model is appealing because its focus is on providing a comprehensive, coordinated and collaborative approach to chronic disease management.

Such was the thinking behind the Bermuda Health Insurance Department's request for proposals to reach out to community partners to assist with an Enhanced Care Pilot (ECP) Program that borrowed the tenets of the PCMH. Three General Practitioners' offices and the King Edward Memorial Hospital (KEMH) won bids to implement the ECP program. Of the four sites, KEMH was the only one that utilized a Nurse Practitioner (NP).

Purpose:

The purpose is to: (i) describe the collaboration between the Bermuda Government and the KEMH clinic; (ii) demonstrate the outcomes achieved, and; (iii) highlight the critical role that NP's play as the functional lead in a PCMH clinic.

Methods or Approach:

The PCMH clinics were given autonomy to design their own methods. The KEMH clinic employed a full-time NP, and a part-time physician, along with support staff. Entry criteria into KEMH clinic included patients with at least one chronic condition, who were under- or un-insured, and who did not have a primary provider. Each patient enrolled is subsidized for medications, diagnostic services and clinic visits. The government provided monthly capitated payments in exchange for data from client encounters on a monthly basis.

Significance/Conclusion:

Based on the positive results demonstrated after a year of implementation, an NP-led PCMH clinic is a viable option to chronic disease management and sets the stage for implementing other NP-led programs to address population health. The collaboration with Government highlights the shared approach to care that is foundational in creating a new Bermuda Triangle.

Innovation in Anticoagulation Management: Development of a Warfarin Patient Self-Management Education Program

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Background

Warfarin is a high-risk anticoagulant with complex pharmacokinetics and a narrow therapeutic index requiring intensive patient education and follow-up. Traditional anticoagulation monitoring models involve INR tests with professional guidance about results and medical recommendations. A novel patient warfarin self-management design enables patients to independently determine the warfarin dose requirements and INR testing frequency.

Currently, there are no warfarin patient self-management programs for adults in Canada so this represents an innovative model of care. Warfarin patient self-management education programs described in the literature range from 15 minutes to full day education sessions. Involvement of patients in the program development process is not described. Patient engagement to determine learning styles and needs is an essential component to successful program design.

Purpose

The purpose of this presentation is to report the process and outcomes of patient engagement in the development of a warfarin patient self-management program. This novel program empowers patients, improves patient care outcomes and clinic operational efficiency.

Methods

As part of the multidisciplinary team, patients were engaged in all phases of the warfarin patient self-management program including learning needs assessment, assessment of the acceptance of warfarin self-management, development of e-learning modules with a companion workbook and website design.

Key Learnings

Patients were appreciative of the opportunity to actively participate in all phases of the education program development, implementation and evaluation. A standardized patient education program to ensure that eligible patients are trained with the knowledge, skills and judgement required for safe and optimal anticoagulation management is essential.

Conclusions

Patient engagement to determine learning styles and needs is an essential component to successful program design. There was a high degree of patient acceptance of warfarin self-management.

Significance

There is an opportunity to standardize warfarin patient self-management education and impact patient care at the local, national and global level.

Envisioning Possibilities for Advanced Practice Nurses in the Emergency Department

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BACKGROUND

Emergency departments (EDs) play a unique role within the healthcare system due to their position at the intersection between hospital and community services. Not only do they function as a major entry portal for inpatient services, they also implement measures that avert many admissions. However, performance of these functions can result in ED crowding if the influx of patients exceeds outflow.

PURPOSE

A retrospective analysis of administrative data for one fiscal year (2018 to 2019) was undertaken to examine factors that affect patient volumes and flow within the emergency department in terms of four patient populations: (a) Discharged inpatients who presented to ED within a week of hospital discharge; (b) ED patients assigned a triage score of 3, Urgent, but who are eventually discharged home; (c) ED patients admitted to hospital but who remain in ED awaiting transfer to inpatient unit [boarders]; and (d) Frequent users of ED services [defined as 4 or more visits within study period].

METHODS

Administrative data were retrieved for 49,619 ED visits and 12,850 hospital stays. Descriptive and comparative analyses were conducted to examine characteristics of the four populations and their ED stays.

RESULTS

Although the majority (73%) of ED cases were eventually discharged, approximately 14% were admitted which represented over half (53%) of all hospitalizations.

CONCLUSION

Time spent by patients in the department generally exceeded targets set by the Canadian Wait Time Alliance.

SIGNIFICANCE

Emergency nurses working in advanced practice roles are ideally positioned to assume a leadership role in identifying factors that impede the flow of ED patients and jeopardize the quality of care received. By reviewing cases and collaborating with colleagues from inpatient units and community agencies, ways to improve the delivery and coordination of healthcare services and possibly avert future ED presentations may be identified.

The Impact of Trauma on Acute Care Family Members, and the Clinical Nurse Specialist Role

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Background: Little information exists about the needs and the impact of trauma on family members outside critical care environments. Predictors of coping is poorly understood, and few if any interventions have been identified to meet the needs of family members in acute care settings following the traumatic injury of their loved one.

Purpose: To assess the psychosocial and functional impact on family of adult trauma patients beyond the critical care environment, and to identify their satisfaction with the care provided to meet their needs.

Methods: Using a non-experimental descriptive, correlational design, 86 family members of adult trauma survivors were administered the Hospital Anxiety and Depression Scale, the Impact of Event Scale-Revised, the Coping Inventory for Stressful Situations-Situation Specific Scale, the Critical Care Family Satisfaction Score, and the Life Event Checklist-DSM5 to identify the coping strategies and symptoms of stress, anxiety and depression after 72 hours following the unexpected hospitalization.

Results: Family members had higher levels of stress and anxiety in the early days of hospitalization. Most caregivers were female (N=60, 69.8%), while the patients were predominantly male (N= 59, 68.6%). Nurses were viewed positively by family members. More communication between staff and family members, frequent updates and support from medical staff, and a more comfortable visiting environment are among the needs identified by family members.

Conclusion: The impact of the traumatic injury is similar to that reported within the critical care literature, yet unlike the ICU, few supports and interventions have been developed for the acute care family population.

Impact/Reach: Results from this study offer Clinical Nurse Specialists an ideal opportunity to develop interventions to minimize any negative outcomes, enhance and capitalize on positive outcomes, reducing length of stay and burden, ultimately optimizing the health and well-being of the family members, the patient, the healthcare team and the system itself.

The Transfusion Boot Camp Pilot Program for Nurse Practitioners: Educating the Next Frontier of Transfusionists

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Background

Blood transfusion is a common and a potentially life-saving intervention, but is associated with risk and overuse. Nurse practitioners (NPs) practicing transfusion medicine (TM) is increasingly common, however resources aimed at NPs are lacking and little is known about NP TM knowledge.

Purpose

A successful Canadian "Transfusion Camp" program for medical residents was adapted for NPs to teach TM competency

Methods

Transfusion Camp originally occurs over five days, with didactic lectures followed by small-group learning seminars. Based on collaboration between NP Department Head/Director and TM directors, an adapted three-day course was developed and piloted. Two modalities were used to assess the pilot: 1) a participant demographics survey and needs assessment; and 2) a validated TM exam administered both before and after the course.

Results

The pilot program had 23 participants in BC completing the survey and course, with approximately half being in practice over 5 years and practicing in an inpatient setting. The majority of participants reported prescribing blood products in the last year, primarily red blood cells, but did not have any opportunities to undertake continuing medical education in TM.

Exam scores significantly improved post-course (pre 35.2% vs. post 50.3%, $p=0.005$), NPs were able to show increased competency and knowledge with TM. Appropriate transfusion triggers and correct recipient identification had the most correct answers; and transfusion reactions highlight opportunities for improvement.

Conclusion

Our needs assessment suggests a lack of TM resources for NPs and our curriculum demonstrated gains in TM knowledge consistent with medical post-graduates.

Significance

Our program represents the first formal program in Canada to expand NP knowledge of TM and it exemplifies the partnership between NP Leaders and TM experts to optimize NP scope and knowledge. Further refinement and future impact assessments will demonstrate the generalizability/scalability of the Transfusion Camp program for transfusion prescribers.

Bringing the mystery of Advanced Practice Nursing into practice

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Background: The Implementation of Advanced Practice Nursing in Germany is in an ongoing process. Nevertheless, there are still structural problems in the implementation of ANP Roles in German hospitals.

Purpose: The purpose of our practice implementation project is to develop a strategy to implement ANP effectively and patient-centered in a large university medical center in Hamburg (UKE).

Methods: In order to reach our goal, we searched the literature for important models and concepts. In addition, we conducted internships in clinics with APNs to identify hindering and facilitating factors in the implementation process.

Results: In workshops with the clinic management, the strategy for the implementation of ANP was developed. Expectations of the role have been taken into account of the management, the future APNs and other Stakeholders. A concept was written which considers the most relevant models in relation to APN. Basic tasks have been defined, which provides a framework for the practice work. The expansion of the internal APN network leads to an improved exchange and serves the practical development. Individual consultations and internships by a Nursing Scientist with APN background in direct clinical practice serves to support role development. In January 2020 the first four APNs will officially start their work in the direct clinical practice. The future plan shows an extension to another twelve APNs until 2023.

Conclusion: Advanced Practice Nursing is no longer a mystery in Hamburg. With the ANP concept, the role of an APN could be structured and displayed to everyone in the clinic. The involvement of management in strategic planning turns out to be a decisive factor in the implementation.

Significance: This approach contributes significantly to a structured implementation of Advanced Practice Nursing in the UKE Hamburg.

An innovative approach to treating chronic pain: Battlefield Acupuncture (BFA)

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Background: Chronic pain is a common cause of suffering and disability world-wide. It is estimated that up to 50% of the general population experiences chronic pain. It is one of the most common reason that patients seek medical care. The most common types of chronic pain are musculoskeletal disorders including low back pain and neck pain. Treatment of chronic pain has predominately focused on pharmacological therapies in the past including the use of opioids for pain. Over the past 10 years, there has been a significant increase in opioid prescriptions for pain, leading to significant morbidity and mortality. In 2018, there was a 5-fold increase in deaths from 1999- 2017 involving opioid prescriptions.

Purpose: The purpose of this workshop is to describe, discuss and demonstrate the successful use of BFA as an effective treatment for chronic pain.

Methods: This will be a didactic workshop including a demonstration of the use of BFA for pain.

Key Learnings:

1. Describe the history and development of BFA in the US military and its current use in the Veterans' Health Administration (VHA).
2. Discuss the role of the Advanced Practiced Nurses as a BFA provider, and the policies guiding the implementation of this role.
3. Provide an overview of policies and scope of practice issues related to the APN as BFA provider.

Conclusion: BFA is an effective, non-addicting modality that can be used by APNs in the treatment of chronic pain.

Significance: Chronic pain is a significant cause of morbidity and disability in our population today. Utilization of effective, non-addictive modalities of treatments such as BFA, can be a cost effective, health promoting therapy that can improve patient's quality of life through the elimination of pain.

Building anesthesia and surgical capacity in Liberia by adopting nurse anesthetist competency-based education standards

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Background/Purpose:

In 2016 Liberia was recovering from decades of civil war and the subsequent Ebola epidemic, which decimated civil society including the health system. The nation was severely underserved in anesthesia capacity, with less than 75 nurse anesthetists and no physician anesthesiologists for a population over 4,600,000. The lack of access to safe anesthesia made expansion of surgical service unfeasible. Liberian health policy makers recognized that essential surgery, including Caesarian section and trauma care, components of Universal Health Coverage, could not be developed until skilled anesthesia was available.

Approach:

Liberia had one formal training program for nurse anesthetists. The Phebe Anesthesia Program (Phebe) graduated 0-5 students annually. Nurses had been trained as anesthetists for decades, but formal education relied upon inconsistent NGO participation and the efforts of unsupported and overworked anesthesia faculty. The health sector goal was to strengthen locally relevant nurse anesthesia training.

Evidence based international standards for nurse anesthesia education and practice are available. The challenge was tailoring them to the Liberian anesthesia education and practice context. The team designed an internally sustainable, locally relevant education model based upon the nurse anesthesia competencies promulgated by the International Federation of Nurse Anesthetists (IFNA). In 2018, after a rigorous self-study and site visit, Phebe was awarded Level 2 IFNA recognition. Currently, there are 10-15 students in each class and students must achieve the didactic and clinical competencies required by the international standards, including performing anesthesia for 250 cases of varying complexity, to graduate as registered nurse anesthetists.

Conclusions/Significance:

It is feasible to develop and deploy rigorous, competency-based, relevant and locally sustainable advanced specialist nurse education that meets international standards in a resource constrained setting. Strengthening the role of the nurse anesthetist through competency based education has implications for improving access to essential surgery, a component of universal health coverage.

Supporting Spousal/Partner Caregivers of People with Dementia

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Background: Worldwide 47 million people have a diagnosis of dementia, by 2030 this number is expected to grow to 75 million. The greatest increases in dementia diagnoses will be in low- and middle-income countries. Most care for people with dementia is provided by family caregivers and in particular spousal/partner caregivers. The greatest impact related to care is on quality of life for those with dementia and their family caregivers. The caregiving role can be a positive experience, however, for many the experience has consequences related to physical health and to social-emotional-financial wellbeing. Healthcare providers play a key role in the assessment and support of the family caregiver.

Purpose: This presentation outlines the results of a systematic review of the spousal/partner caregiver experience in caring for a person with dementia and the resources for practitioners related to caregiver assessment and support.

Methods: A Joanna Briggs Institute Qualitative Systematic Review was conducted to examine the experiences of spousal/partner caregivers in the care of a person with dementia.

Findings: One hundred and fifty-five findings were extracted from 19 studies. These findings were grouped into four categories:

- 1) Caregiver as multi-tasker),
- 2) Need for information and resources,
- 3) Disappearance of a way of being, and
- 4) Consequences of caregiving.

Conclusion: Caregivers are expected to care amidst uncertainty and unpredictability, and the caregiver is hostage to the disease. Healthcare practitioners play a key role in assessing and supporting caregivers, and they need the tools and resources to do so.

Significance: The contribution that spousal/partner caregivers make to the care of people with dementia means maintaining a person at home while saving billions of dollars. This group of individuals need the knowledge and support necessary to fulfill the role of caregiver while minimizing the effect of the role on their own health and well being.

Advanced Practice Nursing - Role Confusions in the German-speaking Countries

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Due to the recent academization of nursing in the German-speaking countries, the development of specific tasks of Advanced Practice Nurses is still in its infancy. On the contrary, the current discussion focuses more on unclear role assignments, future tasks, competencies and its realization in the practice field. This lack of clarity leads to diverse interpretations, expectations and demands on the Advanced Practice Nurse within the nursing profession as well as among other health professionals. Based on these assumptions, this contribution examines the implications of this lack of clarity and the recommendations for establishing Advanced Practice Nurses in German-speaking countries.

