

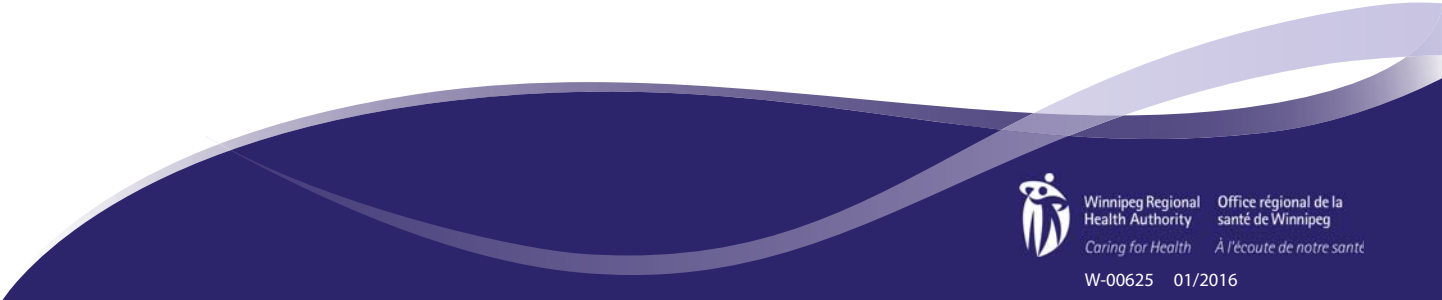
A Guide for
Successful Integration of a
**NURSE
PRACTITIONER**



Winnipeg Regional
Health Authority
Caring for Health

Office régional de la
santé de Winnipeg
À l'écoute de notre santé

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Introduction

The Canadian Nurses Association (CNA) defines advanced practice nursing (APN) as an umbrella term that describes two roles, the clinical nurse specialist (CNS) and the nurse practitioner (NP) (CNA 2008). The roles require graduate level education, incorporating in-depth nursing knowledge and clinical expertise that prepare APNs to address health needs at the individual, family, community and population levels. Additional competencies include collaboration, education, research, leadership, change management, and professional development. The distinctions between the CNS and NP roles are in their history, education, regulated authority, reporting structures, and emphasis on domains of practice.

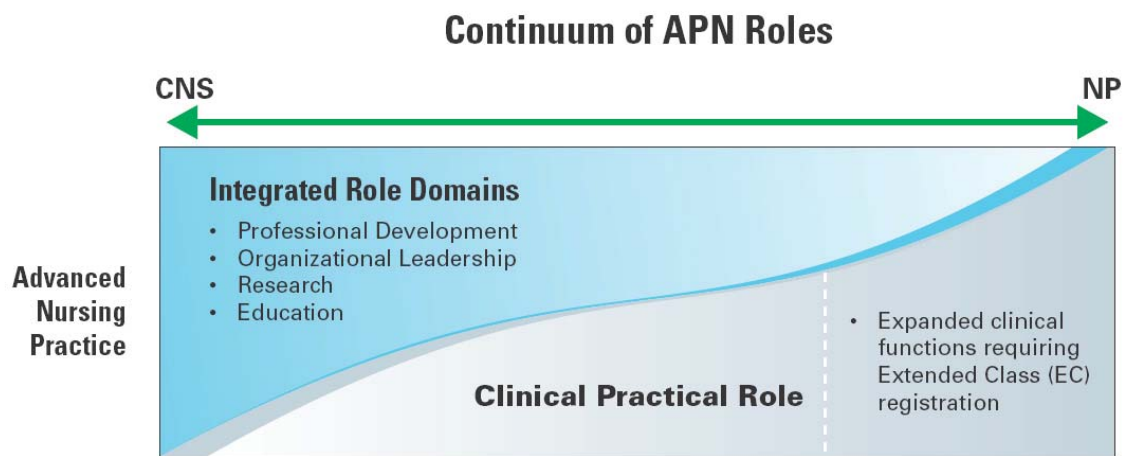
The CNS role emerged in the 1960s (DiCenso & Bryant-Lukosius, 2010) as patient care grew more complex. The role has evolved to guide the management of complex care, improve the quality of care and promote evidence-informed practice. In contrast the NP role gained formal recognition in the 1970s, when NPs were introduced in rural and remote Canada to provide healthcare services that were otherwise unavailable to populations in isolated regions (CNA, 2008).

While the CNS and NP have graduate degrees in nursing, their educational programs are distinct. Educational programs for the NP focus on advancement of clinical expertise and highlight the delivery of primary and acute care services with the associated skills and competencies. It is the inclusion of graduate level preparation, either at the Master or Doctoral level, which prepares the NP to perform advanced functions in the areas of clinical practice, consultation, education, research and leadership.

Nurse practitioners are licensed to practice on an Extended Practice registry, which provides the legislated authority to perform activities beyond the scope of Registered Nurse practice (i.e. independently prescribe medications, order and manage the results of screening and diagnostic tests, and perform minor surgical and invasive procedures (College of Registered Nurses of Manitoba website, 2011). The CNS functions within the full scope of a Registered Nurse (Registered Psychiatric Nurse) and does not require additional regulatory authority.

Both CNS and NP roles are dynamic and responsibilities may vary based on program and patient needs. Although the roles are different, both are guided by the domains of the Strong Model of Advanced Practice. The model includes components of direct comprehensive care, education, research, publication and professional leadership, and support of systems (Ackerman et. al., 1996). Figure 1 illustrates the proportion of practice the CNS and NP spend in each of the domains of practice. The NP typically devotes a larger percentage of time to clinical responsibilities and direct patient care activities at the individual level, whereas the CNS balances clinical time with time spent in the other four domains.

FIGURE 1:



Bryant-Lukosius, D. (2004 & 2008). *The continuum of advanced practice nursing roles*. Unpublished document.

Purpose

The purpose of this document is to:

