

Case Report

Setting up a cardio thoracic nurse practitioner (NP) program in Pakistan: Challenges encountered and lessons learnt

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ABSTRACT

Background & Aim: The role of the Nurse Practitioner (NP) is gaining importance worldwide. Many countries in the West and Europe have embraced the role within their health care system. NPs require training to carry out their roles and responsibilities effectively. A one year hospital based certification program was developed for NPs at one University teaching hospital in Pakistan.

Case Report: Using a work based model base model approach, competencies were developed in eight major areas. This allowed the NP's to study and work at the same time. The program was delivered using Blended Learning pedagogies. The development of the NP program from conceptualization to implementation will be discussed in this paper.

Conclusion: Drawing on the experiences of the authors this paper will provide valuable insights into the challenges encountered in setting up similar programs locally and regionally for NPs.

Introduction

The role of the NPs has evolved all over the world. With role expansion, NPs have proven to bring about better health outcomes while delivering health care to patients and their families and at the same time reducing costs (1).

In Pakistan, there is no formal training to take care of cardio-thoracic patients. It was felt that with the advent of the NPs there would be improved and coordinated care of cardio-thoracic patients from admission to discharge. Today education of NP's is offered usually in a competency based education modality (2). This is a result of the paradigm shift from teaching towards learning in which the emphasis is on promoting a learner centered approach (2).

The conceptualization of the program took over a year.

A team consisting of Cardio thoracic surgeons, Cardiac Nursing management and Nursing faculty met to design the NP program. After much deliberation it was decided that the best way to proceed was to use a work based model in which the NP could work and study at the same time. A competency based framework was developed. The program was offered using blended learning pedagogies. After several meetings with stakeholders in Human Resources a job description outlining the role and responsibilities was established.

An advertisement went out and five cardio thoracic NPs were identified for the program. The project took one year for planning and another year for implementation.

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Once the 5 NPs were hired it was quickly realized that there was still much that needed to be done. A new program requires resources. This included a curriculum for the NP program as well as office space, access to a computer and library access. Additionally the NPs required time to study.

A one year hospital based certification program was developed using a modular competency base curriculum with a set of eight competencies (3) (Table 1). Upon completion of the program these NPs were proficient in a range of patient related activities from pre-operative to post-operative care including removing chest tubes, pacing wires and balloon pump catheters. The competencies were built in a sequential mode from simple to complex. There was integration of theory with practice. A work based model was agreed upon by all constituents as the best model to enable the NPs to work and study at the same time (4).

Table1. NP Competencies

Scientific Foundation Competencies
Leadership Competencies
Quality Competencies
Practice Inquiry Competencies
Technology and Information Literacy Competencies
Policy Competencies
Health Delivery System Competencies
Ethical Competencies

The shift in pedagogy has led to new ways of teaching and learning. Blended learning allows for flexibility and is transforming the way learning is taking place. Blended Learning is a combination of face to face instruction and distance learning. Integration of technology into education has improved learner engagement and outcomes (5). The NPs received an intensive blended learning training

so that they could study at their own pace. Course related material was uploaded onto a Moodle interface. Preceptors were provided for clinical experience and the NPs were rotated in adult and pediatric cardio thoracic areas. Assessments were all work based.

The program had several challenges. Monthly meetings were held to evaluate the project. The NPs reported they were able to recognize difficult situations with the cardio thoracic patients. Also they were able to follow up with the patients on discharge and were able to detect possible complications. This was endorsed by the cardiothoracic surgeons and other members of the health care team. However, it was reported by the NP's that they found it very difficult to find the time to study as there were had multiple tasks on the clinical area which took precedence over education. Eddy (2010) reported finding time was a challenge for those who work and study (6). As the NP continued to work in their same settings the NPs voiced the need for clarity among the health care team to understand their new role and responsibilities. The NPs described role ambiguity and a non-acceptability of this new role among their co-workers. Lack of clarity about the role of NP has been pointed out in the literature. Often the health care team lacks clarity of the new role and this poses a significant impediment. Additionally, medical dominance as an obstacle has been cited in the literature as an obstacle (7). Senior nurses play an instrumental role in providing ongoing support to the NPs (8).

A new program requires institutional support. Non-recognition of the program can be attributed to poor planning on the part of management (9). Furthermore, the development and implementation of the NP program is influenced by funding. Furthermore, obtaining funds for program maintenance like continuing education and participation in conferences was a monumental task for us. Therefore, providing the necessary infrastructure to support this new program is pivotal for its success. Also,

engagement of key stakeholders from the health care settings, professional organizations and education sector is vital for the initiation of new programs.

Furthermore, credentialing is vital for the health professions. It protects the public from unsafe practice while maintaining a level of competence (10). In Pakistan, at present there is no credentialing system for the NPs. The program was seen as the basis upon which scope of practice could be developed for NPs and the standards for credentialing could be recommended to the nursing statutory body for implementation. Lastly, there needs to be a sound educational plan for NPs to obtain their Master's degree. Also, plans need to be in place for a career path and promotion for NPs if they are to be retained. Introduction of a new program presents unique challenges. A new program requires careful planning for its execution. In addition, there needs to be organizational clarity, funding and engagement of stakeholders at all levels.

Conclusion

NPs are positioned to improve patient outcomes. The project is completed. Four out of the five NP's finished the program. One NP left for North America to begin her Masters level higher education. The other four NPs continued in their positions. Two NP's opted for management positions after a year. Reporting of this project will assist others who are trying to set up similar programs locally and regionally so that the challenges encountered can be minimized.

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Conflict of Interest

The authors declare no conflict of interest.

References

1. Judge-Ellis T, Wilson T. Time and NP Practice: Naming, Claiming, and Explaining the Role of Nurse Practitioners. *The Journal for Nurse Practitioners*. 2017;13(9):583-589.
2. Schumacher G, Risco K. Competency-Based Nurse Practitioner Education: An Overview for the Preceptor. *The Journal for Nurse Practitioners*. 2017;13(9):596-602.
3. American Association of Critical-Care Nurses. Scope and standards for acute care nurse practitioner practice. 2012. URL: <https://www.aacn.org/nursing-excellence/aacn-standards>.
4. Flanagan J, Baldwin S, & Clarke D. Work-Based Learning as a means of developing and assessing nursing competence. *Journal of Clinical Nursing*. 2000; 9(3):360-368.
5. Smyth S, Hughton A, Cooney A, & Casey D. Students experiences of blended learning across a range of post graduate programmes. *Nurse Education Today*. 2012; 32(4), 464-468
6. Eddy A. Work based learning and role extension: A match made in Heaven. *The College of Radiographers*. 2010 ; (16): 95-100
7. White P, Lee S, Wong C, Lee A, & Cheung D. Role development for therapeutic radiographers in public hospitals in Hong Kong. *Journal of Radiothera Pract*. 2004; (4): 66-77.
8. Carter N, Martin-Misener R, Kilpatrick K, Kaasalainen S, Donald F, Bryant-Lukosius D et al. The Role of Nursing Leadership in Integrating Clinical Nurse Specialists and Nurse Practitioners in Healthcare Delivery in Canada. *Nursing Leadership*. 2010;23(sp):167-185.
9. Wisur-Hokkanen C, Glasberg AL, Makela C, & Fagerstom L. Experiences of working as an advanced practice nurse in Finland – the substance of advanced nursing practice and promoting and inhibiting factors. *Scandinavian Journal of Caring Sciences*. 2015; Doi: 10.1111/scs.12211.
10. Clifton S L, & Schriener C L. Assessing the quality of Multiple Choice test items. *Nurse Educator*. 2010; 35(1):12-16.