An evidence synthesis in the form of a rapid review was performed using the electronic databases Pubmed and Cinahl. The data set was screened for its eligibility in a three-stage process. The ongoing analysis and synthesis of the results has been carried out in a narrative and tabular form.

Preliminary results indicate a lack of clarity and consistency in terms of title, definition, role assignments and professional practice, which leads to role ambiguity. This ambiguity arises when, for example, intra- or interprofessionally different demands or expectations exist for the Advanced Practice Nurse or the self-defined role meets different ideas in the diverse professional settings. This can also mean that there is a supposed consensus: All use the same terms, but understand something different. Due to the different requirements, both intra- and inter-role conflicts can result; at the same time there is the risk of role overload. This can lead to considerable uncertainty with regard to professional identity, so that an early career drop-out can be the consequence.

The results are of great importance for the further development and design of clear roles for Advanced Practice Nurses. They justify the development of a nomenclature for Advanced Nursing Practice in German-speaking countries.

Advanced practice nursing emergence in France: involvement of French PhD nurses

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Background

Since 2018, French Medicine faculties have been delivering APN's diplomas. This master is a degree in nursing and an opportunity for PhD nurses to teach at University. In France, before 2019, nurses were undertaking PhD in a wide range of disciplines because nursing sciences were not an academic one. Created in 2010, ResIDoc is a network of PhD or PhD student nurses including 80 members representing 60% of the French RN-PhD(s) identified.

Purpose

Decipher who is responsible of the APN degree standards and highlight the role of French PhD nurses.

Approach

Two questionnaire-based surveys were collected online. They identified: 1) the different academic disciplines of Residoc members 2) their research themes 3) their involvement in APN degree standards. Furthermore, during a PhD information day for health professionals (n=81), we assessed whether the 50 respondents were planning on undertaking a PhD.

Results

Residoc members were graduated in 16 different academic disciplines. The main were: educational sciences (37%), sociology (33%) or public health (14%). Half of the members filled the questionnaire about their involvement in the APN degree standards. Among them 51% and 44% of the respondents were involved in it (through coordination or lectures) or wishing to do so respectively. Meanwhile, 60%, 8% and 4% of the information day respondents were planning on undertaking a PhD, PhD students or PhD wherein 23%, 25%, none were APN students respectively.

Conclusion

The APN degree (coordination, internship) is set by pairs of nurses and physicians. French PhD nurses are involved in this degree; even so they are rarely holding a university position. We are expecting upcoming graduated APN to exponentially invest their peer formation.

Significance

ResIDoc objective now is to follow how APN will commit nursing sciences in clinical and research activities as part of a PhD or not.

Building capacity for universal health coverage in Eswatini: the APN FNP policy perspective.

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Background: The Kingdom of Eswatini in southern Africa has a population of 1.3 million; 80% live in rural areas. The country suffers from a high burden of communicable and non-communicable diseases and a shortage of health care workers (2 physicians and 17 nurses per 10,000 population). A diploma FNP program was offered from 1986 until 1995; most graduates have retired.

Purpose: A pre-implementation assessment identified the revitalization of the FNP as adding value to the current care delivery model and identified the need for advanced practice preparation. Successful integration of the FNP in this advanced practice (APN) role requires collaboration between policy and education.

Approach: In tandem with developing the educational curriculum, the initial policy step was for the Eswatini Nursing Council to recognize a unique scope of practice (SOP) for the FNP. A U.S. SOP was initially adopted and subsequently revised to be locally relevant as part of a national initiative to update SOP for all levels of nursing. The SOP informs the competencies for the education curriculum. The MOH is integrating the FNP role into several important policy documents, including the Standard Treatment Guidelines and Essential Medications. The next step will be to establish workforce policies, notably dedicated APN positions and remuneration. Finally, outreach to stakeholders (community, policy, professional) will educate them to the advanced practice role.

Key Learnings: Collaboration between policy makers and educators is crucial to capacitate the FNP to increase access to care.

Conclusion: Development and implementation of the APN role necessitates attending to policy issues as well as educational curriculum.

Significance: Full implementation of the FNP role in this resource-constrained setting has the potential to improve equitable access to high quality, affordable health care. Successful utilization requires practice ready FNP graduates deployed in a regulatory environment that supports working to their maximum ability.

Simulation Based Learning to Assess Clinical Competency in APRN Education

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Background: Acquiring new ways to augment clinical learning and validate clinical competencies is challenging. The utilization of formative group simulation-based learning (SBL) provides participants with constructive feedback on clinical performance.

Purpose: Introduce formative group SBL as a method to ensure clinical competence in the primary care nurse practitioner (NP). This presentation will demonstrate the process for the development, use and assimilation of outcomes data to assess and improve the clinical competency of NP Students.

Approach: The accurate and assessment the clinical competency of NP students is challenging. Formative group SLB provides participants with constructive feedback on clinical performance:

- 1) measure clinical objectives of the case scenario
- 2) validate clinical competency by engaging students in reflective analysis;
- 3) collaborative learning during faculty guided debrief sessions;
- 4) evidence indicative clinical performance; and
- 5) student exposure to multiple faculty members and subject matter experts (SMEs) involved in decision making regarding student progression.

Key Learning: The validity of this evidence, and the extent to which it reflects clinical competency and supports faculty decision making regarding NP student progression is explored which is quintessential in assuring clinical competency for the autonomous practice of APRNs. Techniques for using SBL will be explored and outcomes of the changes made to enhance student, success as well as curriculum revision will be presented.

Conclusion: This presentation will demonstrate how SBL can be used effectively to assess clinical competency.

Significance: APRN faculty are challenged to find new ways to augment clinical learning and validate clinical competence. Using SBL faculty can assess clinical competence, diagnostic reasoning, decision making, and practice skills.

International Federation of Nurse Anesthetists Program Approval Process; A scaffold for international education competency

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Background/Purpose:

Nurse anesthetists are among the oldest officially recognized nurse specialists. They have led in delivery of anesthesia care worldwide for over 130 years. Despite parallel national development histories, the International Federation of Nurse Anesthetists (IFNA) was only chartered in 1989, coordinating nurse anesthetists across borders. IFNA first established practice standards in 1991 and began monitoring and formally recognizing professional education programs in 2010, applying the competency defined Anesthesia Program Approval Process (APAP).

The lack of standardization in anesthesia training results in variable graduate competency and has been cited as a factor in care disparity. Lack of access, delayed access and inadequate quality of care result in the large peri-operative complication rate documented in low resource settings. In many developing systems the non-physician anesthetist represents almost the entire anesthesia work force. Inclusive education accreditation recognition procedures engage diverse stakeholders.

Approach:

Beyond evaluating existing programs against the standards for accreditation, the IFNA program approval benchmarks are used as a frame for the development of anesthesia professional training programs to expand the global supply of skilled anesthetists. The IFNA standards can be applied to any context where nurse anesthetists practice in the nurse specialist competency domains. These include demonstration that the graduate nurse anesthetist is a skilled practitioner with verified competency as a clinician, professional, collaborator, communicator, scholar, health advocate and manager. Competency domains have been tested, adapted to local contexts and applied internationally.

Conclusion/Significance:

We will present case examples of the application of the APAP competency-based accreditation/recognition model applied in diverse settings, along with the methods used to actualize the IFNA standards. This competency structure could be translated for diverse nurse specialties. Formal international accreditation engages governments and educators toward the goal of sustainable program development. Accreditation/recognition brings official acknowledgment of process and achievement to education programs and graduates.

Modernizing the CNS Role, Revolutionizing Care: Innovative Programs for Women with Diabetes During Pregnancy

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Background

The role of the Clinical Nurse Specialist (CNS) often faces scrutiny by health care organization leaders seeking high-quality, cost-effective care. Adapting traditionally recognized inpatient CNS competencies to the outpatient setting, leads to successful implementation of evidence-based, high quality innovative programs for women with diabetes during pregnancy.

Purpose

Describe the transition of the traditional inpatient CNS role to the outpatient setting with the ability to produce revenue.

Recognize CNS leadership in the development of population health programs.

Methods/Approach

The core competencies of the CNS provide a framework for leading the development of creative options for women with diabetes during pregnancy to receive obstetric care as well as learn diabetes self-management skills. A variety of programs were developed incorporating recognized standards from the diabetes, obstetric and Centering Pregnancy authorities.

These programs include: telephone assessment and management of blood glucose, shared medical appointments, support groups, diabetes self-management education, and telehealth. A professional staff education project was completed to ensure consistent, high quality care in all practice facilities.

Key Learnings/Results

The CNS created broad-scale, evidence-based changes across multidisciplinary programs caring for women with diabetes during pregnancy. Transitioning proficiencies such as system-level thinking, coaching, and clinical expertise allows the CNS to expand influence, and create success in a modern setting, including the ability to produce revenue.

Conclusion

The CNS is uniquely suited to lead implementation of evidence-based quality care initiatives in a cost-effective manner. Envisioning a role that transfers skills to a modernized role expands the reach and impact of the next generation of advanced practice nurses.

Significance

It is important for health care administrators, as well as the CNS, to recognize the positive impact of adapting and expanding traditionally recognized inpatient CNS expertise to new settings, leading to successful implementation of evidence-based, high quality innovative programs.

Nurse practitioners: A plausible solution for improving healthcare access for rural areas in Victoria, Australia

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Background: The rural Australian healthcare system is in crisis. The limited capacity of general practitioners to offer coverage, particularly afterhours, coupled with identified challenges experienced by rural communities adversely affects access to healthcare. Rural health requires strategic planning to develop and implement solutions to meet healthcare needs. Nurse Practitioners (NP) have the capacity and clinical capability to address the service gaps by offering high quality healthcare provision for patients presenting to small, rural health facilities. Additionally, strategies to support nursing staff in the Acute and Residential Aged Care sectors to recognise deterioration have been implemented and are proving invaluable in the upskilling of the rural workforce.

Purpose: To discuss the implementation of an innovative afterhours NP led model of healthcare in multiple small rural communities.

Methods: Action research methodology underpinned all facets of this interdisciplinary model of care. Both qualitative and quantitative data were collected using tools specifically developed for the project. Statistical and thematic data analysis processes informed the results.

Results: Results indicate that the NP led healthcare service models are surpassing all stakeholder expectations; the providers of the care, the multidisciplinary health care team, and community members. Additionally, the model is proving invaluable for not only the upskilling of the rural health workforce but also retention and succession planning in rural areas.

Conclusion: The NP led service is innovative and collaborative, addressing service gaps by creating a clinically and fiscally sustainable model for rural areas. Demonstrated outcomes have included the ability and capability of the NPs to deliver equitable, accessible, efficient and effective healthcare for rural communities.

Significance: Implementation of the Nurse Practitioner Locum service has proven to be a seamless, safe model of healthcare delivery that is clinically and financially sustainable. This model of healthcare delivery is replicable for other small rural health services.

The Benefit of An Advanced Practice Nurse to Promote Specialist Care of Patients Experiencing Delirium

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Delirium is a significant problem for elderly people with up to 50% of patients in hospital experiencing delirium during their stay. South West Healthcare is a regional hospital in Victoria, Australia where the Advanced Practice Nurse (APN) role was implemented to assist in enhancing care of patients with delirium. This APN role was proposed in response to an identified need to assist staff in caring for patients experiencing delirium.

By introducing this APN role, we hoped to improve prevention, assessment, diagnosis and management of delirium in the acute care setting. This new role for the hospital required tactical implementation to be accepted by the service. We completed a study of the effectiveness of the role.

Staff were encouraged to refer patients with signs of delirium to the APN. Increased education on the identification of delirium was provided. Non-pharmacological interventions in the management of delirium were promoted to enhance quality care for these patients. The APN was available to assess patients and assist staff to improve their knowledge and confidence in this area.

The advantages identified were increased personalised care of patients experiencing delirium and increased confidence in using non-pharmacological interventions. The disadvantages were that some staff relied heavily on this role and did not implement interventions independently.

The APN was well accepted by the staff receiving positive reports from staff, patients and families. The study found that the implementation of the new role was beneficial to fellow nurses and to patients, however it did not identify any financial benefit.

The benefit of an APN can enhance the delivery of care to patients in the acute care setting by being a supportive leader to fellow nurses and to all staff across the organisation. The impact of such a role affected all healthcare staff, patients and families.

Promoting Health and Wellbeing Through a Trauma Informed Approach in Mental Health Care in Denmark

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Background:

Trauma Informed Care (TIC) is an approach that assumes that an individual is more likely than not to have a history of trauma. It is therefore necessary to avoid re-traumatizing in mental health care settings. TIC is implemented at many mental health hospitals across the US. Research shows that TIC have a positive effect on health and well-being and reduces the use of coercive measures and staff injuries. In Denmark no mental health hospital has implemented TIC, even though a large group of Danes (Hvidhjelm & Bak), in line with the US (Kessler, 1995; Breslau, 1999) have experienced at least one traumatic life event.

Purpose:

To discuss how and in which way TIC can be transferred to a non-English speaking small country.

Methods or approach:

We used a collaborative approach and gathered service user, mental health workers and researchers. First TIC material was translated into Danish. Second a scoping review was conducted. Third educational material was developed.

Key learnings or Preliminary results:

Collaborating across disciplines; sectors; hospitals and staff/patients position generated consensus about how to understand TIC in a Danish context.

The scoping review facilitated an awareness of how researcher, clinicians and patients ask different research questions and illuminated the range of TIC studies across the world.

Developing educational material is an ongoing process.

Discussion

We still need to learn how a little Danish country, with own language, culture and organizations can make use of this new caring approach to design a psychiatry that aim against abandonment of coercive measures.

Conclusion:

Evaluation needs to be done.

Significance (Impact and Reach):

TIC is significant for mental health workers in transforming practice to a more safe, humanistic and recovery-oriented practice.

Integrating Two-Eyed Seeing in a First Nation Managed Health Care System

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Background

Clinical Nurse Specialists (CNSs) have been supporting nurses (Community Health Nurses, Licensed/Registered Practical Nurses and Home & Community Care Nurses) working in Indigenous communities over the past 15 years. Health services delivery in First Nations Communities is managed by the First Nation People. Nurses, as members of the circle of care, take a leadership role in addressing complex and challenging health issues facing community members across the lifespan. The CNS working at Indigenous Services Canada, a non-traditional practice setting, has incorporated the Indigenous ways of knowing and doing by using the Two-Eyed Seeing concepts (looking at the western world view and the Indigenous world view together) to inform clinical practice and health outcomes.

Purpose

This presentation will discuss: approaches used to integrate the Two-Eyed Seeing concepts with the CNS Pan-Canadian core competencies in supporting nurses; the challenges with evidence-based research to inform practice; and the lessons learned from relationship building.

Approach

Review of clinical practice guidelines; latest research and evidence related to areas of practice; knowledge transfer using an Indigenous lens; and cultural and traditional healing perspectives.

Key Learnings

1. Culture as the foundation for health and wellness within Indigenous communities.
2. The impact of institutional learning on services delivery, clients' goal attainment and health outcomes.
3. The impact of two world views on service delivery and well-being.
4. The limitations of CNS's core competencies in a non-traditional setting.