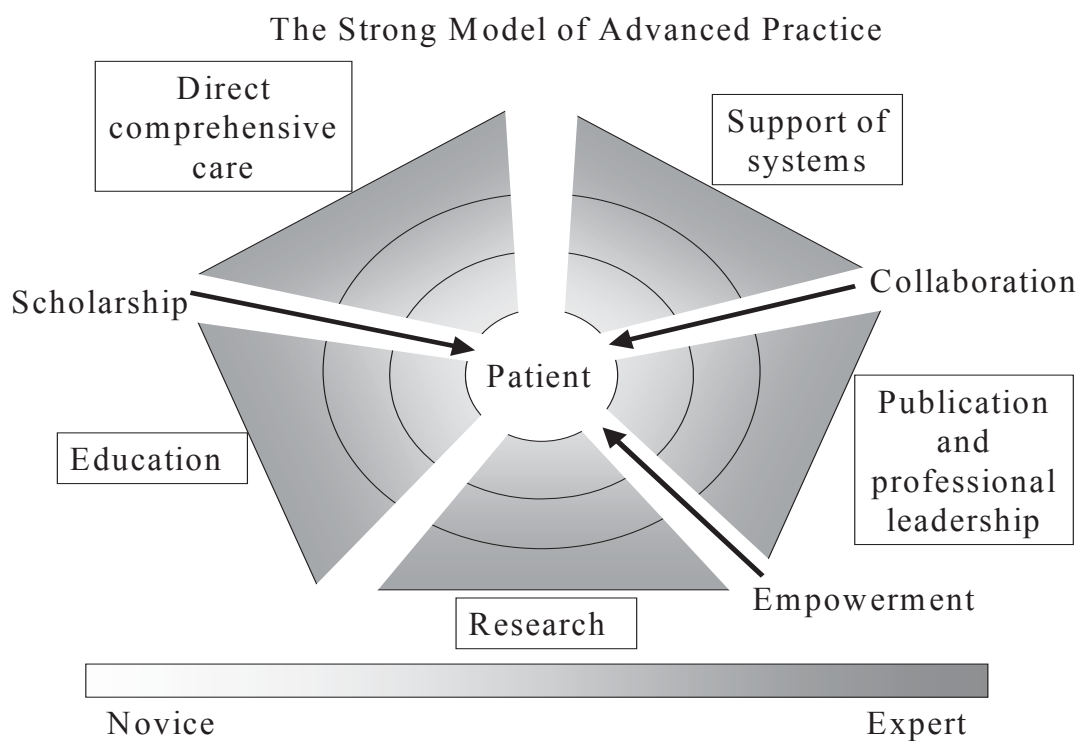
- Increase understanding of the NP role for employers and for nurses as described by the Strong Model of Advanced Practice (Ackerman et al., 1996)
- Outline tools and processes to facilitate integration of the NP role within the team and to promote sustainability of the role.

The Role of the NP

STRONG MODEL OF ADVANCED PRACTICE

The WRHA Nursing Leadership Council has endorsed the Strong Model of Advanced Practice (Figure 2) as the framework to guide the successful implementation of the NP role and to promote optimal utilization of the NP, in all regional settings. The Model, developed in 1994 at the University of Rochester Medical Center, defines five domains of practice including: direct comprehensive care, support of systems, education, research, publication, and professional leadership. The time spent in each of the domains varies depending on the needs of the population served, program, and team priorities. The model supports NPs in having varying degrees of involvement in each domain of practice; their primary area of practice is direct care. The model is flexible in the sense that the responsibilities attached to each domain of practice can change over time to meet the changing needs of the practice settings.

FIGURE 2:



Adapted from: Ackerman MH, Norsen L, Martin B, Wiedrich J, and Kitzman HJ (1996).
Development of a model of advanced practice. *American Journal of Critical Care*, 5:68-73



CONCEPTUAL THREADS OF THE STRONG MODEL

Three conceptual threads describe the attributes of NP practice: collaboration, scholarship and empowerment. They influence each of the domains including direct and indirect care activities.

Collaboration: Effective collaboration and communication with patients and others on the health-care team is integral to NP practice. Characteristic of the NP role is the ability to consult and collaborate with colleagues across sectors and at all levels of the healthcare community/system in order to achieve healthcare outcomes. Throughout this process the NP applies theories related to group dynamics, roles and organizations and demonstrates knowledge and skill in negotiation and conflict resolution.

Scholarship: Constant inquiry underlies every NP action and decision. The NP participates in collaborative projects with academic institutions and maintains cross appointments.

Empowerment: Empowerment means the NP is responsible for decisions affecting their own practice, and is accountable for the decision-making process. Autonomy in decision making takes into account the scope of practice, standards of practice, organizational policies, and credentials which are all influencing the NP practice.

Novice to Expert: Benner's principles of professional advancement are also built into the model to illustrate the five levels of proficiency: novice, advanced beginner, competent, proficient, and expert. Although, typically, the NP begins in the role with some degree of clinical expertise, the NP is expected to perform at a novice level when they enter the new NP role. The reality is that an expert RN does not automatically confer expert status in NP role. New NPs find themselves to be novices in their new field of work and hence, the first year as an NP is a year of transition. The importance of mentorship, orientation, and critical success factors will be discussed later to help the successful integration of the NP into a new role.

STRONG MODEL: FIVE DOMAINS OF PRACTICE

To further delineate the role of the NP, examples of competencies within each domains of practice are listed below. This list has been extracted from the original author of the Strong Model, published by Ackerman's article (1996). Please keep in mind this list of tasks is not exhaustive and is a dynamic process throughout the NP career.

Direct Comprehensive Care

Direct comprehensive care is defined as "activities carried out on behalf of individual patients focusing on their specific needs". (Ackerman, 1996). This includes health assessment, diagnosis, management, evaluation of patient outcomes, performing procedures, counseling and interdisciplinary collaboration as required. The level of expertise of the NP, population needs, and requirements of the practice setting will direct the delivery of patient care.



The NP:

- Performs advanced health assessment and formulation of differential diagnoses
- Orders and interprets screening and diagnostic tests
- Consults and collaborates with other healthcare providers
- Determines and provides treatment plans based on evidence
- Performs minor surgical and invasive procedures
- Prescribes medications in accordance to provincial and legislative requirements
- Provides education and counseling to patients and families
- Monitors, evaluates and revises plan of care based on patient response and preferences
- Coordinates and facilitates patient care with other healthcare providers, agencies and community resources
- Documents clinical data, interventions, and patient responses in a timely and accurate manner
- Acts as a clinical expert to establish, maintain and improve quality patient care delivery
- Develops and implements health promotion and illness prevention strategies and programs

RESEARCH

The NP challenges the status quo and improves patient care through scientific inquiry and incorporates evidence informed practice into direct patient care.

The NP:

- Engages in evidence-informed practice by critically appraising and applying relevant research, best practice guidelines and theory when providing direct health-care services
- Identifies and implements research-based innovations for improving patient care at the individual, organizational and systems levels
- Identifies, collects data on, and evaluates the outcomes of nurse practitioner practice for patients and health-care system
- Leads and collaborates with other members of the health-care team or the community to identify research opportunities and to conduct and/or support research
- Acts as a change agent through knowledge translation and dissemination of new knowledge. This may include formal presentations, publication, informal discussions and the development of best practice guidelines and policies



EDUCATION

Education incorporates a variety of activities through the dissemination of current scientific knowledge.

The NP:

- Participates in professional development of nursing peers and other health professionals.
- Identifies learning needs of patients, families, and various care providers. The NP contributes to the development of educational programs and resources tailored to these various groups.
- Provides clinical supervision, education and mentoring for students within healthcare teams.
- Advances knowledge of the healthcare team, patients and the public through formal and informal channels, including presentations at local, regional, national, and international levels.

PUBLICATION AND PROFESSIONAL LEADERSHIP

The NP improves the delivery of patient care, through change in health policy, legislation, shape of health organizations, for the benefit of the general population. Through publication and involvement in professional organizations, the NP disseminates and promotes nursing and healthcare knowledge beyond the practice setting at local, regional, national, and international levels.

The NP:

- Articulates, promotes, and advocates for the role of the nurse practitioner to patients, other healthcare providers, social and public services sectors, the public, legislators and policy-makers.
- Provides leadership in the development and integration of nurse practitioner role within the health-care system.
- Advocates for and participates in creating an organizational environment that supports safe patient care, collaborative practice and professional growth.
- Participates in organizational, regional, and national committees that influence decision making related to treatment, the healthcare system, and policy decisions that affect health and quality of life.
- Guides, initiates and provides leadership in policy-related activities to influence global practice, health services and public policy.
- Participates, publishes, disseminates, and increases the body of knowledge through research to promote health and prevent illness in general population.



