Developing an advanced practitioner critical care role to benefit the multidisciplinary team

Exploring the policy drivers for creating an advanced nurse practitioner critical care role, and an educational programme developed to support it

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This article explores the development of the advanced nurse practitioner critical care role and a master’s level educational programme to support a multiprofessional advanced practice role. The experience gained could provide valuable information for similar projects. Further study needs to be undertaken to evaluate the educational programme and the impact of this role on patient outcomes.

INTRODUCTION

The European Working Time Directive (Council Directive, 2000; 1993) and Modernising Medical Careers (Department of Health, 2005) are likely to reduce the overall number of hours junior doctors are available to provide care (see Background). Policy has therefore provided the catalyst for this particular service redesign and, ultimately, the opportunity to explore the development of advanced practice roles in critical care.

This article outlines: the key policy drivers underpinning the development of the advanced nurse practitioner critical care (ANPCC) role in three intensive care units in Scotland; recruitment and selection of practitioners; and the planning and design of modules in a postgraduate certificate educational programme.

LITERATURE REVIEW

In a recent review of the literature, Srivastava et al (2008) noted that policy initiatives and professional recommendations have significantly influenced the development of new nursing roles in ICU in the UK.

As a result of the EWTD (Council Directive, 2000) and the changes in education (DH, 2005), it is anticipated there will be an overall reduction in the hours available for junior medical staff to deliver care and, therefore, a challenge for health boards to maintain the quality of existing service provision.

There is therefore a need to evaluate the provision of nursing and medical care from a critical care perspective, specifically in relation to the advanced practice work stream included in the Modernising Nursing Careers (MNC) initiative (DH, 2006a).

The DH (2006a) built on Agenda for Change (DH, 2004a) by establishing the use of competencies to influence role development and workforce planning.

Modern healthcare provision in Scotland encouraged nurses, midwives and allied health professionals to contribute to delivering an effective quality service (Scottish Government Health Department, 2007; Scottish Executive Health Department, 2005), including developing new ways of working.

MNC’s advanced practice work stream (DH, 2006a) was addressed in Scotland by a working group that comprised service and educational staff (NHS Education for Scotland, 2008). This group’s main aim was to establish a comprehensive online toolkit that would provide a working definition of advanced practice, support service and education development and inform advanced practitioners.

In its framework for standards of post-registration training the NMC’s (2005) definition of advanced nurse practitioners provided a context for the role and, as such, became a basis for discussions on developing the toolkit. It described advanced nurse practitioners as ‘highly experienced and educated members of the care team who are able to diagnose and treat your healthcare needs or refer you to an appropriate specialist if needed’.

The outcomes from the advanced practice working group and the toolkit were used to inform the development of the educational programme to support the ANPCC role. Moreover, the advanced critical care practitioner (ACCP) framework (DH, 2008; 2006b) proved invaluable in determining the key competencies that nurses need when working at this advanced level.

Advanced nursing in critical care

Advanced nursing roles in intensive care have been established in some critical care settings (Llewellyn and Day, 2008; Ball and Cox, 2004).

However, it was the DH (2006b) that comprehensively described the role of the ACCP, its function in the multidisciplinary team and potential benefits to patient care.

Essentially, the ACCP supports the critical care team by performing many traditional medical roles while maintaining a nursing focus (DH, 2006b). The ACCP will therefore carry out tasks such as physical assessment and
diagnosis, and contribute to developing and managing treatment planning. The role also involves practical skills such as advanced airway management, central venous catheter placement and non-medical prescribing.

A newly formed ANPCC project steering group adopted the main components of this model, and provided a broad overview of the competencies needed to support it. The DH – working with the Intensive Care Society, British Association of Critical Care Nurses, Intercollegiate Board for Training in Intensive Care Medicine and RCN – published a competency framework to support ACCP role development and education (DH, 2008). These guidelines were invaluable in terms of informing the development of the ANPCC competency package.

The ANPCC role contributes substantially to the advancement and recognition of nurses performing such roles. However, practitioners in these advanced roles take on responsibilities that were previously deemed to be doctors’ (Llewellyn and Day, 2008; McGee and Castledine, 2003). This may prompt criticism from both nursing and medical colleagues.