Conclusion

The CNS has the ability to create a model of care that incorporates Two-Eyed Seeing for clinical practice to support nurses, while providing culturally relevant and evidence-based care.

Significance

Using Two-Eyed Seeing is an essential model of care to achieve health outcomes and provide culturally relevant care to clients.

Nurses Leading Nursing: The Development and Implementation of an IWK Nursing Professional Practice Strategy

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Background: The IWK Health Centre is an internationally recognized academic health sciences centre in Halifax, Nova Scotia. A foundation of quality improvement, professional development and research underscores the vision of IWK nurse leaders in the development of a professional practice strategy. Advanced Practice Nurses (APNs) are instrumental in providing leadership throughout the development and implementation of the strategy.

Purpose: To highlight the process used to engage nurses at the IWK in the development and implementation of a professional practice strategy.

Approach: A steering committee representing nurses from all programs and roles was formed. An external consultant with expertise in shared governance and transformational leadership was invited to lead this endeavor. Using Appreciative Inquiry (AI), nurses from all levels were involved in developing the strategy and professional practice model. An overarching Nursing council was created; with sub-councils focused on nursing engagement, research and quality, practice and policy. The ultimate goal was to engage all nurses in strategic planning and to integrate strategic initiatives into their practice.

Key Learnings: Using a strengths-based approach such as AI is meaningful, as it builds on the principles of shared governance to engage and empower nurses in the decision-making process.

Conclusion: The development of a new Nursing Professional Practice Strategy created novel connections between nurses throughout our health centre. APNs have been integral in creating an environment that supports nurses' meaningful participation in organizational decision-making. This in turn contributes to quality patient care.

Significance: Creating a successful Nursing Professional Practice Strategy requires input and collaboration from nurses at all levels; APNs are vital in leading this work.

Behavioural and neurobiological mechanisms of maternal-led interventions on pain reactivity and regulation in infants

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Background: Despite the increasing attention to repeated pain exposure in early-life and long-term adverse consequences, our understanding of the mechanisms by which maternal led interventions mitigate infant pain response and potentially promote regulation remain underexplored.

Purpose: To highlight the impact of maternal-led interventions on immediate and later multi-modal measures of pain response.

Methods: This symposium will highlight the results of two randomized controlled trials. The first, a follow-up to a randomized trial examining the effect of providing three different pain management conditions throughout the duration of preterm infants' hospitalization (skin-to-skin contact with and without sucrose compared to sucrose alone). Outcomes included neurodevelopment measured using BSID-III at 18-month corrected age; pain intensity scores during 2-, 6-, 12- and 18-month vaccinations; maternal infant emotional interaction and hormonal dyadic regulation. The second trial compared the influence of breastfeeding and sucrose on pain-related brain activity measured using neonatal electroencephalogram and bio-behavioural pain response measured using the Premature Infant Pain Profile-Revised in healthy full-term infants undergoing a heel lance.

Results: No significant group differences were reported related to total BSID-III scores or pain intensity. Dyadic interaction and hormonal regulation appear to be moderately associated with group assignment. With respect to pain-related brain activity, breastfeeding infants demonstrated an appreciably lower amplitude pain-related potential than those infants who received sucrose, despite similar bio-behavioural pain scores.

Conclusion: Maternal led interventions such as skin-to-skin contact and breastfeeding are effective strategies to reduce immediate pain response in early life. Skin-to-skin contact provided to preterm infants during pain does not appear to affect neurodevelopment or later pain response but may modulate later emotional and hormonal regulation. Modulated pain-related brain activity may serve as a potential mechanism of reduced immediate pain reactivity in full term infants receiving maternal care.

Significance: Greater utilization of maternal led pain reducing interventions is warranted.

Advanced Practice Nurses ideal to created and run an Assisted Dying Program

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Background

In 2016 Canada became the first country in the world that supported nurse practitioners in providing medical assistance in dying to patients. Health authorities across the country were charged with creating and running the program to support patients, staff, families, and physicians with this care option. In Vancouver Coastal Health, a Clinical Nurse Specialist (CNS) was hired to provide advanced practice leadership to create the Assisted Dying Program. Applying this lens and looking to innovate, the CNS partnered with the NP Head/Director to optimize Nurse Practitioners (NP) to their full scope and implemented across the region.

Purpose

We will describe the benefits of Advanced Practice Nurses (APN) leading teams, and the role of NPs and nursing in providing patient-focused care in the Assisted Dying Program.

Approach

The CNS completed a literature review of programs created in other countries with similar laws to understand their programs. Due to the lack of physicians wanting to provide this care option, the CNS created a preceptorship program for NPs so they would be successful in providing care.

Results

NPs are the ideal health professional to support and provide this care to patients and families seeking an assisted death. Also, a team lead by a CNS benefits from their clinical background in nursing as well as their systems knowledge.

Conclusion

APNs are the ideal health professionals to create a patient-focused program. The unique skill set of NPs and CNSs allow for both a patient and systems focus lens to be applied and enacted when building a program.

Significance

This program is an example of the reach and potential for all APN. It is important to highlight the successes to leadership within health authorities so that more teams could benefit from this kind of collaboration, which in turn will create more advanced practice roles.

Advanced practice nursing perspectives in rare liver diseases

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Background

In 2005, the French ministry of health implemented national networks for rare diseases including referral centers for vascular liver diseases. Objectives were to reduce misdiagnosis, diagnostic and care delay, and cost while enhancing information and patients' access to expert care. A multidisciplinary highly specialised approach is most often necessary to manage these patients. A care organization model based on nurse-led coordination was assessed to improve patient's care pathway.

Purpose

Assess the impact of care pathways coordination on patient satisfaction and quality of life (QOL) and propose a new delineation of the APN role in a rare disease context.

Approach

A questionnaire-based survey, coupling the RAND 36-item health Survey (SF-36) QOL to a satisfaction questionnaire, collected data in 2009 from 97 patients with Budd Chiari syndrome or portal vein thrombosis. These results were compared to the 2003 decennial health survey sample of the French population.

Results

Forty-eight patients answered anonymously to the questionnaire. SF-36 is measuring 8 dimensions of health. There was a decrease for each dimension: physical functioning, physical limitation, physical pain, general health, vitality, social functioning, emotional limitation and mental health. The mental health score was worse compared to the overall population (41 versus 68 /100) and to other frequent diseases. Meanwhile patient considered they were well informed but were seeking for further information elsewhere. One third wished they had a psychological support although 90% were fully satisfied of the coordinating nurse.

Conclusion

Systematic care pathway coordination and patient QOL assessment in a rare disease context is needed. APN with advanced competences in assessing mental and emotional status, while helping patients in their care pathway seems mandatory with the APN diploma newly introduce.

Significance

Suggesting how APN could participate to this complex care pathway management. APN intervention could have a direct impact on patient QOL assessment and improvement.

Making Injectable Opioid Agonist Treatment Accessible: Important role of Nurse Practitioners in the Induction Protocol

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Background

Attracting individuals with opioid use disorder to care is a central concern for health care professionals in light of the illicit drug overdose death crisis. Injectable opioid agonist treatment is an evidenced-based treatment option expanding across Canada to meet the diverse needs of this clientele. Alongside frontline staff, nurse practitioners (NPs) are uniquely situated to address the barriers to care for this segment of the population including: inner city, urban, rural and remote areas of Canada. The initial client intake process helps tailor treatment to clients needs and assuage anxieties upon entry into the program. By outlining the induction protocol in iOAT, NPs help clients find an effective tolerated dose during the dose adjustment period.

Purpose

We will discuss the different nursing roles, highlighting Nurse Practitioners in prescribing and client assessment during the induction protocol in iOAT.

Approach

In this interactive seminar, the team will lead participants through the IOAT induction protocol from a clinical perspective. Experts will lead a roundtable approach focusing on questions and comments from the audience as they outline the phases of the protocol.

Key Learnings

- Contribution of Nurse Practitioners to address barriers to opioid treatment in remote and rural areas.
- The initial client assessment, learning client's withdrawal symptoms and signs of intolerance.
- Shared decision-making strategies to reach safe, effective doses and dose modifications for clients in a timely manner.
- Strategies for effective monitoring and documentation to ensure safety related to intolerances and somnolence.

Conclusion

Client intake and an induction protocol can improve iOAT accessibility and meet the diversity of client needs.

Significance

Nurses and clinicians interested in providing iOAT

Towards improved access to professional medication management for adults with intellectual disability and polypharmacy

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BACKGROUND: People with intellectual disabilities suffer from special health problems and risks for diseases compared to the general population. Furthermore, they often have complex care needs, limited health literacy and polypharmacy occurs more frequently in their medication regimen. However, despite their special needs they often have limited access to health services.

PURPOSE: The aim of the low-threshold intervention is that people with intellectual disabilities have, understand and adherently follow a medication plan that is integrated into their individual daily routine. This is intended to improve medication adherence and the reduction of medication complexity.

APPROACH: The intervention consists of 1) two outreach home visits to the client, 2) continuous telephone contact, 3) case conference with an external multi-professional team, 4) case review with the prescribing physicians. In close cooperation with the formal and informal care system as well as the prescribing physicians, the APNs analyze and reflect the different components of medication management and initiate changes to prescriptions where appropriate. They offer patient education and counseling concerning health literacy and medication adherence, and they actively involve the people with ID and their social environment.

RESULTS: The impact of the presented complex intervention on medication adherence (primary outcome), medication complexity, use of psychotropics and quality of life (secondary outcomes) is currently evaluated in an RCT with N=202. Furthermore, the evaluation design comprises qualitative stakeholder interviews and an inclusive research approach. Initial findings will be available mid-2020.

Multimedia Asthma Educational Program for Asthmatic Children and Their Families: Randomized Controlled Trial

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Background: Uncontrolled asthma has adverse effects on the asthma children's health outcomes and quality of life of children and their parents. Multimedia asthma education interventions (MAEIs) are recommended for asthma children to symptom control by enhancing knowledge, then change their attitude and practice (KAP). However, the evidence for their effectiveness is far from proved.

Purpose: A program of MAEIs was designed based on the results of literature review and tested the effectiveness of KAP in parents and unscheduled doctor visit in children.

Methods: The study was a single-blinded randomize design. 112 eligible participants were randomly assigned to either the intervention or control group. The intervention group received the program of MEAIs, while the control group received the usual care at the same study period. Data collection was carried out at baseline (T0), post-intervention (T1), follow-up at 8 weeks after intervention (T2), and follow-up at 6 months after intervention (T3). Non-parametric tests were used to compare the baseline and various outcome variables within and between groups.

Results: KAP was found to be improved in intervention group. Significant difference was found between groups. The large effect size was detected in KAP (Cohen's $d = 1.56$). Unscheduled visit(s) and readmission rate were found to be reduced in intervention group ($p < 0.05$). The higher proportion of population got the higher score of Childhood Asthma Control Test in intervention group than control group ($p = .249$). Anxiety on inhaler was found reduced in the intervention group than did those in the control group (Cohen's $d = 0.064$).

Conclusion and significance: A program of MAEIs was effective on KAP in parents of asthma children and reduced the unscheduled visit and readmission rate for asthma attack. The cost effective of MAEIs and the quality of life of asthma children will be further investigation.

Advance Practice Nursing: growing bigger and better

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Background

Advance Practice Nurse (APN) is a registered nurse with sound knowledge and clinical expertise for expanded practice which are defined by the country in which s/he practices. The APN role was established in the 1960's in United States of America (USA). After five decades, approximately fifty countries have adopted APN model. The growth of APN has been attributed to physician shortage, inadequate health care access, cost containment, and reduction of resident physician hours.

Purpose

In 2012, 38 million people died from non-communicable diseases (NCDs), of which 28 million deaths occurred in low and middle-income countries. Pakistan's crude death rate was reported 62%. In 2014, the physician to population ratio in Pakistan was 0.89:1000. Additionally, WHO has reported loss of 7 trillion US dollars in health care in 2011-2015 for low and middle-income countries. Developing APN model in Pakistan was considered an efficient solution to address these problems.

Approach

APN role was developed in an academic institution in Pakistan. Four experienced nurses were trained and mentored to perform skills and functions comparable to a nurse practitioner. After recognizing the impact of APN, the institution decided to add a clinical track curriculum in their Master of Nursing program which would mimic APN competencies recommended by National Organization of Nurse Practitioner Faculties (NONPF).

Key Learning

The first group of APNs graduated in 2018 which was a major success but lack of job opportunities for them has been the major challenge.

Conclusion

Overcoming the barriers will affirm the sustainability of this initiative. It then will open the doors to replicate this program to various institutions regionally and nationally.

Significance

Pakistan falls under low-income country with the high mortality rate from NCDs and the low physician to population. APNs could be a strong collaborator in addressing these major health issues.

Revising a toolkit for Nurse Practitioner evaluation – AUSPRAC Tool kit 2.0

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Background:

The Australian Nurse Practitioner Study (AUSPRAC) was a landmark, Australian Nurse Practitioner (NP) study completed in 2009. It consisted of 3 phases implemented over 3 years investigating NP profiles, work processes and practice patterns. Initial findings provided key information about Australian NPs that informed service planners and governments for ongoing research. The AUSPRAC study developed a set of validated instruments (the toolkit) to inform the direction of NP models in Australian health services and contribute to quality and safe NP practice. A recent study identified the need for the toolkit to be revised and updated to capture the most relevant NP evaluation data.

Purpose:

The purpose of this paper is to report the adaptation of the AUSPRAC 2009 toolkit to better evaluate changing NP models. Tools from the original work were adapted, piloted, validated and implemented, forming the AUSPRAC 2.0 tool. The AUSPRAC 2.0 will enhance and consolidate NP evaluation both nationally and internationally.

Methods:

An online questionnaire was used for data collection. The tool was administered using REDcap, an online data collection program. The final questionnaire was an adaptation of the AUSPRAC tool, following input from three experienced NPs and an experienced registered nurse.

Results:

Although the tool was piloted, and access to the online link was uncomplicated, there were lessons learned. Further tool enhancement was informed during data analysis. Learnings reflect the necessary information required to inform real time data collection.

Conclusion:

Enhancing the original AUSPRAC toolkit instruments will strengthen the value of data collected to evaluate NP roles, clinically and organizationally. The robust data will ensure the model remains aligned with the expectations of health services, inform future government policy and improve community health outcomes.

Significance:

A simpler online version of the tool will ensure superior data collection and analysis.

Nurse Practitioners' Specialties in Quebec, Canada: Leading Healthcare Innovation Through Possibilities

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Background. Nationally, Nurse Practitioners (NPs) have received increased attention in recent years. Canada has led healthcare innovations to enhance the quality and the delivery of care. Implementing new NPs' specialties is one main example of these innovations. For various reasons, the province of Quebec (Canada) has lagged behind in the introduction of NPs' specialties and in the expansion of their scope of practice. Recent legislative changes in Quebec allowed the creation of two new NPs' specialties, pediatrics and mental health, and the move towards an increased professional autonomy. In the literature, data is lacking on the factors that influence the development and the expansion of NPs' specialties in Quebec, a location known for its influential medical organizations.

