

CLINICAL PARTNERSHIPS AND AUTONOMY AS A NURSE PRACTITIONER

They Can Co-exist

WHAT IS A NP

- ◉ ANMC

“A NP is a RN educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The NP role includes assessment and management of clients using nursing knowledge and skills and may include but is not limited to the direct referral of patients to other health care professionals, prescribing medications and ordering diagnostic investigations. The NP role is grounded in the nursing profession’s values, knowledge, theories and practice and provides innovative and flexible health care delivery that complements other health care providers. The scope of practice of the NP is determined by the context in which the NP is authorised to practiced”

WHAT IS A NP

- “A NP is a RN who has completed both advanced university study at a Masters Degree level and extensive clinical training to expand upon the traditional role of a Registered Nurse. The use extended skills, knowledge, and experience in the assessment, planning, implementation, diagnosis and evaluation of care required”

(ACNP 2011)

MY CONTEXT

- ◉ General Practice
- ◉ Private Practice
- ◉ Urban Practice - 1.5 fte (2 female GP's)
 - 3 days / week
 - closed books
 - “steady state practice - clear role”
- ◉ Urban Practice - 4 fte (2 female 2 male GP's)
 - 2 days / week
 - new patients “dynamic practice - role development”

CONTEXT

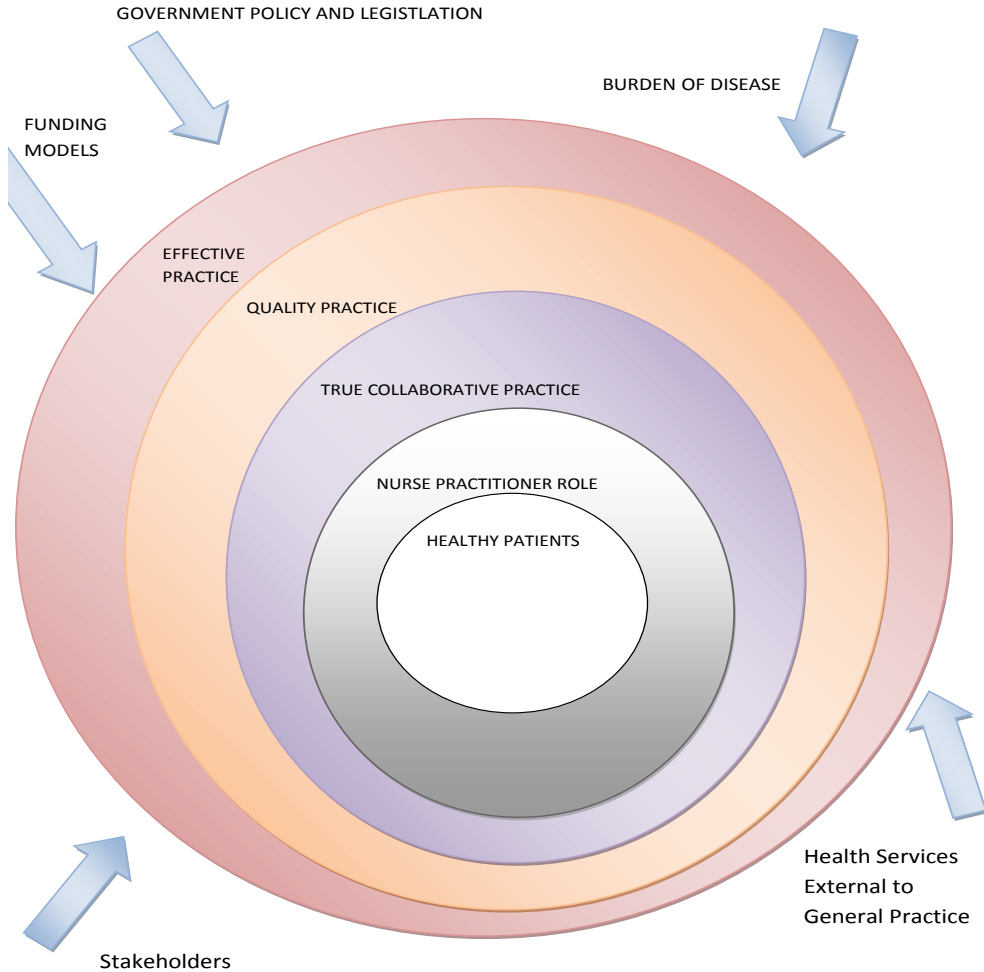
- ⦿ Not all Nurse Practitioners practice in the same context!!