SUPPORT OF SYSTEMS

This domain of practice incorporates activities that support systems to promote innovative patient care and facilitate the optimal progression of patients through the healthcare system.

The NP:

- Participates in strategic planning, program planning, and evaluation.
- Provides support to individuals, families, groups and communities for the development of programs and services, which reflect their health needs and priorities.
- Provides consultation to other healthcare institutions, educational institutions and policy makers regarding the delivery of quality patient care.
- Provides consultation to community groups and patient populations regarding healthcare issues within their area of expertise.
- Guides, initiates, and provides leadership in the development, implementation, and evaluation of standards of practice, policies, procedures, and quality improvement initiatives.
- Anticipates future changes (needs, technology, changing system, professional development) and recommend appropriate changes/implications to meet these needs.



Needs Assessment

A **needs assessment** is a systematic process for determining and addressing **needs**, or “gaps” between current conditions and desired conditions. It determines if a new service is required and the most appropriate health care provider role to meet the identified needs. This process includes inter-professional members of the health care team who can identify the population, current practice, and proposed improvements in service. A rational basis for formulating the planned service and resource allocation as well as the potential contributions and skills of the proposed role are considered.

NEEDS ASSESSMENT PROCESS

- 1. Identify stakeholders**
- 2. Identify the population**
- 3. Assess needs of the population, staff & organization**
 - Identify gaps
- 4. Define the service provided (current and future)**
 - Type, range, goals of the service provided
 - Identify informal and formal patterns of service utilization
- 5. Identify the skill set and competencies required to achieve the proposed service**
 - Define the proposed role (eg NP, CNS, PA)
- 6. Explore potential options**
 - Consider availability of personnel and financial resources (see appendix for more detail)

Yeager (2009), Carter et al (2010) Bryant-Lukosius (2004)



Implementation of NP Role

A successful implementation of NP role includes organizational culture, organizational readiness (leadership, supportive policies and infrastructure), healthcare team and public readiness.

ORGANIZATIONAL CULTURE

Organizational culture is complex. Organizational culture can be described as the beliefs, values, rituals, myths, and sentiments that are shared by staff of the organization that influence their behavior and ultimately influence all aspects of organizational life. Potential barriers and facilitators to the integration of the NP role can be identified by analyzing how decisions are typically made, who makes them, how people are treated, how promotions are determined, and how the organization responds to the changing healthcare environment. An understanding of the organizational culture is important and must be considered in introducing any new role (Kirkley et al, 2011).

ORGANIZATIONAL READINESS

Organizational readiness needs to be addressed prior to the introduction of the NP into an existing practice/organization.

Organizational readiness is the ability and willingness of an organization to shift from its current way of operating. http://www.caltrc.org/wp-content/uploads/2013/10/08-1129-final_ctec_discovery_series.pdf

Leadership

Site/Program leaders must be prepared to commit time and effort to successfully introduce the NP role. The role of leaders is to ensure there is a common understanding of the NP role among all members of the team and to assist in solving implementation issues in a timely manner. The leadership team is responsible to define the goals of the program and to ensure the role of NP will meet them.

Once the role has been developed and established, regular meetings between leader(s) and the NPs are essential to provide support, direction, and to ensure successful integration of the role. The leadership team will provide support for the NP during the orientation period and ongoing integration of the role.

Supportive Policies

Supportive policies, protocols and guidelines need to be established/ amended place to support the NP to work within a full scope of practice. These policies, protocols and guidelines must be congruent with the legal, professional and regulatory bodies, and must also reflect the professional code of ethics and standards. NPs should monitor any changes in professional, legal and regulatory guidelines and standards and communicate them to the individuals within the organization.



Infrastructure

It is important to ensure appropriate office and clinical space that allows the NP to implement their role successfully with necessary technology, clerical and team support.

HEALTH CARE TEAM RECEPTIVENESS

Inclusion of the healthcare team in initial stages of the needs assessment process/planning is key to integration of the NP. An interprofessional approach can foster collaboration between the professions to develop a supportive environment for the entire team, including the NP. Partnering with a physician early in the planning process will assist in developing a collegial/collaborative practice. Critical factors that enhance health team receptiveness include:

- Ensuring role clarity, which includes providing information regarding NP competencies, educational preparation and standards of practice (www.crnmb.ca)
- Establishing supportive policies, infrastructures, environments (CNPI, 2009)
- Engaging internal/external key stakeholders early in the planning processes i.e. physicians, nurses, pharmacists, allied health, laboratories, diagnostic services and social services to facilitate consultation and collaboration practices (Carter et al, 2010)
- Providing opportunities for mentorship

PUBLIC RECEPTIVENESS

A communication plan for the public should be developed. Both formal and informal methods of communicating about the NP role into the public should be explored including:

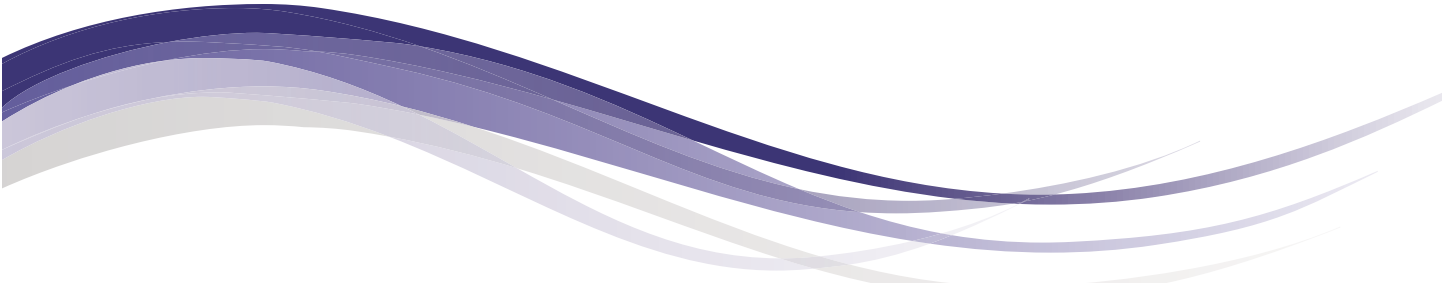
- Education/information sessions
- Internal/external notifications
- Written information/pamphlets (www.crnmb.ca)

NPs are responsible for communicating their role to their colleagues, patients and community.

A brief written description detailing the NP role may be helpful for front line administrative staff to use as they may field the majority of general inquiries from patients and the public.

RECRUITMENT AND RETENTION OF NURSE PRACTITIONERS

In the recruitment process, the employer must ensure the successful applicant is eligible for registration with the College of Registered Nurses of Manitoba (CRNM) as an RN (EP) /RN(NP) for the appropriate population as licensure is specific to adult, pediatrics, neonatal or all ages. Additional information is available through CRNM. Employers are to consider the need for controlled substances prescribing as an additional program of study and licensure is required through CRNM. As stated elsewhere within this document, the required skill set of an NP must match the patient population and



its healthcare needs. The required skills and experience should be explicitly stated in the job posting in order to recruit an NP with most appropriate competency base for the designated population.