Purpose. This communication provides an overview of the political, economic and social factors that allowed the development of two new NPs' specialties in Quebec, and the growth of existing ones such as primary care and acute care. It also focuses attention on the purpose and value of the NPs' specialties in Quebec health sector.

Methods. A literature review of the scientific, professional, governmental, legal and gray literature has been conducted. Results. Findings reveal specific sociopolitical and economic contexts allowing the NPs' specialties emergence and growth.

Conclusion. The conditions into which NPs' specialties in Quebec were born and transformed bring a new perspective on advanced practice nursing's emancipation.

Significance. These findings are essential to better understand the contexts that can trigger healthcare innovation. This understanding could help clinicians, academics as well as policy-makers, all over the world, to intervene in a timely and strategically manner to enhance the introduction and the growth of NPs' specialties. Such understanding will help work towards achieving a wider reach for NPs, more consistent impact on healthcare delivery and, therefore, better patient outcomes.

Atypical Power Structures Influencing Nurse Practitioners' Collaborative Practices

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Background. Interprofessional collaboration in primary health care (PHC) is a key aspect for improving the quality of care delivered to patients. However, PHC sectors are known for persistent hierarchical structures that do not necessarily support current collaboration principles.

Purpose. This presentation critically examines the power dynamics that affect Nurse Practitioners' collaborative practices.

Methods. An ethnographic study focused on the integration of Nurse Practitioners (NPs) in Ontario identified different hierarchical and power structures beyond those that are routinely discussed in the scientific literature (e.g. decision-makers, boards of directors, physicians). Study data include 300 hours of direct observation in three PHC care delivery models, 23 semi-structured interviews with PHC NPs and document analysis.

Results. This study shows, among other things, that policies and practices related to quality assurance, patient registration methods and the configuration of physical spaces make it possible to build and perpetuate power networks that can undermine a collaborative culture. Results show that atypical entities both enable and constrain NPs' clinical, professional and collaborative practices.

Conclusion. In order to empower NPs and support their collaborative practices, it is essential to better understand the various structures they encounter on a daily basis and to address the constraints they create for NPs.

Significance. Such understanding will help work towards achieving a wider reach for NPs, a stronger, more consistent impact on PHC care delivery and, therefore, better patient outcomes.

The Role of Nurse Practitioners in Addiction Medicine

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Background: In Canada, the rate of substance misuse is 22% (Government of Canada, 2017), with provinces reporting that opioids account for 62% of drug and alcohol poisoning deaths (Alberta Health, 2018). Substance misuse and specifically opioid use disorder is a major health concern because of associations with accidental death and increased health care costs. One life is lost every two hours, in Canada, related to opioids (Government of Canada, 2019). Western Canada is experiencing the highest number of opioid-related deaths per capita. British Columbia currently has a death rate of > 20% and Alberta is the second highest with a death rate between 15-19.9% (Government of Canada, 2019). Over the last 10 years, hospitalizations for opioid-related poisoning have increased by 53% (CIHI, 2017a). Substance misuse is a significant predictor of emergency department (ED) and primary care services utilization. Problem drinkers and illicit drug users are twice as likely to report ED use (Cherpitel & Ye, 2008). Currently, there is a substantial void in access to substance use treatment (Fornii & Fogger, 2017).

Nurse Practitioner Approach: Nurse practitioners (NP) are uniquely situated to provide addiction medicine care. Through their evidence-based, holistic approach to care that focuses on health promotion and partnership development, NP improve access to health care services (CNA, 2006). In Alberta, NP are working in varied inpatient, specialized and primary-care programs that are collaboratively providing interdisciplinary addiction treatment.

Significance: NP providing substance abuse treatment are able to coordinate care within primary care and other settings, resulting in a decrease in the burden and shame of seeking treatment (Fornii & Fogger, 2017). Developing addiction treatment models that incorporate NP increases access and support clients in obtaining needed treatment and diminishes the negative impact of substance misuse upon the health of individuals and the greater community.

Nurse Practitioners Improving Access to Treatment for Opioid Use Disorders Using Collaborative Care

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Background: In the United States, drug overdose is a leading cause of death. The last decade saw a six-fold increase in the number of fatal overdoses from opioids, and in 2016 over two million Americans were diagnosed with Opioid Use Disorder (OUD). Medication Assisted Treatment (MAT) is the use of methadone, buprenorphine and naltrexone, in combination with counseling and other risk reduction therapies, to treat substance use disorders. A nurse-run clinic in Chicago, Illinois, resides in a medically underserved community that suffers high rates of poverty, OUDs, and limited access to behavioral health services.

Purpose: We will provide an overview of how nurse practitioners (NPs) at a primary care clinic implemented a comprehensive program to improve patient access to OUD treatment and address the opioid crisis in an underserved, urban community.

Approach: The Collaborative Care Model integrates behavioral health in a primary care setting. NPs already using this approach expanded services by completing a federally mandated training to prescribe MAT. We established partnerships with local healthcare facilities, such as an emergency department and needle exchange program, to facilitate referrals. Telehealth was incorporated to coordinate care across sites. All clinic staff received training in naloxone administration, and providers participate in a weekly case conference to discuss challenging cases.

Results: In the program's initial two months, our team-initiated MAT for eleven individuals, and coordinated inpatient treatment for an additional two patients with OUD. By 9/2020, one year of data will be available.

Conclusion: The need is great. Currently, the clinic completes 1-2 intakes per week for individuals seeking MAT, and a growing number of community members are requesting information.

Significance: There is limited capacity among healthcare providers to address the ongoing opioid crisis. NPs are poised to fill the gap with non-stigmatizing, compassionate care, and to reduce inequities in healthcare access.

Assessing STI/HIV Risk in Outpatient Substance Abuse Treatment Programs: A Call for Action

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Description: A non-experimental, descriptive pilot study using survey methodology was completed between April and May 2017 at an outpatient substance abuse treatment program in the Pacific Northwest. This study assessed the risk for STI and HIV among women receiving services.

Introduction: An increase in patients being treated for substance use disorder and STI prevalence, the importance of integrating primary care and behavioral health is of utmost importance. Patients receiving substance-use disorder treatment are at risk for engaging in unprotected sex because of drugs of abuse ability to impair judgement and increase impulsivity. In the addiction population, 72% engage in risky sexual behaviors and 62% report a diagnosis of at least one previous STI, increasing their personal risk for HIV infection. Only half of treatment programs provide STI or HIV testing, either on-site or outsourced.

Methods: A convenience sample of English-speaking, adult women seeking outpatient substance abuse treatment were recruited. Participants completed a fifteen-question questionnaire about their access to primary care, primary care satisfaction, previous gynecological care, and sexual history.

Results: Out of 21 participants, 81% reported having a primary care provider (PCP), but only 57% reported being satisfied with their PCP. More than half (52%) were interested in receiving primary care services at the facility. The majority of the women (86%) reported having sex in the previous 12 months with 71% disclosing a previous diagnosis of a sexually transmitted infection (STI) and interested in STI/HIV screening services.

Conclusions: Clinics that can successfully integrate outpatient substance abuse treatment with primary care services and/or screenings can become the front-line intervention point for risk assessment, screenings, and treatment of STI such as HIV. Further exploration of potential partnerships among primary care and substance abuse treatment centers should be explored to identify provider knowledge, barriers and facilitators for increase in interprofessional collaboration.

Using Case Studies to Enhance Advanced Practice Nursing Palliative Care Education

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Background: Advanced practice nurses (APNs) provide end-of-life care to patients and families in a variety of global settings. Educating APNs on how best to provide essential care involves more than the provision of evolving and changing palliative care content information. Students must also be educated in the development and implementation of critical clinical problem solving and clinical judgement skills.

Purpose: This presentation describes the use of case studies as the primary educational approach to palliative/end-of-life care education in a course implemented by an APN educator. The educational program is designed to address this education across the life span in diverse patient populations.

Approach: Palliative /end-of-life care issues faced by patients, families, and significant others dealing with chronic life threatening and terminal illnesses are the central focus of this educational program. A description of how case studies promote student exploration of the physical, sociocultural, psychological, spiritual, fiscal, and ethical dimensions of palliative care is accompanied by a description of how case studies provide students with opportunities to explore interprofessional approaches to palliative care issues in vulnerable and under-served populations from the perspectives of physicians, social workers, psychologists, and other professionals. The strengths and challenges associated with the use of case studies are also discussed.

Key Learnings: The strengths of using case studies include an increased ability by students to identify and address problems in palliative care. Students also note enhanced critical thinking, clinical thinking, content understanding, and course satisfaction with this case study approach. Challenges include potential student frustration with a "no single correct answer" approach to palliative care education.

Conclusion/Significance: Educating APNs in the critical palliative/end-of-life care arena is of global significance. Strengths of a case study approach include an enhanced understanding of important content needed for effective clinical practice and critical, clinical thinking.

Collaborating to increase recruitment and retention of Nurse Practitioners in underserved rural communities

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Background – Nurse Practitioners play a critical role in giving Nova Scotians access to primary health care. Government investments of \$3 million are funding additional educational seats and incentives for primary health care Nurse Practitioners to support the ongoing expansion of collaborative family practice teams across the province. Special focus is on geographic regions where recruitment of nurses has proven challenging.

Purpose – Enhance access to primary health care in underserved rural communities

Methods – Key partnerships enabled associations, educators, employers, government, regulators and unions to identify and implement strategies to accelerate the growth of the Nurse Practitioner workforce and address recruitment challenges in rural communities. In July 2018, a two-year expansion of the Nurse Practitioner Program at Dalhousie University was announced, along with an education incentive to cover the salaries of 10 Registered Nurses to attend the program on a full-time basis. In return, the new Nurse Practitioners – most of whom are from underserved rural communities – have signed a 5-year Return of Service Agreement with the Nova Scotia Health Authority.

Results – Twenty-five additional Nurse Practitioners will be added to the workforce with 40% in underserved rural communities. Long-standing vacancies in these communities will be filled and access to primary health care for residents will improve.

Conclusion - Established collaborative partnerships are essential to needs-based health human resource (HHR) planning. Educational program expansion and delivery are dependent on these partnerships. Dedicated clinical teaching units would contribute to sustainable nurse practitioner clinical education.

Significance – Citizens in rural communities want to remain in their communities and have access to health care. It is anticipated that timely access to care will contribute to the health and wellbeing of Nova Scotians. Nurses in these communities were afforded the opportunity to further serve their communities and were supported to do so.

Assisting Women to Manage the Perimenopausal Transition—Using Hormone Therapy to Control Symptoms

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Background

Hormone treatment has been an effective treatment for women experiencing menopausal and post-menopausal symptoms for years. The use of conventional hormone therapy has always been a standard practice, but many women have not had complete control of their symptoms. For perimenopausal women experiencing hormonal symptoms, there are few “conventional” treatments available. This presentation will focus on symptoms experienced by perimenopausal women and options for management of their symptoms using conventional pharmacologic management as well as compounded hormone therapy.

Purpose

This presentation will focus on the symptoms of perimenopause and hormone treatments that can be used to assist in balancing their fluctuating hormones and subsequently improvement of symptoms that can be very distressing. Perimenopausal women may experience not only vasomotor symptoms but heavy menses, mood changes, sleep disturbances, and low libido. Improvement of their symptoms can profoundly improve the quality of their life.

Key Learning or Results

NPs/APNs caring for women need to have a knowledge of common symptoms seen with women experiencing perimenopausal symptoms. Attendees of this presentation will gain an awareness of the most common symptoms and options for management of those symptoms.

Conclusion

Management of perimenopause is an area of health care that is not taught in traditional advanced practice education. Through continuing education applied to practice, the advanced practice nurse can assist perimenopausal women continue to have a quality life as she ages through the use of traditional and non-traditional hormone therapy.

Significance (Impact and Reach)

Considering that half the population of the world consists of women; management of their perimenopausal symptoms should become more common knowledge and through this presentation it may begin to increase their expertise in women’s health.

Patient Care Experience /Satisfaction with Care: Integration of Virtual Visits in an Urgent Care Practice

Dr. Mackenzie Williams¹

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Background

Integration of virtual health accessibility across urgent care settings has grown exponentially over recent years. Projections anticipate increased use due to technological advancements to enhance convenient access to care.

Purpose

Assess and evaluate the patient care experience/satisfaction with care delivery in patients enrolled in a virtual visit platform within an urgent care setting.

Approach

A 3-month patient care experience/satisfaction survey will be utilized to assess consumers enrolled in a virtual visit platform. The Telehealth Usability Questionnaire (TUQ) to evaluate patient experience and satisfaction in a California urgent care practice will provide greater understanding of improvements to enhance virtual visit utilization and promote accessibility to healthcare.

Key Learnings

Few studies directly assess the patient experience with usability and satisfaction within telehealth platforms. Anticipated findings will guide understanding and improve virtual platform use toward providing equitable access to healthcare, timely access to services and overall decreased healthcare costs.

Conclusion

Completion of this study is anticipated in February, 2020. Increased use of telehealth services is highly dependent upon patient satisfaction. Learning more about the end user experience is critical in guiding the sustainability of a virtual platform.

Significance

Telehealth has emerged as a new platform for healthcare delivery. Virtual visits facilitate access to healthcare across populations, and aim to close the healthcare gap. Telehealth extends medical care, remotely connecting the patient and provider in a convenient setting. Virtual visits improve timely access, reduces travel time, expense, and may influence the use of Emergency Department services. Previous findings have shown that utilizing telehealth is more cost effective when compared to in-person visits, follow-up medical costs are more affordable, and that care received via virtual platform is comparable to that received in an office setting. Virtual visits provide an opportunity to revolutionize healthcare across the United States and globally.

Nurse Practitioners Leading Community Efforts to Address the Opioid Crisis

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Background

Opioid use disorder (OUD) is on the rise with significant disparities seen by geography. In 2017 nearly 800 people in Chicago, IL died from an opioid related overdose (OD), while paramedics responded to an average of 21 overdoses per day. The west side of Chicago has experienced the highest burden of ODs in the city.

Purpose

The purpose of this presentation is to describe the work of a Community Advisory Panel (CAP), led by a Nurse Practitioner (NP), to address the opioid epidemic through novel and grassroots strategies.

Approach

Embedded within a nurse-led primary healthcare clinic on the west side of Chicago is a Community Advisory Panel (CAP). The CAP is made of up people who live and work in the community, and meets monthly. Its purpose is to exchange information, resources, and ideas to improve the community. During 2019 the CAP developed a multifaceted approach to address the opioid crisis.