this concept is:

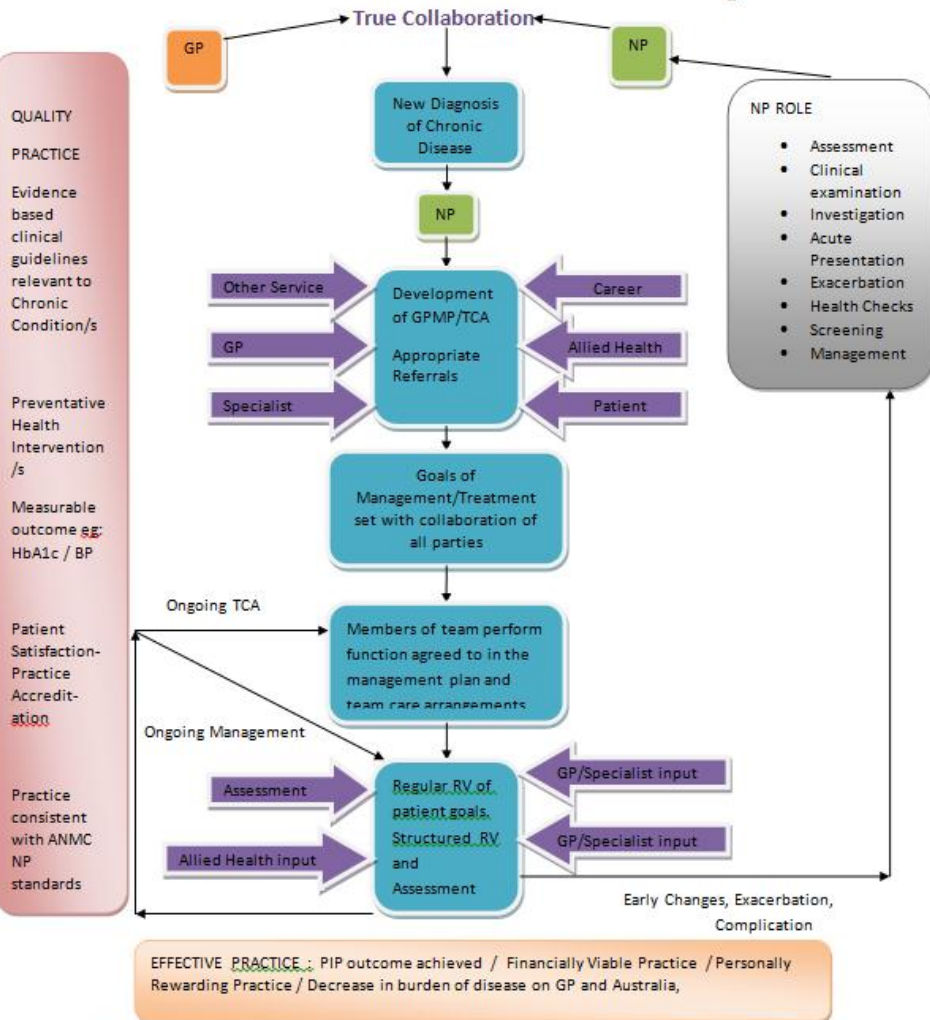
- somewhat frustrating
- allows for role development that fits well with General Practice and Primary Health Care
- important in understanding accountability