Several factors have been identified as priorities for recruitment retention of NP.

Implementing the role with a full independent scope of practice:

- The scope of practice of an individual NP is determined by the clinical expertise the NP brings to the new position as defined by legislation and previous experience.

Implementing the role with the full commitment of the employer/manager

- The NP role must be supported by the employer on a continual basis. Regardless of the practice setting, the NP is required to communicate areas of concerns with potential solutions to the employer in a timely manner.

Implementing the role in a collaborative environment

- The academic curriculum prepares the NP to practice within a collaborative environment. Other healthcare providers within the facility must be made aware of the role and scope of practice of the incoming NP. The NP must demonstrate the ability to speak to his or her role to the team and in turn, learn the roles and scopes of practice of the respective healthcare providers within the organization or facility. The opportunity for discussion and ongoing communication between all providers must be fostered and encouraged.

Implementing the role within an environment that promotes professional growth

The NP is expected to identify gaps in learning and to address these by actively seeking out opportunities to learn or certify in the specific skill or practice area. It is therefore the NPs responsibility, with the support of the employer/manager to gain proficiency in performing that skill by seeking and being granted the necessary learning opportunity to do so.

The opportunity to participate in research activities in addition to the opportunity to acquire new knowledge through education sessions is key to providing ongoing evidence informed care.

Implementing the role within an environment of advanced technological information access

Electronic health management systems have become the mainstay in many healthcare organizations. NPs require the necessary training and ongoing upgrading skills to master such systems in order to enhance their care provision.

Implementing the role where funding is in place to sustain the role

Successful recruitment and retention of an NP can occur only in the presence of sustainable funding for the position.



COMMUNICATION STRATEGIES

During the implementation several communication strategies can be used to facilitate integration of the NP role. It is important in communication to address concerns about overlapping scopes of practice between team members and changes to the current roles and responsibilities of other healthcare providers that may be required in order to implement the NP role. Strategies include:

- Team meetings
- Collaborative case management
- Individual meeting between NP and direct supervisor

UNIONIZATION AND REGULATORY BODY

Unionization: If employed within the WRHA, the NP will work under a collective agreement. It is best to check the site-specific union contract. The union and collective agreement will vary depending on site.

Regulatory body: The NP is accountable through standards, practice guidelines, code of ethics and continued competency set out for RN and RN(EP) by the College of Registered Nurses of Manitoba (CRNM).

Manitoba Health has legislated the Registered Health Professions Act (RHPA). This umbrella legislation guides NP practice in the same way as it guides the practice of all other regulated healthcare providers in Manitoba. Please refer to the Manitoba Government website (<http://news.gov.mb.ca/news/index.html?archive=&item=11627>) for more information about the RHPA.



Orientation and Ongoing Support

Orientation for the newly hired NP will set the stage for the successful integration of this advanced practice role into the organization. It is essential that the NP work with the employer to have a successful orientation. It is important to recognize the Benner novice-to-expert model of development throughout the entire process (Benner, 1982). Regardless of clinical background, the first year is often a year of transition as the NP adapts to the new role (Yeager, 2009). To promote a successful transition into the NP role, collaborative, systematic and evidenced-based strategies should be considered to:

- “provide sufficient data to support the need and identify goals for a clearly defined role;
- support the development of a strong nursing orientation to advanced practice characterized by patient-centered, health focused and holistic care;
- promote full use of the broad range of APN knowledge, skills and expertise in all role domains and scope of practice;
- create environments that support APN role development within the healthcare team, practice setting and broader healthcare system; and
- provide ongoing support and rigorous evaluation of APN roles related to predetermined outcome-based goals.” (Bryant-Lukosius et al., 2004).

The following is a guide to identify some tools to assist with orientation and ongoing support needs.

In addition to arranging corporate and site orientation, the employer should meet with the newly hired NP during the first week of employment (Brown, Besunder & Bachmann, 2008; Kapu, Thomson-Smith & Jones, 2012; Winne et al., 2012). At this time it is suggested the employer:

- Provide the NP the Nurse Practitioner Learning Needs Assessment tool and discuss its purpose with development of a learning plan (Appendix B)
- Assist in identifying appropriate mentor(s) who will provide support and guidance during the first year of employment (Brown, Besunder & Bachmann, 2008)
- Provide the NP the WRHA NP Toolkit which includes information on the Strong Model
- Discuss the Strong Model setting goals within each domain
- Clarify terminology for advanced practice nursing roles – CNS and NP (Bryant-Lukosius et al., 2004) and review RN (EP)/NP fact sheet (www.crnmb.ca)
- Discuss the goals of the program and the relationship to the NP role
- Review job description and compensation factors (i.e. salary, work hours, available clerical support, protected time, office space, computer and other equipment as needed etc.) (Bryant-Lukosius et al., 2004; Yeager, 2009)
- Identify key stakeholders for the NP to meet with which may include other NP’s, CNS’s, physicians, managers or other members of the healthcare team as appropriate for the area of practice (Sangster-Gormley et al., 2011)
- Arrange follow-up meetings on a regular basis (e.g. monthly) to discuss progress and amend the learning plan as required. Communication is important to avoid role ambiguity or isolation and to build a collaborative strong relationship between the NP and the Director (Carter et al., 2013)
- Set the stage for an expectation of continual, honest self-assessment and reflection by the NP (Yeager, 2009; CRNM, 2011)



ORIENTATION FRAMEWORK

When planning the NP orientation, the the Strong Model (Ackerman et al, 1996) provides a solid framework for discussion.

Direct Comprehensive Care

- Discuss expectations and establish role clarity
- Discuss areas of clinical experience/expertise in relationship to program needs
- Identify potential clinical mentors in the clinical area and or population (Liego, 2014)
- Review Standards of Practice for Registered Nurses on the Extended Practice Register (www.crnmb.ca)
- Discuss completing NP log of procedures/clinical competencies performed related to area of practice (Kapu, Thomson-Smith & Jones, 2012, Yeager, 2009)
- Incorporate simulation learning to advance specialized skill attainment as available (Winne et al., 2008; Woolforde, 2012)
- Identification of ongoing learning needs and continuing educational opportunities such as interprofessional rounds, webcasts, journal review etc. (Yeager, 2009)

Research

- Discuss research expectations and establish role clarity with regards to generating knowledge or application of research findings
- Discuss potential mentors for developing research skills
- Inform the NP of research resources available within program/site/and region
- Review CRNM competencies for NP's in MB focused on research
 - *“Engages in evidence-informed practice by critically appraising and applying relevant research, best practice guidelines and theory when providing health-care services*
 - *Develops, utilizes and evaluates processes within the practice setting to ensure that patients receive coordinated health services that identify client outcomes and contribute to knowledge development*
 - *Identifies and implements research-based innovations for improving patient care at the individual, organizational and systems levels*
 - *Identifies, collects data on, and evaluates the outcomes of, nurse practitioner practice for patients and the health-care system*
 - *Collaborates with other members of the healthcare team or the community to identify research opportunities and to conduct and/or support research*
 - *Acts as a change agent through knowledge translation and dissemination of new knowledge that may include formal presentations, publication, informal discussions and the development of best practice guidelines and policies” (CRNM: Competencies for Nurse Practitioners in Manitoba, pp.5, 2011)*