Conclusion

In Spring 2019 an “Overdoses Prevention with Naloxone” training was held with 14 community participants on administration of naloxone, the antidote to an opioid OD. Additionally, the CAP coordinated a public film screening of a documentary on OUD to open a conversation with the larger community about ways to address the local opioid crisis. Lastly, the CAP motivated providers to complete training for medication assisted therapy (MAT) which allowed much easier access to receive treatment for OUD. The health center now has workflows in place to accept walk-in appointments for MAT treatment. In the first two months of implementation, MAT has been initiated for 11 patients.

Significance (Impact and Reach):

NPs can serve as leaders both in clinical settings and within the communities in which they serve. NPs are able to take the ideas from community members and translate them into action to improve health outcomes.

Optimizing the Nurse Practitioner Role in Alberta Canada - The Development of a Strategic Workforce Plan

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Background

Alberta Health Services (AHS) is the largest single health authority in Canada. It employs over 80% of the Nurse Practitioners (NP) within the province of Alberta, with an average workforce growth of 9% annually. Despite these numbers, a comprehensive understanding of the NP workforce including barriers to practice and opportunities to support the expansion and integration of the NP role was lacking.

Purpose

The purpose of this project was twofold, firstly to understand the barriers and challenges that limit NP practice in the province of Alberta. Secondly, to use the data to create a comprehensive approach to support NP integration and continued expansion of the role within the organization.

Methods of Approach

A broad current state analysis was completed to understand the workforce. Data was collected during a full day engagement session with an extensive list of NPs, and 17 various stakeholder groups from across the province. Responses were themed and categorized to identify areas to support advancement of the NP workforce.

Key Learnings

Seven key strategies were identified as opportunities to advance the NP role within the province. These seven areas are: scope of practice, system integration, education, role awareness, workforce sustainability, role expansion and growth, and evaluation of NP practice on health outcomes.

Conclusion

The results highlighted the fundamental barriers to full utilization and optimization of the NP role and have been used to inform the development of an organizational strategic plan to advance NP practice. The corresponding actions to address the seven key themes articulate a vision to optimize and support the continued growth and utilization of NPs.

Significance

The seven key strategies identified to enhance the integration and utilization of the role are common themes to Advanced Practice Nurses, and contain learnings that can extend beyond the boundaries of AHS.

The Not-So-Common Causes for Back Pain: Red Flags and Non-Orthopedic Causes of Back Pain

Dr. Michael Zychowicz¹

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Background

A significant proportion of patients in general practice have musculoskeletal complaints. Back pain is among the top causes for a visit to a clinician. Although the majority of back pain is benign and temporary, the astute clinician needs to be alert for those conditions that are not benign.

Purpose

This session will help clinicians develop an appreciation for red flag and non-spinal causes of back pain.

Methods or Approach

The presenter will primarily use lecture, discussion and question and answer.

Key Learnings or Results

Key learnings will include the rationale and evidence for a comprehensive history and physical examination of a patient with back pain, red flag physical examination findings of selected non-spinal and urgent spinal causes of back pain, and appropriate diagnostic tools available when clinicians are suspicious for selected non-spinal and urgent spinal causes of back pain.

Conclusion

Most back pain is usually very simple to treat and self-limited. While most back pain will get better in one month, the NP must be able to identify the not-so-common causes for back pain which need more intensive or surgical intervention.

Significance (Impact and Reach)

While nearly everyone in the world will experience sustained back pain at some time in their life. It is critical for NPs to be able to identify the small percentage of patients with back pain who have a serious cause for the pain that is not benign.

Nurse Practitioner Education and the Technological Revolution: Can We Keep Up?

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Background

Educators must keep pace to prepare nurses for evolving healthcare technology. The technological revolution will profoundly alter the health care environment in ways we cannot even conceptualize. Technology will be central to how we deliver education to NP students. The use of virtual reality (VR) and augmented reality (AR) into NP curriculum will change how NPs are educated and how they engage in lifelong learning. VR and AR will alter how we deliver education and how we define a classroom. Artificial intelligence will alter what and how students learn, altering our role as educators.

Purpose

We are on the precipice of a rapid change in technology that will affect all aspects of our lives from autonomous driving cars to a major evolution in health care. The purpose of this presentation is to discuss the coming technological evolution and the impact on NP educators.

Methods or Approach

The presenter will primarily use lecture, discussion and question and answer.

Key Learnings or Results

Key learnings will include the impact of artificial intelligence (AI) on NP education and care delivery; the volume of knowledge and speed that medical knowledge is accumulating; the utilization of virtual and augmented reality in NP education; and the rapidly evolving technology in health care.

Conclusion

Technology is evolving at a rapid pace, it will be difficult for NP educators to keep current in the classroom to prepare students for the practice in the near future. Educational technology is evolving so fast, NP educators may soon lack the skills and knowledge to deliver education using current educational technologies

Significance

Faculty must keep pace with technology and a changing workplace environment to prepare NP students for practice. NP faculty may have difficulty keeping up with practice and educational technology leading to poor NP student preparation.

Advanced practice nurse and certified registered nurse anaesthetist in France: similarities and differences

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Background

France has more than 600,000 nurses but only three nursing specialties are recognized. In 2018, advanced practice nurses (APN) have been introduced. Nurse specialists were not recognized as APNs creating dissatisfaction, particularly among nurse anaesthetists (CRNA).

Aim

Identify the similarities and differences between APN and CRNA in French legislation

Methods

An analysis of the legislative corpus governing the practice, education and regulation of CRNAs and APNs in France was performed.

Results

Some similarities were identified in clinical practice. Their differences relate to the way they prescribe (modulation of drug administration for CRNAs, renewal and adaptation of prescriptions for APNs) and the population they serve (APNs focus is patients with chronic disease, CRNAs take care of any patients who requires anesthesia, prehospital emergency care or pain control).

Similarities exist in education: both are recognized at masters' level. However, differences were identified: CRNAs have more hours of theoretical education and longer clinical placements. The selection process is different: national modalities for CRNAs, process defined by each university for APNs. Prerequisite are also different: two years of experience are required to enter in the CRNA programme, direct entry from bachelor is possible for APN. Regulation presents similarities: both are regulated by the Council of nurses. Differences are observable: CRNAs are certified by a public authority independent from university, APNs are certified by the university.

Discussion

These two nursing roles share a lot of similarities but the government refuses to recognize this reality. CRNA profile was reviewed in 2012. APN role was introduced in 2018. New public management changed the system between these two periods.

Implications

The great majority of CRNAs work in the public sector: decision makers are mainly the employers of APNs, decisions have financial consequences. Moreover, French anesthesiologists would like to keep French CRNAs under their exclusive supervision.

The psychological impact of a proactive self-care program on community-dwelling elderly: A randomized controlled trial

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Background: Poor mental health is common in late stage of life and is also a crucial factor to determine the older adults' ability to live independently in the community. Existing proactive self-care programs are usually concentrated on physical health of older adults as many of them are living with chronic diseases. Little, however, is known about the effectiveness of such programs on psychological outcomes among community-dwelling older adults.

Purpose: The purpose was to examine the impact of a proactive self-care program with an advanced practising nurse-led health-social partnership model for the community-dwelling older adults on the presence of depressive symptoms, life satisfaction and mental component of health-related quality of life.

Methods: Older adults who aged 60 or above and scored ≥ 18 in Mini-Mental Status Examination were included. Data were collected using questionnaire at pre- (T1), post- (T2), and three-month after interventions (T3). The program provided comprehensive assessment, health and self-management information, empowerment, promoted accessibility of community services, and maintained and expanded social networks by building a health-social partnership network in the community. Generalized Estimating Equation was used to calculate the group, time, and interaction effects.

Results: Four hundred and fifty-seven eligible participants were randomized into intervention (n=230) or control groups (n=227). The results showed a significant time effect between T1 and T2 (Wald $\chi^2 = 25.7$, $p < .001$) and T1 and T3 (Wald $\chi^2 = 7.40$, $p = .007$) in terms of the presence of depressive symptoms.

Conclusions: The positive results shown indicated that studies should not focus only on a single disease but also on other concerns affecting their emotional health.

Significance: Future programs are encouraged to follow the blueprint that set by the current study in designing advanced practising nurse-led interprofessional care to meet the health and social needs of community-dwelling older adults from practice perspectives.

Revitalizing a Palliative Approach to Care at an Urban Community Hospital'

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Background:

Located in the City of Toronto, St. Joseph's Health Centre, Unity Health Toronto, resides in one of the most ethnically diverse metropolises in the world. It serves an urbanized population of over half a million individuals with an eclectic social and economic mix of communities ranging from affluent professionals to the working poor.

Purpose:

At St. Joe's, we strive to provide the best care and experience for the community we serve. As patients enter the final stages of life, this best care includes palliative care. In alignment with the Toronto Central LHIN Palliative Care Strategy and in partnership with the community, St. Joe's plans to expand and coordinate supportive, palliative and end of life services to create a model of comprehensive care. With this expansion, we hope to improve the patient, family and community experience of the final stages of life.

Methods:

This initiative involves facilitating integrated service delivery of comprehensive inpatient and outpatient care across multiple diagnostic groups, supported by partnerships within the Toronto Palliative Care Network. This initiative is projected to be completed by the end of 2018 and will comprise a ten-bed inpatient unit, outpatient clinic and palliative outreach team.

Key Learnings and Results

This presentation will provide an overview of the data collected so far from our temporary unit of cohorted palliative patients on an acute medical unit.

Conclusion and Significance:

We hope to inform and be informed as we analyze the results of patient, family and interprofessional experiences within a n urban community health centre and consider their impact as we plan for the future of palliative care at Unity Health Toronto.

Development and Preliminary Validation of Gestational Diabetes Mellitus Self-Management Scale

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Background: Gestational diabetes mellitus (GDM) is one of the most common complications during pregnancy, and it has both short- and long-term adverse effects on the health of mothers and fetuses. Strengthening self-management behaviors of GDM patients can effectively improve pregnancy outcomes. Nevertheless, there is no dedicated scale for assessing self-management behaviors of GDM patients.

Purpose: We aimed to develop and validate a self-report instrument to assess self-management behaviors for GDM patients.

Methods: We formed the initial items basing on literature review and a two-round Delphi survey. We recruited 316 and 537 GDM patients from two hospitals for item analysis to develop a final scale and to verify its reliability and validity. We assessed the internal consistency and test-retest reliability by Cronbach's α coefficient and intraclass correlation coefficient (ICC) along with its 95% confidence interval (CI), respectively. We evaluated the construct validity by exploratory factor analysis (EFA) and confirmatory factor analysis (CFA). We used The Summary of Diabetes Self-Care Activities Measure (SDSCA) to test the criterion validity.

Results: Gestational diabetes mellitus self-management scale (GDMSMS) contained 37 items. The Cronbach's α coefficient of the total scale was 0.951 and the ICC was 0.930 (95%CI=0.853-0.967). EFA indicated a seven-factor structure (Diet Management, Exercise Management, Weight Management, Medication Management, Blood Glucose Monitoring, Risk Assessment and Treatment, and Psychosocial Adaptation), which accounted for 73.744% of the total variance. CFA indicated appropriate fit of the seven-factor model. The correlation coefficient for the total score of GDMSMS and SDSCA was 0.614 ($P<0.001$).

Conclusion: The GDMSMS has good reliability and validity, and can assess self-management behaviors of GDM patients in a multidimensional perspective.

Significance: According to the evaluation results of GDMSMS, health care providers can find the deficiency of self-management behaviors of GDM patients, and subsequently develop targeted health education, so as to improve pregnancy outcomes.

Challenges and issues in initiating Advanced Practice Nursing in Pakistan

Associate Professor Rubina Barolia¹, Khairunnissa Ajani¹

¹Aga Khan University, Karachi, Pakistan, ²Aga Khan University, Karachi, PAK

Background

The Aga Khan University School of Nursing and Midwifery (AKU-SONAM) is a trailblazer in advancing nursing education in the Middle East region. Masters in nursing program was started in 2001 to prepare nurses to take leadership role in nursing. Recently, the curriculum was revised to develop advanced nursing practice by preparing MSN nurses who have the expert knowledge base, complex decision-making skills, and clinical competencies to practice by having contextual credentials. Primary focus of the MScN clinical track is to prepare student for the clinician role in order to provide direct patient care at an advanced level.

Purpose

The main purpose of the clinical track in the MScN program was to provide the necessary skills and knowledge to the student to be credentialed for extended roles of clinical practice and to offer appropriate designation to the graduates by the institutions

Approach

Need assessment was done from the different stake holders qualitatively to initiate the advanced clinical track. Stakeholder meetings were conducted. Consultation from the International Council of Nursing and Advanced Nurse Practitioners were done to revise the MScN curriculum to Advanced Practice Nurse curriculum.

Key Learning

There is considerable interest in initiating APNs in the hospital however there is considerable confusion in APN definition and role clarification and authority to practice

Identifying appropriate placements for the graduates in clinical practice is required to sustain the program
Obtaining a consensus for licensing, accreditation, certification and education should be negotiated with different stake holders.

There is need to disseminate the

Conclusion

It is important to create awareness about APN role within public and private health sectors at all levels of care.

There is need to

To provide a forum for exchange of expertise, experience and lessons learned in developing the role.

What is the lived experience of Advanced Nurse Practitioners of managing risk and patient safety?

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Background: Managing clinical risk and patient safety is high on clinical and political agendas. Advanced Nurse Practitioners (ANPs) are frontline practitioners making critical decisions regarding risk and patient safety. Whilst research around nurse decision-making has been conducted, the extent to which ANPs manage and navigate patient safety and risk is under-researched.

Purpose: to ask the research question - What is the lived experience of Advanced Nurse Practitioners of managing risk and patient safety in acute settings? A phenomenological perspective.

Method: Ten ANPs across three acute settings were recruited and iterative data collected over ten months on experiences of managing risk and safety (reflective interviews, written reflections, researcher journal). Methods were underpinned by Heidegger's Interpretive Phenomenology. Data analysis based on Van Manen's approach was assisted by NVivo 11 to facilitate circles of interpretation with each data source.

Key learnings: In an environment driven by time pressures, how practitioners cope with managing risk and patient safety is dependent on the presenting situation, breadth of knowledge-base, application of evidence, degree of perceived management support, and channelling of emotive moods. In situations of uncertainty, insufficient knowledge, and/or lack of information, practitioners were guided by care, concern, worry, feeling happy or comfortable and, in critical times, fuelled by fear. These were illuminated to be both drivers and barriers to practitioners' capabilities in grasping patient presentations.

Conclusion: Experiences of risk often identified a learning need or knowledge deficit, revealing an opportunity to develop and advance ANP practice. Snapshot judgements were individualized and negotiated dependent on practitioners' and patients' capacity to cope with risk.

Significance: Findings have implications for the preparation, training, and on-going educational and emotional support of ANPs within their practice. Recognising the emotional toll of managing risk and providing the necessary support will ultimately positively impact recruitment and retention of these crucial healthcare professionals.