CONTEXT & SCOPE OF PRACTICE

Australian Urban General Practice Nurse Practitioner Model of Care

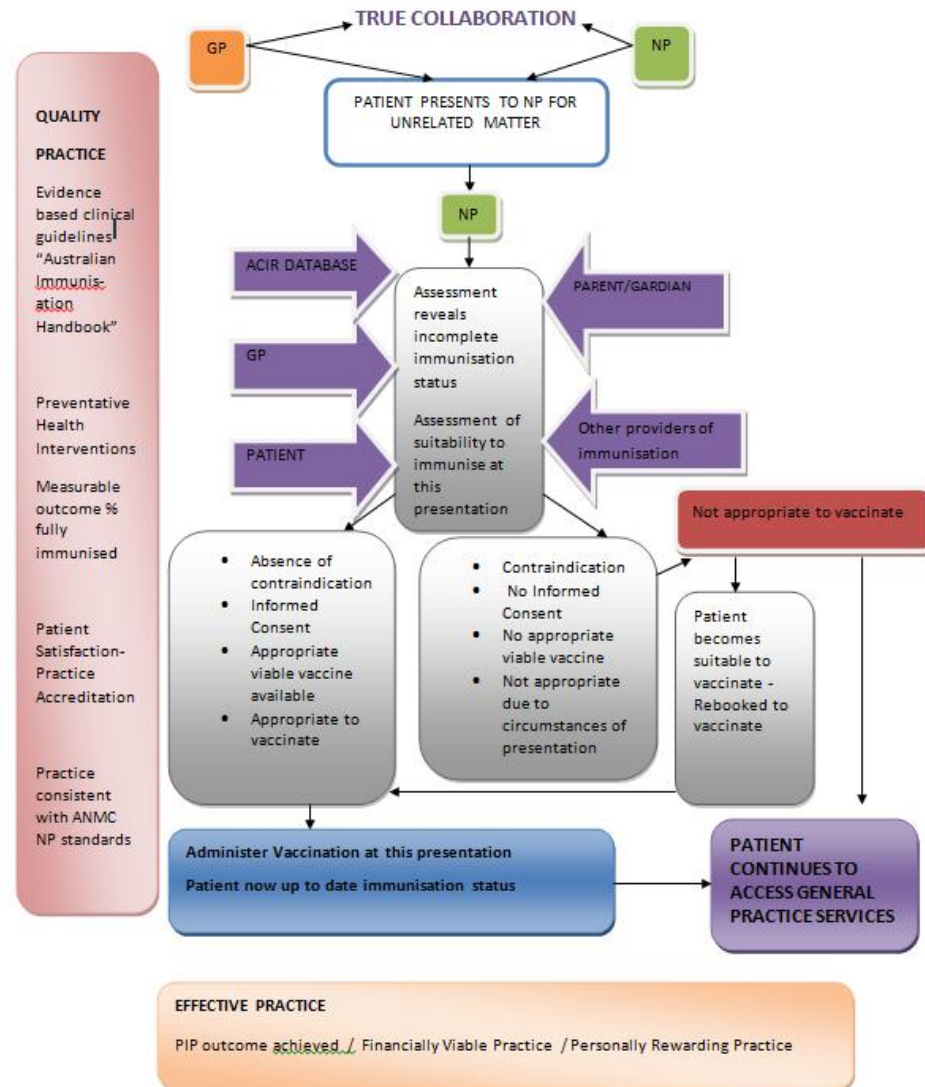


Appendix v THE MODEL AND PATIENT FLOW Chronic Disease New Diagnosis



Note
Blue areas governed by relevant clinical/therapeutic guidelines and disease state specific protocols.
Purple areas represent opportunities for True Collaboration

Appendix vi THE MODEL AND PATIENT FLOW OPPORTUNISTIC IMMUNISATION



ELEMENTS OF THE MODEL

- ⦿ Effective practice
 - GP small business
 - clinical practice is economically sound
 - measurable outcomes from baseline
 - clinical practice change needs to be systematic and congruent with the wider health system with GP as the cornerstone to primary care
 - Work satisfaction and staff retention important

ELEMENTS OF THE MODEL

◎ Quality Practice

- driven by effective practice
- benchmarking
- review of role & outcomes of NP practice
- Systematic review / audit linked to existing processes like accreditation, CPD etc.