Education

- Discuss expectations related to education and establish role clarity for delivery of education and learning
- Discuss ways the NP can contribute to the education of the interprofessional team and patients/families within the program
- Review what is currently in place and how the specific strengths of the NP can fit with the program educational priorities
- Discuss opportunities to support education through acting as a preceptor, mentor and coach

Publication and Professional Leadership

- Discuss expectations and establish role clarity in relation to this domain, this may require provision of examples from other NPs
- Provide information about the process of obtaining a nil appointment(s) with the University of Manitoba
- Discuss involvements and linkages that the NP has or can develop with relevant local, national, or international colleagues (NPAM)
- Discuss ways the NP “advocates for and participates in creating an organizational environment that supports safe patient care, collaborative practice and professional growth” (CRNM: Competencies for Nurse Practitioners in Manitoba, pp.2, 2011)
- Provides leadership in the development and integration of the nurse practitioner role within the healthcare system (CRNM: Competencies for Nurse Practitioners in Manitoba, pp.2, 2011)

Support of Systems

- Discuss expectations and establish role clarity for this domain of practice
- Discuss program goals and quality initiatives and how the NP can “guide, initiate and provide leadership in the development and implementation of standards, practice guidelines, quality assurance, and education and research initiatives” (CRNM: Competencies for Nurse Practitioners in Manitoba, pp.2, 2011) i.e. Advanced Practice Nurses committee, Nursing Leadership etc. (Yeager, 2009)
- Discuss organizational structure with the program/facility and how the NP can link with broader activities
- Clarify the availability of administrative assistance and potential financial support for specific identified projects

Other

- Suggest NP arrange meeting with library staff to discuss resources through library
- To facilitate integration of the role within the workplace, the NP should be prepared to meet team members and to answer questions regarding the role of the NP, educational preparation, scope of practice, etc.
- The Employer will ensure the primary mentor receives the Strong Model of Advanced Practice and the WRHA Toolkit



Information for the NP

A new NP will be accountable for the following in order to facilitate integration of the role within the workplace:

- It may be helpful for the NP to ask the individuals how they think a NP can help them. What are their needs?
- The NP should find and contact a mentor. Different mentors may be required for additional skill sets. Once the mentorship relationship has been established, frequent communication is important to ensure that orientation and integration is successful. (See Choosing a Primary Mentor)
- The NP needs to learn about the stakeholders and their needs
- The NP can learn from everyone around them. It is important to be an observer and then formulate ideas
- It is important to avoid role ambiguity. Conversations with the team and how the role is described are crucial. The NP and Director need to communicate and agree on the goals of the position within the Strong Model
- Build relationships and strong diverse contacts
- Allow time for reflection on accomplishments and concerns

It is essential that the NP work with the Director to have a successful orientation and be prepared to identify any gaps in the orientation program.

Choosing a Primary Mentor:

Mentoring relationships are more successful when the styles of the dyad are compatible in outlook, goals and style.

- Consider an individual who is an expert in the role. A mentor should have years of experience and personal commitment to the area of practice and the role
- A mentor must have the ability to develop a mutual, open, supportive, and trusting relationship
- A mentor should be part of the WRHA
- The mentor must be willing to support the learning plan developed by the NP and Director
- The mentor will promote socialization of the NP into the role and the work setting



Ongoing Support

Regular meetings between the NP and the employer are essential components of role clarity and NP development (Thrasher & Purc-Stephenson, 2007). Some suggestions for these meetings include:

- The employer is to advise the NP complete the Nurse Practitioner Needs Assessment tool (Appendix B) prior to the first follow-up meeting with the employer to establish a baseline (Bryant-Lukosius et al., 2004)
- Develop a learning plan, the learning plan and goals should be updated on a regular basis (Bryant-Lukosius et al., 2004; Liego, 2014)
- Negotiate clinical and non-clinical priorities consistent with the goals of the organization and the area of practice
- Discuss the first year as a learning opportunity, where irrespective of baseline nursing knowledge, the NP will be a novice (Yeager, 2009). This transition period is a time of growth within all domains of the strong model, with the clinical consolidation consistently having the most urgency and need. Typically the other domains develop after the clinical domain is well established.
- Review NP's mentors and/or need for mentors to meet goals within each domain of the strong model
- Evaluation criteria for the NP role in the site/program should be established as part of the needs assessment process. As the NP role will vary depending on the patient population being served, sites and programs need to ensure the evaluation criteria meet their specific needs (Yeager, 2009)
- Ongoing maintenance of process performance records including procedure logs and ongoing education and training helpful for monitoring progress (Yeager, 2009)
- Regular performance appraisals are an essential part of ongoing support for the NP. The Strong Model domains of practice provide an excellent framework to guide these practice evaluations and development of learning goals and objectives.



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Glossary

Advancement

Purposeful integration and application of role competencies related to clinical practice, education, research, leadership, and professional development to improve patient health (Hamric, 2000; Davies & Hughes, 1995).

Patient/client/resident

The beneficiary of care; may be an individual, family, group (CNA 2008).

Expanded

Acquisition of expanded or specialized clinical knowledge and skills. Expanded practice is not indicative of advanced practice unless clinical practice is guided by knowledge and activities of other role domains to improve patient care (Bryant-Lukosius, Dicenso, Browne & Pinelli, 2004).

Extended

Refers to health services practitioners that require additional regulatory authority beyond the scope of nursing practice (CNA 2002; Fahley-Walsh, 2004).

Expert

The ability to assess and understand complex patient responses in a particular practice area; requires significant depth of knowledge and intervention skills, often acquired informally, and strong intuitive skills in the practice area (RNABC, 1997).

Nursing Roles

Expert practice occurs in the continuum of novice to expert practice at any level of nursing. A registered nurse with expertise is not necessarily specialized, or engaging in advanced nursing practice. An advanced practice nurse is considered to be an expert and specialized (Macdonald, Schreiber & Davis, 2005). The following definitions of terms help to foster understanding of the position descriptions of the CNS and NP roles.

Clinical nurse specialist – a registered nurse who holds a Master’s or Doctoral degree in nursing with expertise in a clinical nursing specialty; uses in-depth knowledge and skills, advanced judgment and clinical experience in a nursing specialty to assist in providing solutions for complex health-care issues (CNA 2008).

Nurse practitioner – a registered nurse with additional education preparation and experience who possesses and demonstrates the competencies to autonomously diagnose, order and interpret diagnostic test, prescribe pharmaceuticals, and perform specific procedure within the legislated scope of practice (CNA 2008).



Corporate Orientation

A process through which a new employee is integrated into organization learning about its culture, policies and procedures. Examples of this include Workplace Health and Safety procedures, PHIA and FIPPA.

Site/Secondary Orientation

Information of a corporate, program and site nature that staff should receive within the first week of employment (e.g. organizational structure, library resources, process for calling in sick)

CNS Orientation

Refers to the clinical, non clinical and administrative information and training required to “do the job” within the specific position at the specific site as defined by and provided by the program.

Mentorship

A relationship, which provides an opportunity for personal and professional learning and development. This relationship is usually outside of the direct reporting relationship with a director, manager or supervisor and requires no evaluation.