There is No Real End: Patient – Professional Collaborative Case Study

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Background

Cancer care often uses the term ‘navigating’ to describe how patients move from primary care to specialty care and specialist treatment. For the patient, this can be especially challenging due to the traditional paternalistic relationship, actual disease-/treatment-related constraints, and a lack of shared language and culture between patients, families, caregivers, and professionals and between professionals from various disciplines. These challenges have to be met in order to establish equality, respect, and eventual meaningful participation in care for informed patients.

Purpose

Presented jointly with an ‘authentic patient’ and an advanced practice nurse, the presentation will include patient testimony along with implications for practice based on the lessons learned for the APN. This presentation aims to explore the multidisciplinary challenges for a cancer patient (and medical team, family & coworkers) in an effort to provide quality improvement strategies.

Methods/Approach

Experience-based co-design will be used to present an exemplar of a patient’s experience navigating – or getting lost – within an illness centric model. We present a single-case study of a working professional transition through a breast cancer diagnosis, treatment and long-term preventative health measures as an exemplar to explore the comprehensive patient centred approach to care. The primary language of delivery will be English, although questions and discussion section will be offered in English or French.

Key Learning

This session will facilitate quality improvement in primary care-based patient navigation by increasing our ‘authentic patient’ knowledge about the challenges of being the source topic for a multitude of ‘experienced experts’. Key learning from the session will include topics such as: language matters, interactions with other agencies/providers, supports not taught in a regulated program, and administration requirements during and post cancer treatment.

Developing the Masters of Science Advanced Practice Nursing Role to meet UHC goals in Kenya

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Background: Sub-Saharan healthcare systems experience a substantial burden of communicable diseases and a rising of non-communicable disease, which is straining human resources for health. In Kenya, like most African countries, due to a lack of qualified medical practitioners, nurses have been practicing at advanced levels regardless of their defined role, formal graduate education or license. Aga Khan University School of Nursing and Midwifery East Africa has pioneered the first Advanced Practice Nursing and Midwifery (APN and APM) role in Kenya and Tanzania. This first advanced nursing program in the region aims to create registered nurses and midwives with an expert knowledge base, complex decision-making skills and clinical competencies to provide primary care in line with UHC goals.

Methods: Guided by the International Council of Nurses APN framework, market analysis, stakeholders input and regulatory agencies. The development process included three interrelated processes. Phase one: (Scoping and positioning) market analysis, stakeholder engagement, alumni surveys. Phase two (Detailed design) learning and teaching outcomes, resources, implementation plans and evaluation plan. Phase three (Regulatory approval) presentation to University Councils, Nursing Council of Kenya and the Commission of Higher Education in Kenya.

Results: The designed MSN Advanced Practice Nursing curriculum offers a clinical track in adult health to be implemented in 2020 Spring Semester. This is among the first APN programs in the East African region.

Conclusions: This curriculum development strategic approach demonstrates congruent and logical steps allowed the development of a new program that prepares nurses to take new roles as experts in line with Universal Health Care model.

Simply Put: Caring for Hospitalized Older Adults with Dementia/ Delirium and Responsive Behaviors

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Background: Sadly, stigmatization may be experienced by hospitalized older adults who have dementia or delirium. Approximately 30% of Canadian hospital in-patients have dementia. Older people make up from 40-80% of the in-patient population depending on hospital size. Interdisciplinary care providers struggle to provide the best care to patients, particularly those with dementia/ delirium and behaviors. Patients with dementia end up staying longer, are more deconditioned and at risk for complications. Evidence shows that dementia education alone is unsuccessful to change practice that improves care.

Purpose: Strong clinical leadership is essential for a unit's staff to gain knowledge, confidence and skills to deliver better care to older hospitalized adults with dementia.

Approach: We did a pilot project and research study. Then we spread what we learned by engaging clinical leaders across the province to change clinical practice that involved older individuals with dementia on in-patient hospital units.

Key Learnings: Assumptions may derail a project. Addressing the skills of clinical leaders through relationship building, teaching, support, mentoring, follow up and feedback is essential. It is only through this approach that outcomes such as reduced sitter costs, decreased length of stay, improved care planning and overall better care can be achieved for hospitalized patients with dementia/delirium and behaviors.

Conclusion: In times of fiscal restraint, improved culture and care practice change can occur on a large scale for stigmatized hospital patients who have dementia/ delirium and behaviors. Strong clinical leadership is the key to success, not just dementia education for staff.

Significance: This work is relevant to Advanced Practice Nurses as well as other nursing leaders. Advanced Practice Nurses are leaders positioned to advocate for and manage change related to hospitalized individuals who present with complex clinical situations. Older hospitalized patients with dementia/ delirium and behaviors are often these individuals.

Clinical Academic Partnerships in Support of Home-Based Primary Care NP Role Development

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Advanced practice nurses play a pivotal role in facilitating aging in place. As countries across the globe experience the impact of a growing elder population due to increased life expectancy and concomitant need for chronic illness management, models of home and community based primary care will be imperative to achieve high quality health outcomes. In the U.S., NPs are often the provider of choice to deliver these clinical services in alignment with evidence-based standards. NPs have the potential to improve care coordination between healthcare settings and reduce reliance on facility-based care. An international collaborative relationship among two schools of nursing and their affiliated home care agencies in New York and Switzerland was leveraged to provide an immersion experience for a NP student nearing the end of the advanced practice degree program. The desired outcome of the immersion was to incorporate learnings from the experience in the evolving design of the NP role in the practice setting where the student is employed. Organizational leadership fully endorsed and supported the immersion experience in order to learn from the student's exposure to a variety of home-based primary care strategies including home visits, telephonic care management and the use of telehealth technologies. This initiative has the potential to impact the approach taken by schools and academic partners in providing access to innovative roles that can be replicated in the local context to benefit both patients and healthcare systems.

Strengthening primary care and universal health coverage in Eswatini through implementation of the FNP role

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Background

The Kingdom of Eswatini is found in southern Africa with approximately 1.3 million people; 80% live in rural areas. The country suffers from a high burden of communicable, maternal, nutritional conditions and non-communicable diseases; and a critical shortage of health care workers (2 physicians and 17 nurses per 10,000 population). A diploma FNP program ran from 1986 until 1995; however, most of these practitioners have retired.

Purpose

The purpose of the project was to assure that the University of Eswatini's APN FNP curriculum addressed the country's need for universal health care coverage; and required new ways of thinking/delivering care focused on communities.

Approach

The PEPPA framework informed the needs/asset assessment of the country; findings indicated that to achieve UHC the country should focus on revitalizing the Diploma FNP curriculum for advanced practice and focusing on the family. Feedback from the community, policy leaders and health care professionals identified the need for this cadre to be highly skilled clinicians. A graduate level curriculum with core courses that focus on the competencies to practice as an APN FNP and 627 precepted clinical hours was implemented (2017). The program is tailored to meet several challenges: students working full-time; lack of preceptors since this is a new role; contextualizing western FNP curriculum models for local and regional relevance. Currently, there are 3 cohorts enrolled (n=30); the first graduates are anticipated in 2020.

Conclusion

Completing the PEPPA steps led to the development of a locally tailored and culturally relevant APN FNP curriculum.

Significance

Successful implementation of the FNP role in this resource-constrained setting has the potential to improve equitable access to high quality, acceptable and affordable health care. Success of the FNP role hinges on the execution of a rigorous curriculum that addresses all aspects of role function with strong emphasis on clinical practice.

Disparities in Preventive Health Care for Intellectually Disabled and the Role of Nurse Practitioners

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Background

Studies show individuals with intellectual disability (ID) have historically been isolated from the general population causing a lack of preventive services and a high premature death rate from preventable causes. It is estimated ID patients have 2.5 times more health problems than those without ID. Nurse practitioners may have difficulty recognizing distress or health issues and ID individuals may not be able to properly communicate their health issues to others.

The aim of this presentation is to identify ethical and cultural influences that may contribute to disparities in the ID population, and how to deliver therapeutic communication to ID individuals regarding their health condition.

We will discuss current literature on the barriers to accessing preventive healthcare for ID patients. There are many ethical and cultural influences which can contribute to the disparities in an ID population. We will provide strategies for nurse practitioners to deliver therapeutic communication to ID individuals regarding their health conditions.

We learned three major things: 1. There are disparities in preventive care for adults with ID which encompass ethical and cultural influences on their care. 2. There are opportunities for primary health providers and institutions to facilitate improved preventive care in ID adults. 3. There are specific communication techniques for nurse practitioners to incorporate into their practice for improved discussions of serious news with ID individuals. Effective communication can be a useful tool for nurse practitioners to aid in the decision-making process for ID adults.

The disparities and barriers influencing health care treatment of ID individuals highlights the extreme work that must be done to improve access to preventive care.

Significance

It is imperative for medical professions to be aware of the health problems afflicting ID individuals and to take a proactive approach in their treatment plan; hopefully, leading to earlier detection of reversible diseases.

Nurse Practitioners' experience with PrescribelT[®] Canada's e-prescribing service

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Background

Nurse prescribing has evolved and will continue to evolve in response to emerging trends, particularly in primary care. Electronic prescribing (e-prescribing) is an important part of Canada's push to enhance the safety and quality of the prescribing process; E-prescribing allows providers in primary care to send prescriptions electronically to the pharmacy as part of an integrated electronic health/medical record system. The holistic approach of nurse practitioners (NP) ideally positions NPs to promote, use and shape the e-prescribing future within Canada.

Purpose

The goal of this presentation is to share the lessons learned, barriers, current state of e-prescribing and opportunities for Nurse Practitioners in Canada.

Approach

Our approach will include interviewing the first 5 Nurse practitioners that are activated with PrescribelT[®]; Canada's e-prescribing service. In 2020 we will conduct 2-3 interviews at specific points in time within their first year of their experience with e-prescribing. The results will be presented as a summary in conjunction with PrescribelT's larger national System and Use Survey results.

Key Learnings - Assumptions

Key assumptions and anticipated results of this research suggest that e-prescribing reduces prescribing errors, increases efficiency, and helps to improve communication between pharmacy and the prescriber. In addition, expediting patient experiences of receiving their prescriptions, clinician user stories will be presented to support the above assumptions.

Conclusions - Implications for Practice

Prescribing by nurse practitioners has dramatically increased between 2000 and 2010. Initial challenges to e-prescribing include implementation and optimal use, change management, alert fatigue, and e-prescribing of controlled substances. Opportunities include: Improvement in prescription communication between providers, support for opioid safety strategies and strategies to support better medication adherence. Further research could be focused on future functionality to improve provider use and the patient experience and workflow studies to improve value and efficiency of e-prescribing.

Developing the nurse-led transitional burns rehabilitation programme (4C's-TBuRP) for adult burn survivors

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Background

Transitioning from the burn unit for adult burn survivors can be chaotic and appear poorly coordinated with limited professional support. In the post-discharge period, professional support may still be limited though burns recovery is a long-term process.

Purpose

To overcome this challenge and facilitate recovery, we sought to evaluate the transitional period to understand the needs that emerge for adult burn survivors.

Methods

Guided by the OMAHA System, we undertook an integrative review to develop a conceptual understanding of the needs and the relationship that exist among them.

A qualitative study was undertaken with adult burn survivors, their families and members of the burn care team in a developing country to understand the transitional process. A follow-up review was completed to identify the interventions that existed to support the adult burn survivors as they transitioned.

Results

The transitional period is filled with biopsychosocial-environmental needs which evolve overtime warranting continuous care in a coordinated and collaborative manner. A mutual relationship exists among the needs which requires a comprehensive approach to care. Existing interventions however commenced after the patient has been discharged; usually in the order of weeks which may lead to a break in the continuity of care.

Conclusion

The results suggest the need to bridge the immediate pre-discharge to the early post-discharge period to ensure continuous care. Achieving this directs our attention to a nurse-led programme of care in which the burn care nurse functions as the coordinator of care and collaborates actively with the patient, family and other members of the burn care team to deliver rehabilitation interventions/ undertake referrals during the transitioning period.

Significance

The nurse-led focus of the rehabilitation programme affirms the expanded role of burn care nurses to promote recovery. Extending their role to the transitional period may ensure better support for adult burn survivors.

Developing Prescribing Competencies among Nurse Practitioners in Canada to Address the Opioid Crisis

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Recent legislation in Canada has enabled nurse practitioners (NPs) to now prescribe controlled drugs and substances. The knowledge and skills required to carry out this change in their scope of practice, however, were not included in NP education programs until very recently. Moreover, Canada is experiencing a severe opioid crisis. Increased rates of hospitalizations for addictions and opioid-related deaths in this country are staggering. It is essential that a new group of health professionals charged with the responsibility of prescribing these medications do so without exacerbating the current public health crisis. Instead, NPs must develop competencies that will contribute to a reduction in the prevalence of addiction and deaths from opioid use. To this end, the Canadian Association of Schools of Nursing developed national consensus-based entry-to-practice competencies for nurse practitioners for prescribing controlled drugs and substances. To support the competencies, a five module, interactive and open access e-learning resource was created for educators and students in NP programs as well as NPs already in the workforce to develop these competencies. This presentation will include a review of the competencies, an overview of the process of consensus building for content development, a demonstration of the interactive e-resource, and an overview of evaluation data on both the use of the e-resource and its impact on prescribing practices among practitioners.

NP Clinic Closures: Sustaining Primary Health Care Innovations

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Background:

Our failure to understand sustainability of Primary Health Care innovations impacts patient access to services, outcomes and prevents reform in Canada's health system. One commonly cited sustainability challenge in Canada is implementation of the Nurse Practitioner (NP) role. Several studies have examined NP outcomes and the results have been overwhelmingly positive. Despite evidentiary success, sustainability of the NP role remains at risk.

Purpose:

The aim of this study was to examine the closure of an NP clinic in western Canada.

Methods:

A single, exploratory case study design was used to conduct an in-depth examination of the closure of an NP clinic in western Canada. Eighteen semi-structured interviews and 31 relevant publicly available documents were included in the thematic analysis. The Sustainability of Innovation and Policy Triangle Frameworks informed the development of the interview questions and data analysis.

Results:

Several themes emerged from the data, many similar to those defined in the conceptual frameworks used to inform the study. However, participants identified and described themes that were not previously recognized by these frameworks. For example, participants described the neutral influence of "technicolor data" within the "perfect political storm". New themes emphasize the importance of assessing the influence and power of both innovation champions and challengers, including their motivations. Additionally, an often-overlooked component of sustainability failure is the emotional impact on patients, community members and stakeholders.

Conclusion:

The new themes identified and described by participants in this study illustrate the importance of looking beyond context, content and decision-making policy when sustaining innovations, such as NP roles, in primary health care.

Significance:

The results of this study advance the understanding of PHC innovation sustainability, particularly relevant to NP roles.

Equitable access to palliative and end of life care: ANP A key ingredient

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Background. Progress and improvements in accessing palliative and end of life care (PELC) in Quebec had been made but nonetheless, a quick survey of the literature on PELC from Québec, Canada or the international literature is showing similar findings: inequity of access, lack of information, lack of education for professional and staff involved, lack of investment to provide the needed material and human resources and underdeveloped home care services. However, solutions exist and advanced nursing practice (ANP) could provide a key ingredient for further progress and improvements.