In a critical care setting, nurses and medical staff share many areas of expertise and competence and, where appropriate, nurses make autonomous decisions about patient care (Furlong and Smith, 2005).

However, the ANPCC will function as part of the critical care team and work collaboratively within a clearly defined scope of practice, shown by achieving competencies associated with the role, much of which will be under supervision pending experience.

In summary, the EWTD, together with the workforce implications of MMC (DH, 2005) and professional recommendations of MNC (DH, 2006a) provide the main political and professional drivers for the ANPCC role.

Specific to critical care, the advanced practice role was influenced by pilot work in England and Wales (DH, 2006b). However, there is little information on providing educational support to carry out such a role.

There was therefore an opportunity to develop specific modules in an educational programme to support advanced practice in acute and critical care setting.

**SELECTION AND RECRUITMENT PROCESS**

The ANPCC selection strategy was carefully defined using a tripartite process, namely Objective Structured Clinical Examination (OSCE), psychometric testing and competency-based interview. The pre-selection criteria for the post were defined at first-degree level, a minimum of five years’ post-registration experience, with three years’ experience of working in a critical care environment.

Essentially, the OSCE is an objective measure of clinical competence using a scoring system in the form of a behavioural checklist which is carried out in a simulated clinical setting to assess a person’s clinical skills performance (Marks and Humphrey-Murto, 2005). Martin and Jolly (2002) showed that OSCEs are valid predictors not only of clinical competence but also of future performance in the clinical area.

Each shortlisted candidate was exposed to the same specific clinical scenario, namely septic shock. A consultant in intensive care medicine independently scored key components of the scenario using a pre-determined checklist and a consultant nurse validated them. The information and feedback gained from the OSCE was used to select candidates for the ANPCC role.

The interview was competency based, with candidates having to provide examples of how and when they dealt with areas considered important for the role. These included specific clinical evidence of working and dealing with stressful situations, changing the outcome of situational conflict by using negotiation skills.

All candidates received coaching on the interview process, specifically the questioning style of the competency-based interview and panel expectations, with examples in each field provided.

This feedback from the tests was used to assess each candidate’s suitability for the post and to explore specific competency-based skills at interview such as clinical, personal and leadership qualities and shortfalls. The multidisciplinary interview panel found the tripartite process invaluable in supporting candidate selection. The rigorous processes used to select candidates for the ANPCC role resulted in five suitably qualified and clinically competent nurses being employed for the trainee post.

**PROGRAMME DEVELOPMENT**

The postgraduate certificate in advanced clinical practice is a master’s level programme designed recently to support allied health professionals performing an advanced role.

The programme aims to encourage both critical and analytical thinking, while promoting the use of evidence-based practice and application of these concepts to their advanced role.

We formed a core educational group
comprising an academic (Beth Fleming), a nurse consultant (Martin Carberry) and consultants in intensive care medicine, to develop specific modules in the programme.

In addition, the group ensured that adhering to working within and across professional boundaries was fully acknowledged and made explicit in the programme.

On deciding the course’s academic level, the group reviewed developments in advanced practice from a regulatory perspective, which calls for the professional development of those in such a role to be commensurate with master’s level thinking (NMC, 2005).

**Framework and content**

Atkins and Ersser (2000) suggested that, when developing an educational programme for advanced practice, it is essential to identify the role’s nature and function.

In relation to defining the advanced nurse practitioner’s role, the NMC (2005) carried out substantial work in this area then formulated a comprehensive definition to contextualise the role.

The group felt the NMC’s (2005) definition encompassed the essential qualities the ANPCC needed, and was the benchmark from which the module content could be developed.

The group mapped the ANPCC role and that of the advanced practitioner against the NHS Knowledge and Skills Framework (DH, 2004a; 2004b). The KSF contains core and specific dimensions that identify broad functions that the health service needs to enable it to provide a good-quality service and simultaneously to develop its workforce.