Appendix A: WRHA NP Position Description

WINNIPEG REGIONAL HEALTH AUTHORITY POSITION DESCRIPTION (Non-Management)

INCUMBENT:	Generic	DATE:	August 16, 2007
		Revised:	October 2015

POSITION TITLE:	Nurse Practitioner	CLASS:	H65
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DEPARTMENT:	Nursing - Patient Services	UNION:	MNU
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SUPERVISOR'S TITLE:

SUPERVISORY RESPONSIBILITIES: None

EDUCATION:

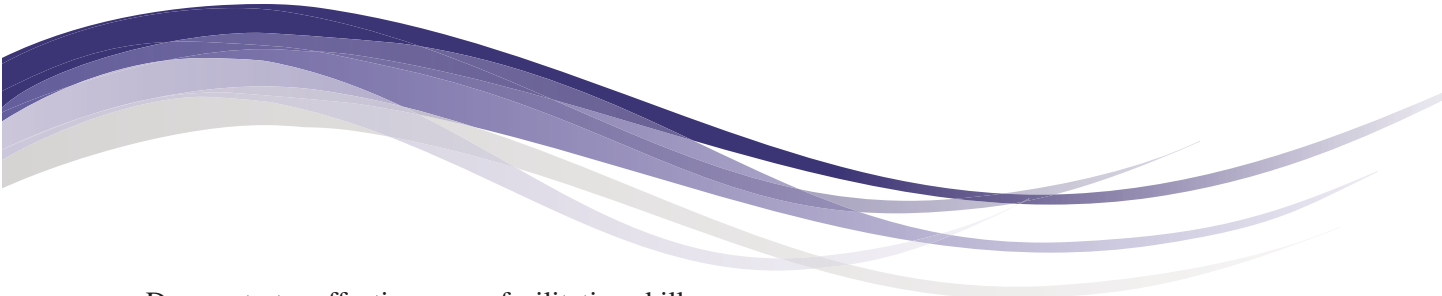
Masters of Nursing, Nurse Practitioner Stream or equivalent educational preparation as approved by CRNM required.

EXPERIENCE:

To be determined. State any clinical experience that is required/considered to be an asset for the position.

OTHER:

- Demonstrates effective oral and written communications skills.
- Preference will be given to those applicants competent in an Aboriginal language and/or knowledge in Aboriginal customs, traditions and values.
- Proficient with computers, software programs, and applications such as Windows and Word processing, spreadsheets and databases.
- Competency in managing technology in healthcare systems.
- Ability to perform independently and take initiative as a member of the healthcare team.
- Demonstrates leadership ability.
- Ability to adapt quickly to changing situations.
- Ability to function in a demanding and stressful environment.
- Demonstrates effective conceptual, organizational, interpersonal, critical thinking/problem-solving and decision-making skills.
- Ability to plan, manage and implement change effectively.
- Ability to foster interpersonal relationships including effective negotiation and conflict resolution.

- 
- Demonstrates effective group facilitation skills.
 - College of Registered Nurses of Manitoba Standards of Practice for Registered Nurses on the Extended Practice Register.
 - Canadian Nurses Association Code of Ethics for Registered Nurses.
 - Scope of practice as documented in the Registered Nurses Act.
 - Advanced nursing care knowledge related to health assessment, diagnostics, pharmacotherapeutics and invasive and minor surgical procedures.
 - Regional/Facility/Unit policies, procedures, protocols, and guidelines.
 - Personal Health Information Act (PHIA), Protection of Persons in Care Act, Mental Health Act, Workplace Hazardous Material Information System (WHMIS), Principles of Routine Practices (Universal Precautions) and other legislated acts.
 - Principles of collaborative practice.
 - Roles and responsibilities of members of the healthcare team.

LICENCES, REGISTRATIONS:

Nurse practitioners have the authority to provide extended practice nursing care if they are competent to provide that care, the care is endorsed in the practice setting and is within the scope of nursing practice as defined by the CRNM.

Responsible for maintaining and providing proof of active registration on the RN Extended Practice (EP) Register of the CRNM.

I. MAIN FUNCTION:

Under the general direction of XXXX, as part of the multidisciplinary team, the NP:

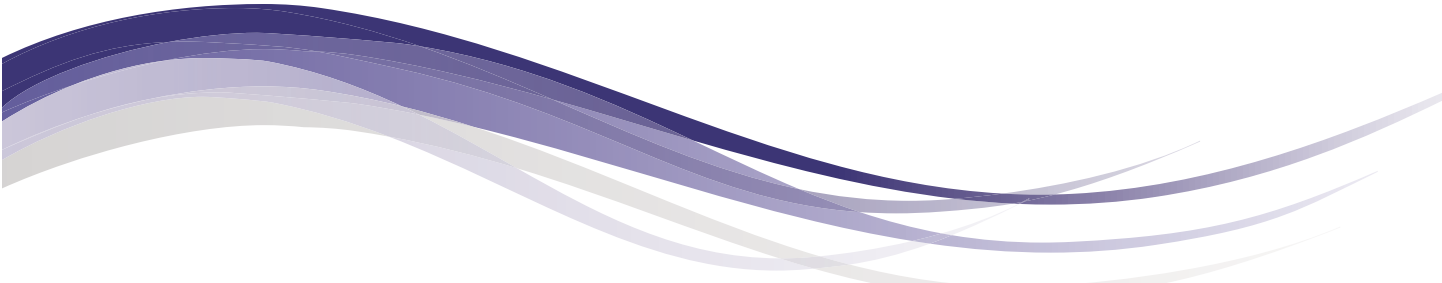
1. Applies advanced nursing and medical theory to the provision of clinical care, autonomously ordering and interpreting diagnostic tests, prescribing pharmacologic agents and performing minor invasive procedures.
2. Applies current/relevant nursing and medical theory, which allows for contribution to knowledge, development and involvement in advancing the nursing profession.
3. Incorporates medical knowledge and advanced nursing knowledge; integrates this knowledge and experiential base into clinical practice.
4. Demonstrates competence to practice autonomously in the implementation of strategies to promote health and prevent illness, is proficient in planning, implementing and evaluating complex care, and demonstrates competence to teach others.
5. Provides for problem solving among staff or between staff and patients/residents/clients and with physicians and multidisciplinary team.
6. Applies skills in consultation, collaboration and systems management in providing effective care.
7. Complements physician services in the delivery of comprehensive healthcare.