Purpose. To illustrate how advanced practice nursing would fit into the action plan in a particular provincial context.

Approach. In 2019, a national taskforce on equitable access and quality of PELC focused its work on the identification of ways to compensate for the recurring challenges to stakeholders and to the health care system by PELC. This work has led to an action plan, Plan d'action 2020-2024, pour un accès équitable et de qualité en SPFV. Consultations with targeted groups made it possible to specify the conditions for implementing these orientations. Among the results of the consultation, the contribution of nursing and of ANP was emphasized as a key ingredient in the implementation of the action plan.

Key learning. To present briefly an overview of the provincial situation in PELC, how ANP would add value for patients and their caretakers- and discuss how ANP is appropriate for PELC.

Conclusion. ANP in PELC could contribute to driving nursing beyond 2020 where it could have wider reach and bigger impact.

Testing the Effectiveness of the Cardiovascular Assessment Screening Program (CASP) with Nurse Practitioners: An RCT

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BACKGROUND: There is inconsistent utilization of clinical practice guidelines (CPGs) for cardiovascular disease screening and management by nurse practitioners (NPs) to identify cardiovascular disease (CVD) risk factors early and to intervene using current recommendations. To address this clinical practice issue and increase utilization of Canadian CPGs and evidence-informed practice, an exploratory multiphase sequential mixed methods study was conducted.

PURPOSE: To determine successful strategies for implementation of current CPGs through the development, implementation, and evaluation of an innovative intervention, the Cardiovascular Assessment Screening Program (CASP) utilized by NPs to impact the health and well-being of patients.

METHODS: In the RCT, phase 2 of this mixed methods study, eight NPs and 167 patients were recruited in one Canadian province. The NPs in the intervention group (68 patients) implemented CASP whereas the NPs in the control group (99 patients) provided usual care.

RESULTS: Comprehensive screening (9 to 10 risk factors) by NPs in the intervention group increased significantly compared to screening by NPs in the control group (relative risk 14.4; CI 7.1-29.4; $p < 0.0001$). The majority (85%) of NPs in the intervention group screened for 8 or more risk factors and found 65% of the patients were at moderate to high risk for having a CV event. In comparison, 75% of NPs in the control group did minimal screening (1 to 2 risk factors) with patients; the level of CVD risk was unknown (96%) in these patients. The recommendations made by intervention group NPs matched patient priorities 94% of the time; 75% of the intervention group patients participated in personalized goal-setting that matched their top priorities for improving heart health.

CONCLUSION and SIGNIFICANCE: An RCT study conducted in Canada showed that NPs utilizing CASP, an innovative CVD screening program, was effective for identifying CVD risk factors early and impacting evidence-informed patient-centred care.

Leadership Innovation: Creation of a Personal Strategic Plan

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Background: Healthcare is complex and rapidly changing. A recent workforce study reported that over 50% of organizational nurse leaders intend to work less than 10 years. Developing transformational nurse leaders is identified as a strategic priority. As a result, there is a significant need to accelerate the development of advance practice nurses (APN) to lead healthcare systems, programs and services.

Purpose: The purpose of this session is to provide a strategic planning process and toolkit to assist APN in the creation of a personal strategic plan.

Approach: This approach uses a systematic, reflective process that customizes the APN experience with current and future roles to jump start a strategic plan and branding strategy.

Results: This strategic plan results in a blueprint for career development including a networking and interdisciplinary mentoring plan along with key actionable next steps.

Conclusion: Participants will be able to design their strategic plan with the use of the process.

Significance: This strategic planning approach can be used with individuals and teams and accelerates development of leaders.

Policy Change and Nurse Practitioner Work Environment in Healthcare Organizations: An Example from USA

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Background

From 2007-2019, the number of Nurse Practitioners (NPs) in the United States (U.S.) almost doubled. However, NPs can practice fully only in 22 of 50 U.S. states. In the rest, scope of practice (SOP) regulations restrict NP practice by requiring physician oversight. In 2015, New York State (NY) implemented a policy to remove physician oversight for experienced NPs with over 3600 hours of clinical practice.

Purpose

We assessed if the policy change affected NP work environments in healthcare organizations.

Methods or Approach

Pre-post design was used. Online survey data were collected from NPs recruited from NY Nurse Practitioner Association membership in 2012 (3 years before policy) and 2018 (3 years after policy). NPs completed a validated work environment measure, the Nurse Practitioner Primary Care Organizational Climate Questionnaire (NP-PCOCQ). NP-PCOCQ includes 4 subscales: NP-Administration Relations (NP-AR), NP-Physician Relations (NP-PR), Independent Practice and Support (IPS), and Professional Visibility (PV). Multiple linear regressions, built in STATA 14.0, assessed the relationship between year and outcomes (4 NP-PCOCQ subscale scores), controlling for demographic and practice-level covariates.

Key Learnings or Results

Overall, 278 NPs in 2012 and 348 NPs in 2018 completed the survey. Controlling for covariates, results show that NPs in 2018 had higher scores for NP-PR ($B=0.11$; $p < 0.05$), IPS ($B=0.11$; $p < 0.01$), and PV ($B=0.13$; $p < 0.05$) than in 2012. There was no significant difference in NP-AR score. No significant difference was observed in any NP-PCOCQ subscale scores between experienced and less experienced NPs in 2018 ($p > 0.05$).

Conclusion

Our findings provide evidence that removing SOP restrictions is associated with better NP work environments.

Significance (Impact and Reach)

Relaxing SOP regulations not only will allow NPs to practice to the fullest extent of their education, but it will also help organizations create better NP work environments for safe care delivery.

Clinical nurse specialists role: the essential role of knowledge in its promotion beyond 2020

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Background. Revising curriculum for graduate programs for clinical nurse specialist (CNS) had been challenging and will continue beyond 2020. If the role of nurse practitioner appears to be understandable by anyone, the one of the CNS is often perceived as being vague, even as “amorphous” by decision makers (Dicenso et al, 2010). Moreover, in Québec, the provincial government reviewed the remuneration and the classification of the role of clinical nurse specialists to harmonize it with others public civil servants in the province of Québec. This decision has contributed to a lack of attraction in the graduate programs for CNS. Moving beyond 2020 for clinical nurse specialist’ role might rely on an avenue that has been seldomly explored, the one of nursing knowledge.

Purpose. To outline how nursing knowledge might offer avenues to better understand CNS and to position it into the health care system.

Approach. This presentation is based on perspective from the sociology of professions, an epistemological vision of nursing science and of nursing knowledge, associated with a vision of universities and of graduate programs to explore how nursing knowledge could inspire an advanced nursing practice. Examples of specific nursing knowledge will be provided and they will be articulated with advanced nursing interventions within a CNS role. Thus, it will suggest how to build an explicit role from a CNS assessing and intervening based, among other types of knowledge, on nursing knowledge.

Key learning. This presentation will help to situate CNS role in the field of nursing, and suggest how it could better contribute to the unmet needs of the population.

Conclusion. This presentation would suggest how CNS could have a wider reach and a bigger impact by focusing on knowledge align with unmet needs.

Integrating Healthcare through Optimization of Nurses in Nova Scotia: A Rapid Review

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Background: Nurses are essential members of integrated, team-based health care. Nova Scotia currently faces many challenges impacting health workforce planning including an aging population, decreasing access to care, rising healthcare costs and a shortage of health professionals. The shortage requires consideration for the number of available professionals, their skill-mix and competencies, distribution and deployment, recruitment and retention, and the differences between professional and employment scopes. These all contribute to determining the current supply, the need for services, and the gap representing unmet needs. Exploring these issues and identifying strategies to address them requires collaboration across government, health authorities, academic centres, providers, and patients and families.

Purpose: The purpose of this work is to integrate research and policy evidence with original data from participating primary and emergency care settings to make recommendations on the optimization of various nursing roles, including Advanced Practice Nurses and Nurse Practitioners.

Methods: This rapid mixed-methods review includes a key document analysis from relevant peer-reviewed systematic reviews and local reports, mapping of collaborative care for patients with complex needs, and an environmental scan using patient and provider surveys and 1:1 interviews and focus groups with practice team members.

Results/Conclusion: Data collection and analysis will complete in November 2019.

Significance: We anticipate that we will:

- i) understand facilitators and barriers to optimizing nursing roles;
- ii) contribute to the development of innovative strategies and quality improvement to optimize nursing roles;
- iii) develop a blueprint for conducting similar rapid reviews of nursing and health care provider roles; and
- iv) contribute to the overall strategy of working together as a learning health system.

Understanding compassion in mental health care from the perspectives of culturally diverse patients and families

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Compassionate care is considered a fundamental characteristic of quality care. The need for compassion in care is not new, however understanding compassion and, translating the knowledge into action, remains a challenge. Few studies have focused on patient definitions of compassion or assessed outcomes in relation to desired health outcomes. This gap is even more significant in mental health. Another major gap in the current literature on compassion is a lack of discussion of how culture influences the understanding, enactment, and expectation of compassion. There is a need for greater understanding of patient /family perspectives on compassion and explore how these are influenced by culture. While the dominant culture is Caucasian, two groups are more prevalent in the population of people with mental illness than in the general population and need to have voice. These are indigenous people and people with African heritage (Black people). To understand the similarities and differences in the meaning and experience of compassion in care these voices must be included. We are interested in how compassion is experienced and understood by patients and families in a mental health context and explore ways the understanding and experience of compassion varies across culturally diverse or racialized groups.

Interpretive Descriptive design, using stratified focus groups will seek to address the knowledge gap identified by answering the research questions. The best informants for informing the answers to these questions are the patients and their families. By illuminating the ways compassion is understood and experienced by patients and families from diverse cultures can guide health care providers to personalize and improve care delivery. This will add value to the care experience and improve outcomes for patients and families.

Final results will be ready for presentation at this conference.

Life Course Theory Applied to Secondary Trauma Experienced by Nurse Practitioners

Dr. Lisa Roberts¹

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Purpose: To describe secondary trauma experiences among Nurse Practitioners (NPs) using a Life Course theory framework.

Background: Major emotional trauma is a life-changing event with lifelong impact. NPs frequently deal with emotional trauma and their prior life experiences influence the way they experience difficult interactions with patients. Patients and providers alike remember such events, posing a risk for secondary trauma among providers. Life Course Theory (LCT) is a framework to examine the experiences of NPs who find patients' emotional trauma particularly challenging. LCT principles (context, developmental stage, timing, agency, linked lives) and fundamental concepts (trajectory, transition, turning point) are applicable to those who have experienced emotional trauma.

Approach: Literature reviewed and informal conversations with NPs informed the concept. Data from narrative interviews were analyzed and aligned with LCT to develop an understanding of emotional trauma's lifelong impact. Secondary trauma was associated with emotional trauma as follows: Context; professionalism carries an expectation that NPs "leave their baggage" at the door. Developmental Stage; earlier life experiences shape NPs' understanding of emotional trauma. Timing; emotional trauma disrupts the expected professional development. Agency; NPs with less autonomy to make decisions that shape their professional lives. Linked lives; NPs professional lives are interdependently linked to patients, family, community, and other healthcare professionals within the social and historical environment. These links influence how NPs interpret experiences of secondary trauma. Context, developmental stage, timing, agency, and linkages in turn influence trajectory—the long paths of life for many NPs. NPs in transition from novice to expert, may experience secondary trauma as a turning point—an abrupt, substantial change in their career trajectory.

Key Learnings: LCT aided the development of a conceptual understanding of the impact of secondary trauma.

Conclusion: This concept has important implications for future research and intervention development, providing overall guidance to prevent project drift.

Creating an Advance Practice Nurse Framework in a large quaternary hospital

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Background

Over some years, the voice of the Clinical Nurse Specialist and focus of the APN Council was lost. Factors included changes in NP legislation, relevancy of meetings to all APN's, and lack of vision. With a change in leadership to include an NP and a CNS and a vision of the power of the collective, the APN council was reorganized with a development of a new framework that included mandatory attendance in communities of practice. The COP's have provided many opportunities for us to work collectively within the vision of hospital's strategic plan.

Purpose

Creation of an APN Framework uniting a large group of APNs in a large organization/ with a goal of enhancing and promoting the optimal professional advancement and contributions of Advanced Practice Nurses at the Hospital for Sick Children, Nationally and Internationally.

Methods/ Approach

Formation of a working group to review the literature and benchmark with other APN Councils nationally and internationally. This data was collected and presented to the APN Council using a Town Hall approach. Launch of the new framework was through progressive implementation, this included establishment of bi-annual meetings and retreats every 2 years.

Key Learnings/ Results

Development of a new framework is an evolutionary process that takes time. Engagement from all APN's is a key element in implementation and sustainability. Innovative approaches for communication and meetings of communities of practice need to be utilized.

Conclusions

Reorganization of the APN Council has built community by enhancing collaboration, communication and information sharing among APN's internally and externally. There has been many successes and challenges. Logistical challenges and next steps will be discussed.

Significance

Reorganization of a group of APNs that showcases what APNs contribute beyond their clinical role. Leading innovation and change locally, provincially, nationally and globally in children's health and advanced practice nursing.

Evaluating the Impact of an Integrated NP-led Health Model Within an Established Social Services Organization

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Background: Innovative partnerships between health, academic, and social organizations are needed to address complex needs of an inner-city senior population. In March of 2018, the first Academic NP Faculty Practice clinic opened in Edmonton, Alberta. This clinic was the result of a collaboration between a faculty of nursing and an established seniors social and recreation service agency in an urban center, with funding from the provincial Ministry of Health. As the clinic approaches the end of its initial grant, evaluation of its impact on seniors, NP faculty, and the seniors' organization is critical to ensure sustainability and encourage spread of the model.

Purpose: Present clinic statistics and senior satisfaction scores which demonstrate the impact of a Senior-Centred Academic NP Faculty Practice Model. Student and faculty experiences will also be discussed, as well as challenges that have presented over the two-year time-frame.

Approach: Program evaluation was completed to assess the degree of integrated care delivery, effectiveness of case management, empowerment/active engagement of seniors in their care, identification of NP as most responsible provider, work environment quality and fiscal appropriateness of the model.

Key Learnings: Cross-professional integration and evaluation requires nurse practitioners to acquire new quality improvement skills. Common NP indicators don't always capture the robust nature of patient outcomes in the senior population living in community.

Conclusion: This model has had a positive effect on patient care and faculty/organization interactions and has the potential to influence the development and spread of similar models across the country.

CALM: Expanding the Passion for Psychosocial Care in the Advanced Practice Nurse's Role

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Individuals with advanced cancer have the challenge of making the most of each day, while simultaneously facing the reality of their death. To address this challenge a novel psychotherapeutic intervention was developed and delivered in a large cancer centre. Managing Cancer And Living Meaningfully (CALM) is a brief, semi-structured, individual, psychotherapeutic intervention rooted in several broad theoretical traditions, including relational theory, attachment theory and existential psychotherapy.