ELEMENTS OF THE MODEL

- ⦿ The NP Role - NP Competency & Defined Scope of practice
- ⦿ True collaborative practice (discussed later)
- ⦿ Healthy Patients - individuals accessing the Urban General Practice and the NP

AUTONOMY

- ◉ ANMC - National Competency Standards for the Nurse Practitioner -

“Having a sense of one’s own identity and an ability to act independently and to exert control over one’s environment, including a sense of task mastery, internal locus of control and self-efficacy”

(ANMC)

AUTONOMY

⦿ au·ton·o·my

independence or freedom, as of the will or one's actions: the autonomy of the individual.

- * Independence
- * Freedom

Are these confronting terms?

AUTONOMY

- “Autonomy as a concept in nursing profession is confused with other concepts such as: independence, power, control, professionalism, accountability, image, responsibility, empowerment and authority.”
(Kathryn A., 1998)

AUTONOMY

- NURSING AUTONOMY V'S OTHER RELATED PHENOMENA

- “Most frequently occurring characteristics that distinguish nursing autonomy:
 - Caring, affiliative relationships with clients
 - responsible discretionary decision making
 - collegial interdependence with members of the health care team
 - proactive advocacy for clients”

(Wade 1998)

ACCOUNTABILITY

- “Accountability is the primary consequence of professional nurse autonomy” (WADE 1998)
- “All Nurses are accountable for their actions and have authority to act autonomously in determining nursing responses to nursing assessments. Nurse practitioners experience increased accountability and autonomy within the context of the extended scope of practice they are legitimately approved to carry out” (ADGP 2005)

SHARED ACCOUNTABILITY

- ◉ Collaboration requires shared accountability (Pearson 2000)
- ◉ Confusion of true collaboration with collaboration as a legislative term often interpreted as “physician supervision” “control of independence”
- ◉ Underestimation of nursing accountability by nurses and other health professionals

ACCOUNTABILITY

- ⦿ Litigation = more than one person to hold accountable
- ⦿ Nurses have always been accountable for their actions
- ⦿ Indemnity insurance is a requirement of registration

COLLABORATION OR PARTNERSHIP

What does collaboration mean to you?

What does collaboration mean to the clinician (in the clinical setting not the academic or politician)?

What does collaboration mean in regards to law?

COLLABORATION

- ◉ Registration requirement - under National Competency Standards
- ◉ Legislative requirement - under Medicare
- ◉ Fundamental in my model of care & scope of practice

TRUE COLLABORATIVE PRACTICE

- Mutual respect and acknowledgement of others contribution to the team
- Supported guidelines, protocol & scope of practice accepted by all including the health service
- Clearly defined and accepted accountability & acceptance that joint accountability is a reality
- Differences in interpersonal skills, historic clinician interactions and resistance to change the status quo have been overcome
- Patient advocacy is respected and expected

(Qld Health 2008, Freshman Rubino & Chassiakos 2009)

SOME BARRIERS & ENABLERS

○ Hurdles

- lack of knowledge about nursing capabilities
- no PN in the practice prior to NP
- cost of education provision for GP
- political and legislative changes during my studies and role development
- unknown path for both NP & GP
- Clinical / Collegial isolation

SOME BARRIERS & ENABLERS

○ Enablers

- Attitude of GP - Clinical Mentor
- Attitude of Consultant - Clinical Mentor
- Access to tertiary setting to develop clinical assessment skills

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