II. POSITION DUTIES AND RESPONSIBILITIES:

Direct Comprehensive Care

- Performs advanced comprehensive and focused health assessments. Synthesizes health assessment information and uses critical thinking and decision making to identify health concerns and risks, normal and abnormal states of health and formulate differential diagnoses.
- Orders appropriate screening and diagnostic investigations and interprets reports of these investigations based on sound clinical reasoning, scientific evidence and critical thinking.
- Communicates with patients/residents/clients about health findings and discusses outcomes and prognoses.
- Collaborates with patients/residents/clients and, where applicable their families and other members of the healthcare team to share decision making and set priorities for the management of diseases, disorders or conditions.
- Determines and prescribes treatments based on theory and evidence informed practice for the specific client population and assists patients/residents/clients to incorporate treatment plan into their daily lives.
- Continually monitors, with patient/resident/client, the response to the chosen plan of treatment and makes adjustments as indicated.
- Uses sound clinical reasoning skills and established outcome criteria to evaluate initial and ongoing outcomes of the plan of care, including consultation/referral, and revises plan of care based on findings of evaluation.
- Documents clinical care in a timely, accurate and relevant manner.
- Assesses, diagnoses, manages and evaluates health/illness concerns of the patients/residents/clients within the context of the patient/resident/client's experience and determinants of health. Applies accepted theories of family dynamics, interactions and role expectations while managing the care of individuals and families.
- Applies principles of pharmacology in selecting and prescribing drugs for as part of treatment plan. Monitors and discusses with the patient/resident/client their response and adherence to drug therapy and makes changes necessary to achieve the desired affect.
- Uses health teaching principles when prescribing, educating and supporting patients/residents/clients in recommended drug use.
- Carries out advanced therapeutic interventions, such as minor surgical and invasive procedures, essential for clinical management.
- Coordinates and facilitates care by liaising with other healthcare providers, agencies and community resources.
- Provides counseling and education to patients/residents/clients and their families.
- Demonstrates cultural competence, making resources available to those from diverse backgrounds.
- Recognizes the ethical issues inherent in the delivery of healthcare and facilitates client decision making about their health.
- Acts as a clinical expert/resource to establish, maintain and improve patient/resident/client care delivery.
- Demonstrates expert skills in the formal and informal consultation with nursing and all disciplines.
- Provides specialized knowledge regarding patient/resident/client/family problems and practice issues through consultation with physicians, nurses and other members of the healthcare team, patient/resident/clients and their families.
- Determines the need for health promotion and primary and secondary prevention strategies for individuals, families and groups and implements same.

- 
- Collaborates with clients, interdisciplinary teams, and community members in assessing health promotion and illness prevention needs of clients, families and community outcomes.
 - Uses a population health, community development approach in planning, developing and implementing health promotion and illness prevention and health management strategies/programs.

Research

- Identifies and/or develops research questions.
- Participates and contributes to research relevant to practice.
- Critically analyzes research literature and applies relevant research to practice.
- Integrates evidence informed nursing, medicine and critical inquiry into practice.
- Facilitates utilization of research findings in clinical practice by all health team members.

Education

- Participates in professional development of nursing peers and other health professionals.
- Identifies learning needs of various care providers and contributes to the development of educational programs/resources to assist them to identify, prioritize, and provide quality care for defined populations.
- Provides clinical supervision, education and mentoring for graduate nursing students, medical interns and residents.

Publication and Professional Leadership

- Disseminates specialty knowledge of research findings through presentation and/or publications at local, regional, national and international level.
- Explains and promotes the role of nurse practitioner to patients/residents/clients, the public and other healthcare professionals.
- Participates in committees to develop policy and procedures that promote NP practice within a collaborative practice model.
- Models collaborative practice among team members.
- Acts as a resource person, educator, role model, advocate and/or mentor for students, healthcare professionals and the community.
- Provides leadership to promote analysis of key issues and participates in a broad range of policy making activities to influence practice, health services and healthy public policy.
- Demonstrates leadership skills, expertise, and in-depth knowledge bases consistent with advanced nursing practice.

Support of Systems

- Participates in strategic planning to support the implementation and evaluation of advanced practice nursing in area of specialty.
- Provides support to individuals, families, groups and communities for the development of programs and services, which reflect their health needs and priorities.
- Provides consultation to other healthcare institutions, educational institutions, and policy makers regarding the delivery of quality patient/resident/client care.
- Provides consultation to community groups and patient/resident/client populations regarding healthcare issues within area of expertise.



Interprofessional Practice

- Seeks out, integrates and values as a partner, the input and the engagement of the patient/client/resident/family/community in designing and implementing care and service.
- Understands one's own role and the roles of other health providers and uses this knowledge appropriately to establish and achieve patient/client/resident/family/community goals.
- Applies the principles of cultural proficiency, team dynamics & group processes to enable quality patient care and effective interprofessional collaboration to emerge in everyday practice.
- Applies leadership principles that support a collaborative practice model including sharing decision-making and accountability for one's own actions.
- Consistently communicates in a respectful, responsive, and responsible person-centered manner.
- Engages self and others including the patient/client/resident/family in a positive manner and constructively address disagreements as they arise.
- Engages in relationships with care, dignity and respect regardless of race, ethnicity, culture, ability or language proficiency.

Other Responsibilities

- Develops and implements an education plan to maintain clinical competency.
- Adheres to all safety and health regulations and safe work practices.
- May be required to perform other duties and functions related to this job description not exceeding above stated skills and capabilities.



Appendix B: NP Needs Assessment Process

NEEDS ASSESSMENT PROCESS

1. Identify Stakeholders

- Relevant program/services
- Organization and nursing staff
- Service providers
- Professional organizations and practice councils
- Decision makers

2. Identify Population

- Key indicators of program, patient and staff priorities
- Identify the organization structure and current staff ratios
- Characteristics of patients
- Major healthcare needs
- Characteristics of staff/and or organization (example: competencies: knowledge, skills and aptitude)

3. Define Service Provided

- Type, range and goals of services provided (current and future)
- Use and demand for service (need identified by population statistics)
- Sources of requests for research, education, expert consultation, and referrals
- Accessibility and affordability of services
- Community development

4. Identify informal and formal patterns of service utilization

- Develop algorithms to demonstrate patterns of service utilization related to program and staff and client needs

5. Assess needs of patients (population), staff, and organization

Utilize key informant surveys and data already gathered to answer the following questions:

- Who has the need?
- How many have the need?
- Why does the need exist?
- Is the need met adequately with current services?
- Identify priorities based on quality plans, staff/management input and strategic direction, quality initiatives and gaps in service



6. Identify skill set requirements and competencies to achieve the desired goals

- Develop a strategic plan to implement goals and outcomes

7. Examine potential options

- Identify current mix of providers including funded positions
- Consider internal/external resources and expertise available
- Look at the education and competencies required to fill the program needs and determine the role which will be able to fill the identified gap, considering the scope of practice
- Determine if funding will be adequate for proposed additional or different providers

8. Decision and program / service planning

- Role definition
- Process for incorporation of new / additional role

9. Implementation

- Develop indicators and outcomes expected to be achieved with the addition of the CNS role
- Collect baseline data if available regarding these indicators and outcomes
- Allow adequate time for implementation (current evidence indicates that it may take up to three to five years to effectively evaluate the health benefits and program/organization outcomes as the result of the CNS role)

10. Evaluation

- Based on the goals and outcomes identified previously.

Appendix C: NP Learning Needs Assessment Tool



Winnipeg Regional Health Authority
Office régional de la santé de Winnipeg
Caring for Health À l'écoute de notre santé

Nurse Practitioner Learning Needs Assessment

General Skills: core abilities needed to function in an Advanced Practice Nursing role

Novice					Expert
Learning Needs	1 Not Applicable	2 Developing	3 Refining/ Enhancing	4 Highly Developed	
NP demonstrates proficiency in the following areas:					
Oral communication					
Written communication					
Perform independently as well as a member of health care team					
Ability to take initiative					
Demonstrate leadership ability					
Adapt quickly to changing situations					
Function in a demanding and stressful environment					
Conceptual, organizational, interpersonal, critical thinking, problem solving and decision making skills					
Plan, manage and implement change					
Foster interpersonal relationships (effective negotiation/conflict resolution)					
Group facilitation skills					

Direct Comprehensive Care: patient focused activities that include assessments, procedures, interpretation of data and patient counseling.