In May 2013 a group of Advanced Practice Nurses (APNs) attended a three-day international training intensive CALM workshop. A post-workshop meeting held with the Director of Nursing resulted in an opportunity to develop skills in delivering CALM. In January of 2014 three APNs began the journey in psychotherapy training.

The CALM intervention supports reflection and dialogue with patients in four domains in 3-6 sessions over 3-6 months. These domains are: symptom management and communication with health care providers, changes in self and relations with close others, sense of meaning and purpose, and mortality. Primary caregivers are encouraged to attend one or more of the sessions.

The therapists meet weekly with a supervisor to review cases and explore approaches to care. The group includes APNs, psychologists, psychiatrists and social workers.

This presentation will explore the theoretical underpinnings of CALM and its four domains, using case presentations. The benefits and challenges in adapting this therapy to nursing practice will be reviewed. This innovative therapy has enriched the APNs relationship with individuals living with advanced cancer.

Sherbourne Health Bus - Specialized Community Program: Bringing Health Promotion to Where It's Needed

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Background:

Sherbourne Health's the Rotary Club of Toronto Health Bus is a mobile unit that provides an entry point to healthcare services for people who often face barriers in accessing traditional healthcare. In 2018, the Health Bus shifted into two distinct programs, one being the Specialized Community Program (SCP) which focuses on health promotion initiatives.

Purpose:

The SCP aims to provide low-barrier access to health promotion services to underserved communities. Such services include screening for sexually transmitted infections, foot care, cancer screening, vaccinations, provision of harm reduction supplies and community navigation. These services are provided by program workers, a Nurse Practitioner (NP), and a hepatitis C nurse or outreach worker. Currently, the SCP conducts monthly stops at an organization that serves individuals engaging in sex work, and also participates in various community-based events.

Methods/Approach:

At each encounter, demographic and health service access information are collected by Survey Monkey or written data sheets. Visits to a clinician are documented in the electronic medical record to track services provided.

Results:

Preliminary results suggests that if the SCP was not present, 31.8% of respondents indicated they would not access care elsewhere, 27.3% are unsure where they would access services, 13.6% would go to their doctor, 13.6% answered other, 9.1% came to see a particular provider, and 4.6% would go to the emergency room. Majority of respondents accessed the NP for health services (91%).

Conclusion:

Results validate the role of the SCP in providing access to health promotion services where individuals might otherwise not have timely access to.

Significance:

While the SCP is in its early stages, this project demonstrates that a health promotion approach on a mobile unit has the potential to reach many underserved people for valuable services. There are promising directions for expanding the role of the NP on the SCP.

Primary Care Transformation: Nurse Practitioners Leading the Way in British Columbia

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Background:

Nurse Practitioners (NP) have been underutilized in the delivery of health care in both primary and specialty care settings since the inception of the role in British Columbia (BC) in 2005. In response, the British Columbia Nurse Practitioners Association, now Nurses and Nurse Practitioners of BC (NNPBC), submitted two position papers articulating the importance of the NP role in health care delivery in BC. NNPBC's recommendations contributed to BC's Ministry of Health acting to improve optimization, integration, and utilization of the NP role.

Purpose:

This presentation will elaborate on the strategies and stakeholder partnerships used in BC to further optimize the NP role in health care delivery.

Approach:

Using a collaborative approach, the NP Council of NNPBC worked with BC's Ministry of Health to align the NP role within the broader strategic plan to improve access to primary care through team-based Primary Care Networks (PCNs) and the implementation of Nurse Practitioner Primary Care Clinics (NP-PCCs).

Key Results:

- Improved utilization of health human resources through optimizing NP role.
- Integrated the NP role through implementation of NP-PCCs, with NPs leading system change.
- Interdisciplinary collaboration resulting in improved access to team-based health care and patients' longitudinal attachment to a primary care provider.
- Alternative funding model established for NPs to operate independently within team-based PCNs.
- Advancement of formal NP leadership structures within the health care system.
- Development of a professional practice support program based on interdisciplinary collaborative principles.

Conclusion:

The NP role was introduced into BC's health care system 15 years ago to support the overall goal of improved access to health care. The lessons learned have been invaluable, with the nursing voice helping to shape health care reformation in BC.

Significance:

NPs have significantly influenced transformative change within BC's health care system, contributing to improved access to primary health care in BC.

Medical Cannabis: Partnering to Better Support Patients and Families

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Background:

Medical cannabis is considered by patients/families as a treatment for health conditions and they access medical cannabis to address nausea, pain relief, and refractory seizure disorders.

In Ontario, nurses are permitted to possess/administer medical cannabis for those in their care; however, a rigorous process must be in place to address regulatory requirements, enabling safe/effective management. Appreciating the nuances of cannabis, the stigma and political landscape surrounding cannabis use are essential to consider when supporting patients/families and HCPs.

Purpose:

In three paediatric organizations (acute care, rehabilitation, hospice) an increase in requests for use of medical cannabis was noted. Organizations are challenged to support the use of medical cannabis including health care provider (HCP) involvement in administration.

Methods

In 2016, an advisory group, including physicians, nurses, nurse practitioners, administrators, pharmacists, risk managers and legal advisors, from three organizations, partnered to generate a shared approach to safe administration of medical cannabis. Guiding principles were created, focusing on balancing transparency and safety and a shared vision, such as support of individual choice, meeting unique needs of child/family, enabling supportive transitions across organizations, and providing clarity for health care providers.

To meet regulatory requirements, guiding principles, structures and processes were embedded to address 1) identification/verification of medical cannabis authorization, 2) safe monitoring/management 3) safe storage, and 4) referral to experts for advice, escalation of concern.

Key Learnings and Conclusions

Legalization of recreational cannabis for adults has complicated processes, requiring advanced nursing practice leaders to be available to consult with clinical teams. Understanding complexities inherent in medical cannabis administration by health care providers has generated partnerships and support for patients/families within the paediatric continuum of care, while addressing legal regulatory requirements.

Significance

Patients/families continue to report cannabis use to meet patient needs. Advanced nursing practice clinicians are well positioned and prepared to discuss medically authorized modes to meet patient needs.

Archimède: A primary care clinic for an interdisciplinary collaboration for excellent nurse practitioner's practice

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Background. In 2014, a neighborhood clinic was just about to close due to an inability to recruit physicians to replace those retiring. The clinic is offering services in a disadvantaged socio-economic environment to an aging population with complex chronic health problems. The initiative and the leadership of a nurse practitioner has led to the creation of a new model of care combining the full scope of practice of 15 health professionals (primary care nurse practitioners, nurses and other professionals). Innovative service trajectories have been created allowing nurses, in collaboration with 2 to 4 doctors and the interprofessional team, to offer the services to this disadvantaged population and kept the clinic open. The model proposed by the NP allowed the clinic to offer services although no new physician was hired. This innovative project is supported by the Ministry of Health and Social Services.

Purpose. To describe how NP can offer alternatives and provide excellent services to a disadvantaged elderly population.

Method: An evaluative research was done using a descriptive approach to assess the effect of the innovative model.

Results. The results show that patients are very satisfied and perceived their care as having continuity associated with improved access to primary care. The results also demonstrate that the optimization of teamwork and intra-interdisciplinary collaboration has increased the capacity to provide care for a greater number of patients.

Conclusion. The Archimède's model relies on the leverage of an optimal use of intra-interprofessional skills that contribute benefits to patients and their families.

Impact. This innovation has allowed the survival of a primary care clinic while preserving the quality of care and services offered and highlighting the role of NP.

Emerging trends for the future of NP practice by looking back at its implementation

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Background. In Quebec, the implementation of the nurse practitioner's role started in 2003 with the adoption of the proposed Bill 90, Professional Code and other legislative provisions as regards the health sector. In the following decade, several changes occurred. Among them, the subdivision of the role in different specialties, an Association of NP was established, and changes in the degree of autonomy were made.

Purpose. This presentation will look at the evolution of nurse practitioner's role in Quebec and will propose some avenues to move beyond 2020.

Approach. The evolution will be outlined with the intent of focusing on what is explaining the current situation. A historical and political analysis will be used to reconstitute the evolution and to identify actors, associations and events that have contributed to the current situation and could influence the future.

Key learnings. From a very controlled degree of autonomy, NP have succeeded in demonstrating their value to the public. Breakthrough were realized by a nurse-led clinic and other initiative made by NPs to increase access to health services and this had changed the perception of NP in the province. External factors related to the popular perception of physicians had created a window of opportunity that allowed NP to gain in autonomy.

Conclusion. NP were introduced in Québec long after they were allowed to practice elsewhere in Canada but since then, they have made a visible contribution to the health of the population, have gained support from the population and had become more autonomous. Their Association has been a key player influencing the evolution of the situation.

Significance. This presentation is of significance, since NPs in Quebec, have the longest length of education, are educated at the graduate level and nonetheless they have less autonomy than their Canadian colleagues.

Family HELP Project: Involving Family Caregivers in Delirium Care

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Background:

Delirium is an acute disorder of attention and cognition which often results in a decline in functional health for older adults and premature institutionalization. Healthcare providers have reported a 70% rise in delirium rates since COVID-19 pandemic. Multicomponent, non-pharmacological interventions such as the Hospital Elder Life Program (HELP) can prevent delirium in up to 40% of cases. Furthermore, family caregivers in concert with HELP can also provide targeted delirium prevention interventions. However, they need specific training and support in order to effectively provide these interventions.

Purpose:

The purpose of this study is two folds: First, to explore the informational needs and knowledge gaps of family caregivers around delirium. Second, to improve the knowledge of family members around select delirium prevention protocols.

Methods and Approach:

Using Experience-based Co-design approach, the Clinical Nurse Specialists (CNSs) in the HELP at a teaching hospital in Hamilton, in partnership with family caregivers, developed a resource package that will assist family caregivers in implementing delirium prevention interventions. The PDSA quality improvement model was used to continuously improve the content of the package.

Key Learnings/Results:

This quality improvement project is still in progress. However, earlier smaller scale study performed by HELP CNS, involving teaching family members about delirium prevention strategies, found that family members were not only interested in learning about delirium prevention interventions but were also eager to implement them while visiting their loved ones.

Conclusion

COVID-19 has posed many challenges in implementing delirium prevention protocols for hospitalized older adults. Partnering with family caregivers is essential for optimizing delirium care in acute care settings.

Significance:

With COVID-19 pandemic and delirium described as the “epidemic within the pandemic” for older adults, family caregivers, with the appropriate support, can play an integral role in delirium prevention care for hospitalized seniors.

Development, Deployment and Evaluation of Virtual OSCE in MN:NP program.

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The University of Saskatchewan, College of Nursing, MN:NP program implement Virtual OSCEs. OSCEs were planned to be in person April 2020. Due to COVID-19 a new virtual evaluative strategy needed to be developed. The in person OSCE was replaced with a virtual OSCE via WebEx. The faculty then conducted a survey based on Prettyman (2018) study to elicit responses from participants. The results, lessons learned and ideas for program improvements will be shared in this interactive presentation.

Background: The USask, MN:NP program is a web-based program with learners across Canada. Traditionally OSCEs are held in person during the clinical skills week. The OSCEs were scheduled to take place April 26, 2020, at the beginning of the hands-on skills week. COVID-19 changed all the best laid plans. The students, faculty and staff had to change course, quickly. The OSCEs were moved to the fall of 2020. March 2020, planning began in haste to create our first ever Virtual OSCE.

Method: Several planning meetings. IT was involved to ensure the platform used was in compliance with USask policy. The Centre that organizes the Standardized Patients (SPs) was involved to ensure the SPs had the required training. The faculty and staff worked on obtaining NPs as evaluators for the OSCEs, and further logistics including formatting of OSCE scenarios and marking guides to be conducive to the online format. Educational sessions and internet speed testing for evaluators, students, and SPs. For program improvements surveys were sent to each of the participants.

Results: Qualitative and quantitative data collected show the important role virtual care and preparation for proving virtual care is to students and standardized patients. Students' responses include virtual OSCE relevant to future practice 85% strongly or somewhat agree, Students report ability to give pt verbal and non-verbal reinforcement 89% strongly or somewhat agree. Standardized patients report Webex easy to use 100% strongly or somewhat agree; WebEx clear and understandable 93% strongly or somewhat agree, makes it easy to describe presenting concern 79% strongly or somewhat agree,

Evaluators responses include that Webex allowed students to obtain pt information in a logical, systematic orderly progression 67% somewhat or strongly agree, Eye Contact 44% somewhat or strongly agree; Demonstrate empathy 56% somewhat or strongly agree.

Conclusion

Evaluations received provided feedback to improve the student and standardized patient experience. Program improvements will be implemented to provide students with the best learning experience possible.

References:

Prettyman, A., Knight, E., Allison, T. (2018). Objective Structured Clinical Examination from Virtually Anywhere! The Journal for Nurse Practitioner. www.npjjournal.org p157-163.

Contagion of Hope: Capturing the lived experiences of nurses during the COVID-19 pandemic through Photovoice

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Background

During the current COVID-19 global pandemic, clinicians in health care systems worldwide are working tirelessly to meet the needs of citizens in their communities. Nurses make up the largest number of healthcare providers in the system, and have played a key role during the pandemic as direct care providers, leaders, educators, researchers and policy-makers. Because of their experience and expertise, it is essential that nurses be involved in shaping healthcare policy and developing strategies for global pandemic preparedness. The purpose of this study was to provide an opportunity to amplify the voices of nurses in discussions on the occupational and social issues that most impacted their lives and their nursing practice during the COVID-19 pandemic.

Methods

Our study used Photovoice, a participatory action approach, to ask: “What is the lived experience of front-line nurses during the COVID-19 pandemic as told by nurses through photos, reflection, and group discussion?” We collected photographs and reflections from 12 nurses that represent front-line experiences during the COVID-19 pandemic. Data was first coded by each investigator, then compared with other investigators. Member-checking was conducted to ensure that participants were involved in the interpretation and analysis of the data.

Results

The preliminary themes that emerged from the photographs and reflections included: 1) gratitude for small things, including increased time with family; 2) “stages of grief” including anger and depression, sometimes related to friends and members of public not taking pandemic seriously; 3) feelings about being a nurse -- “nursing is the best and the worst job”; 4) fatigue related to constant PPE and stresses of the pandemic, 5) “longing for hugs” – missing physical contact with friends; and 6) hopeful feeling as vaccines arrive.

Discussion

Using powerful images and narratives, this Photovoice project allowed nurses to express their experiences in direct patient care during the COVID-19 pandemic. The voices of the nurses participating in the study will be communicated to healthcare leaders, educators and policy-makers, and hopefully used to advocate for system and policy changes that will influence and improve patient care and the healthcare system. Study results will also be shared with healthcare researchers, nursing unions and professional organizations, to inform future work to support nurses at the point of care, especially during challenging times like pandemics.