In relation to programme development, the NHS KSF makes explicit the level of knowledge and skills needed to function effectively in a particular post.

The group therefore mapped each of the modules against the KSF’s core and specific dimensions, providing tangible evidence of achievement from both an academic and professional perspective.

The specific theoretical and clinical components of the modules were designed to underpin the core competencies of advanced nursing practice namely:

- Module 1 advanced assessment;
- Module 2 diagnosis;
- Module 3 advanced interventions.

The three level 11 (Scottish Credit Qualifications Framework, 2003) 20-point modules (see Table 1) in the programme were designed to enable students to show achievement of knowledge, skills and competence at master’s level.

The three modules are done on a part-time basis over three trimesters with a maximum of two years to complete the programme. Each module consists of 200 hours of notional student effort, the equivalent of eight taught weeks.

Teaching strategies include simulated learning, problem-based learning and workshops supported by practitioners with specific expertise.

Specific to critical care, the ANPCCs take part in supplementary workshops relating the theory to practice in an intensive care setting.

Table 1 outlines the modules, academic notional student effort hours to achieve the modular learning outcomes and the clinical practice hours required.

**Learning portfolio**

Corcoran and Nicholson (2004) and Harris et al (2001) advocated the use of a portfolio to support independent learning, synthesise learning to nursing practice and enable role development. All students doing the module must complete a work-based learning portfolio of competencies. The portfolio combines the strategies of reflecting on prior knowledge and experience, actively identifying practice and learning needs and, importantly, working out how these needs will be met and evidenced in practice.

NES (2008) and the NMC (2007) recommended that educational programmes addressing advanced practice should make explicit the core and specific competencies associated with the role.

In addition, ANPCCs must complete a specific critical care portfolio that synthesises advanced knowledge with the skills and attitudes necessary for their role. The portfolio of competence was informed by national competencies (NMC, 2007; RCN, 2007; DH, 2006a), with specific relevance to those formulated for the critical care practitioner role as part of the national critical care practitioner programme (DH, 2008).

**Supervision**

In relation to critical care, ANPCC students were allocated a clinical supervisor. The clinical supervisor’s role was to apply their knowledge, skills and expertise to determine achievement of competencies and therefore the ANPCC’s competence to perform this advanced role. Academic and consultant nurse support was also made available for the supervisors and ANPCC students.

A series of informative days were organised to engage both students and clinical supervisors in the principles of portfolio development and of teaching and learning in the clinical setting. These sessions proved invaluable in creating a supportive learning environment and also provided ANPCCs and clinical supervisors with an in-depth understanding of the learning process from an educational and clinical perspective.

**CONCLUSION**

The tripartite selection process provided a robust and informative model to support the interview panel’s decision about selection and recruitment into the ANPCC role to benefit the multiprofessional team. Although it is early in the process, we can conclude that strong initial feedback from independent OSCE concurred with outcomes from psychometric testing and initial observations of the trainee ANPCCs in post, in particular relating to work-based values, performance under pressure and decision-making skills.

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**Table 1. Modules, and Academic and Practice Hours**

<table>
<thead>
<tr>
<th>Module Title</th>
<th>Academic Points</th>
<th>Year 1 Trimester</th>
<th>Academic Notional Student Effort (Hours)</th>
<th>Clinical Practice Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced patient assessment</td>
<td>20</td>
<td>One</td>
<td>200</td>
<td>350</td>
</tr>
<tr>
<td>Diagnostic decision-making</td>
<td>20</td>
<td>Two</td>
<td>200</td>
<td>350</td>
</tr>
<tr>
<td>Advanced patient interventions</td>
<td>20</td>
<td>Three</td>
<td>200</td>
<td>350</td>
</tr>
<tr>
<td>Advanced non-medical prescribing</td>
<td>20</td>
<td>Year 2 Trimester</td>
<td>200</td>
<td>350</td>
</tr>
</tbody>
</table>
REFERENCES


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A Nursing Times survey of over 1,000 nurses has revealed gaps in training and education for continence management. We report on the findings of the survey and investigates how this problem can be addressed.

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