Novice					Expert
Learning Needs	1 Not Applicable	2 Developing	3 Refining/ Enhancing	4 Highly Developed	
Perform advanced comprehensive and focused health assessments					
Synthesize health assessment information					
Use critical thinking and decision making to formulate differential diagnoses					
Order appropriate screening and diagnostic investigations					
Interpret results utilizing critical thinking and decision making skills					
Communicate with patients about health findings					
Collaborate with patients re: management of medical conditions					
Collaborate with other health care team members re: patient management					
Determine and prescribe treatments based on theory and evidence					
Monitor patient response to treatment/management plan					
Demonstrate sound clinical reasoning to evaluate plan of care					
Demonstrate knowledge of established outcome criteria to evaluate plan of care					
Document in a timely, accurate and relevant manner					
Assess, diagnose, manage and evaluate patient health concerns within context of patient's experience and determinants of health					
Apply theories of family dynamics					
Apply principles of pharmacology in selecting and prescribing drugs					
Monitor and discuss with patient expected response and adherence					
Utilize health teaching principles with patient management					



Nurse Practitioner Learning Needs Assessment

Direct Comprehensive Care continued:

Learning Needs	1 Not Applicable	2 Developing	3 Refining/Enhancing	4 Highly Developed
Carry out advanced therapeutic interventions (minor surgical and invasive procedures)				
Coordinate and facilitate care by liaising with other health care providers, agencies and community resources				
Provide counseling and education to patients and families				
Demonstrate cultural competence; making resources available to those from diverse backgrounds				
Recognize ethical issues inherent in delivery of health care and facilitate client decision making about their health				
Act as a clinical expert/resource to establish, maintain and improve patient care delivery				
Demonstrate expert skills in formal and informal consultation with nursing and other disciplines				
Provide specialized knowledge regarding patient problems and practice issues through consultation with physicians, nurses and other members of the health care team, patients and their families				
Determine the need for health promotion and primary and secondary prevention strategies for individuals, families/groups and implements same				
Collaborate with patients, interdisciplinary teams and community members in assessing health promotion and illness prevention needs of patients, families and community outcomes				
Use a population health and community development approach in planning, developing and implementing health promotion and illness prevention and health management strategies/programs				

Research: practice that challenges the status quo and seeks better patient care through scientific inquiry and incorporating evidence-based practice into direct patient care.

Novice	Expert			
Learning Needs	1 Not Applicable	2 Developing	3 Refining/Enhancing	4 Highly Developed
Identify and/or develop research questions				
Participate and contribute to research relevant to practice				
Critically analyze research literature and apply relevant research to practice				
Integrate evidence based nursing, medicine and critical inquiry into practice				
Facilitate utilization of research findings in clinical practice by all health team members				

Education: contributions to caregiver, student and public learning related to health and illness.

Novice	Expert			
Learning Needs	1 Not Applicable	2 Developing	3 Refining/Enhancing	4 Highly Developed
Participate in professional development of nursing peers and other health professionals				
Identify learning needs of various care providers and contribute to the development of educational programs/resources to assist them to identify, prioritize and provide quality care for defined populations				
Provide clinical supervision, education and mentoring for graduate nursing students, medical students and residents				



Nurse Practitioner Learning Needs Assessment

Support of Systems: professional contributions to standards, quality initiatives, and development of policies, procedures and practice guidelines to optimize nursing practice within the institution.

Novice	Expert			
Learning Needs	1 Not Applicable	2 Developing	3 Refining/ Enhancing	4 Highly Developed
Participate in strategic planning to support the implementation and evaluation of advanced practice nursing in area of specialty				
Provide support to individuals, families, groups and communities for the development of programs and services, which reflect their health needs and priorities				
Provide consultation to other health care institutions, educational institutions and policy makers regarding the delivery of quality patient care				
Provide consultation to community groups and patient populations regarding health care issues within area of expertise				

Publication and Professional Leadership: promotion and dissemination of nursing and health care knowledge beyond the individual practice setting.

Novice	Expert			
Learning Needs	1 Not Applicable	2 Developing	3 Refining/ Enhancing	4 Highly Developed
Disseminate specialty knowledge of research findings through presentation and/or publications at local, regional, national and international level				
Explain and promote the role of nurse practitioner to patients, public and other health care professionals				
Participate in committees to develop policy and procedures that promote NP practice within a collaborative practice model				
Model collaborative practice among team members				
Acts as a resource person, educator, role model, advocate and/or mentor to students, health care professionals and the community				
Provide leadership to promote analysis of key issues and participate in a broad range of policy making activities to influence practice, health services and healthy public policy				
Demonstrate leadership skills, expertise, and in-depth knowledge bases consistent with advanced nursing practice				

Continuing Competency/Continuing Education

Novice	Expert			
Learning Needs	1 Not Applicable	2 Developing	3 Refining/ Enhancing	4 Highly Developed
Develops continuing education plan that aligns with the CRNM continuing competency				



Appendix D: Factors Influencing NP Role Implementation

System Level Factors (MACRO)

- Legislative and regulatory authority
- Role definitions – across Canada there is variation in understanding of the NP role and how best to implement it to support optimal NP practice (Sangster-Gormley et al., 2011).
- Role clarity
- Care delivery models
- Funding mechanisms and physician remuneration can influencing implementation

Organization Level Factors (MESO)

- Standardized job description
- Role expectations
- Administrative support for the role
- Workload
- Funding and remuneration
- Organizational culture
- Long term human resource planning for the role
- NP role autonomy

Practice Level Factors (MICRO)

- Team collaboration
- Role awareness
- Administrative support
- Mentorship



Appendix E: Concepts Promoting NP Role Implementation

Involvement

- Actively participating in the early stages of role implementation
- Characteristics involve stakeholder inclusion and a shared understanding and vision for the role that guides the implementation process
- Involvement of stakeholders in the implementation process allows a common understanding and shared vision for the role to emerge
- A shared understanding of the role may then foster alignment of the NP role with the patient's needs

Acceptance

- Recognition of the role and willingness to work with the NP
- Attributes include support for and collaboration with the NP, valuing the NPs prior experience
- Awareness and appreciation of the role by team members
- The ability of the NP to enact all dimensions of the role is influenced by the degree of the team's acceptance

Intention

- Relates to how the NP role is defined
- Determining the intentions of the NP role gives clarity about how the NP will interface with other providers, and expectations such as the patient population for whom the NP will manage
- Team collaboration in defining role expectations allow members to identify patient needs collectively and facilitates the team's understanding/readiness for the role
- Clearly identified intentions for the role helps in the development of position descriptions and guidelines for how the NP is intended to function in the team
- Characteristics of intention include role definition and expectations, goals for the role and a plan for how to implement the role
- Key stakeholder involvement in the implementation process, along with their acceptance of the NP role, and clearly understood intentions for role implementation are critical for successful implementation of the NP role
- The effectiveness of the NP role is influenced by how the implementation process is carried out in practice settings