A Step Forward in Nurse Education

A Curriculum for Continuing Professional Education

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on behalf of CCNAP Education Committee

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No conflict of interest to declare

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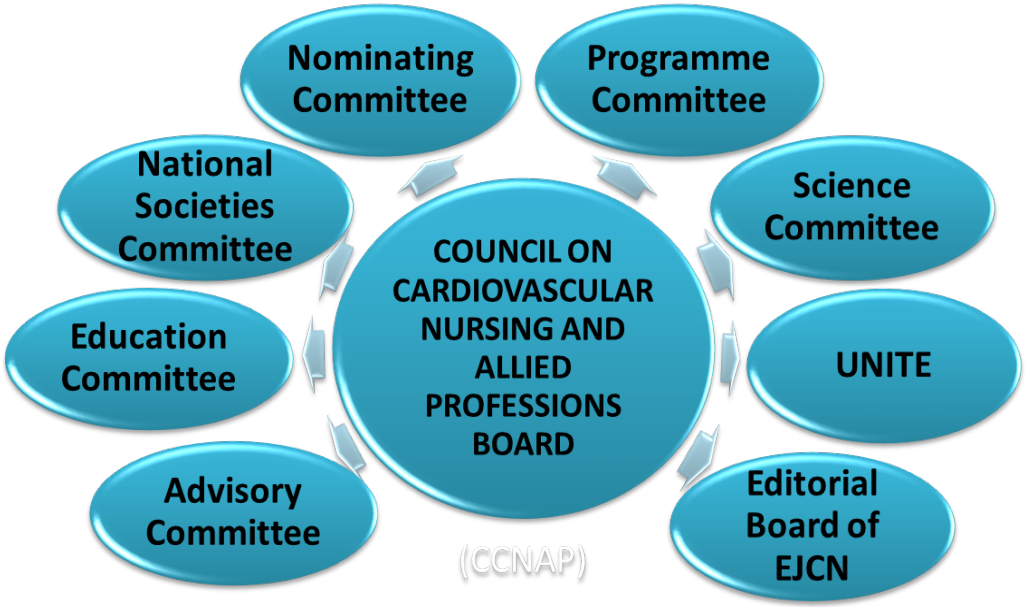

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Session Overview

1. **Background**

   - Why is nurse education important?

   - Diversity in educational provision

2. **Overview of an Educational Endeavour; 'Core curriculum'**

   - Project aim
   - Steps in development process
   - Key features

3. **Next steps**

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Background: Why is nurse education important?

Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study

Linda H Aiken, Douglas M Sloane, Luk Bruyneel, Koen Van den Heede, Peter Griffiths, Reinhard Busse, Marianna Diomidous, Juha Kinnunen, Maria Kózka, Emmanuel Lesaffre, Matthew D McHugh, M T Moreno-Casbas, Anne Marie Rafferty, Rene Schwendimann, P Anne Scott, Carol Tishelman, Theo van Achterberg, Walter Sermeus, for the RN4CAST consortium*

www.thelancet.com Published online February 26, 2014 http://dx.doi.org/10.1016/S0140-6736(13)62631-8

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Background: Why is nurse education important?

Aim: Assess associations between nurse patient ratios, nurses' educational qualifications & patient mortality

Design: Cross sectional survey

Measures: 30-day in-hospital mortality, nurse staffing, nurse education

	Number of hospitals	Mean discharges per hospital (range)	Deaths/discharges (%)
Belgium	59	1493 (413–4794)	1017/88 078 (1·2%)
England	30	2603 (868–6583)	1084/78 045 (1·4%)
Finland	25	1516 (175–3683)	303/27 867 (1·1%)
Ireland	27	738 (103–1997)	292/19 822 (1·5%)
Netherlands	22	1419 (181–2994)	466/31 216 (1·5%)
Norway	28	1468 (432–4430)	518/35 195 (1·5%)
Spain	16	1382 (186–3034)	283/21 520 (1·3%)
Sweden	62	1304 (295–4654)	828/80 800 (1·0%)
Switzerland	31	1308 (158–3812)	590/40 187 (1·5%)
Total	300	1308 (103–6583)	5381/422730 (1·3%)

Only hospitals with more than 100 surgical patient discharges were included in the analyses. Data shown are for discharged patients for whom information about 30 day mortality, age, sex, type of surgery, and comorbidities were complete. Data were missing for those characteristics for less than 4% of all patients.

Table 1: **Hospitals sampled in nine European countries with patient discharge data, numbers of surgical patients discharged, and numbers of patient deaths (RN4CAST data)**

www.thelancet.com Published online February 26, 2014 http://dx.doi.org/10.1016/S0140-6736(13)62631-8

Background: Why is nurse education important?

Results

	Nurse staffing (patients to nurse)		Nurse education (% of nurses with bachelor's degrees)	
	Mean (SD)	Range	Mean (SD)	Range
Belgium	10·8 (2·0)	7·5–15·9	55% (15)	26–86%
England	8·8 (1·5)	5·5–11·5	28% (9)	10–49%
Finland	7·6 (1·4)	5·3–10·6	50% (10)	36–71%
Ireland	6·9 (1·0)	5·4–8·9	58% (12)	35–81%
Netherlands	7·0 (0·8)	5·1–8·1	31% (12)	16–68%
Norway	5·2 (0·8)	3·4–6·7	100% (0)	100–100%
Spain	12·7 (2·0)	9·5–17·9	100% (0)	100–100%
Sweden	7·6 (1·1)	5·4–9·8	54% (12)	27–76%
Switzerland	7·8 (1·3)	4·6–9·8	10% (10)	0–39%
Total	8·3 (2·4)	3·4–17·9	52% (27)	0–100%

Means, SDs, and ranges are estimated from hospital data—eg, the 59 hospitals in Belgium have a mean patient-to-nurse ratio of 10·8, and the patient-to-nurse ratio ranges across those 59 hospitals from 7·5 to 15·9. Similarly, the 31 hospitals in Switzerland have, on average, 10% bachelor's nurses, and the percent of bachelor's nurses ranges across those 31 hospitals from 0% to 39%.

Table 2: Nurse staffing and education in nine European countries

	Number (%)
Men	189 815 (45%)
Emergency admissions	141 584 (34%)
Inpatient deaths within 30 days of admission	5381 (1·3%)
Surgical categories	
General surgery	162 974 (39%)
Orthopaedic surgery	220 301 (52%)
Vascular surgery	39 455 (9%)

Table 3: Characteristics of surgical patients (n=422 730) in the study hospitals

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Background: Why is nurse education important?

Results

	Partly adjusted models		Fully adjusted model	
	OR (95% CI)	p value	OR (95% CI)	p value
Staffing	1·005 (0·965–1·046)	0·816	1·068 (1·031–1·106)	0·0002
Education	1·000 (0·959–1·044)	0·990	0·929 (0·886–0·973)	0·002

The partly adjusted models estimate the effects of nurse staffing and nurse education separately while controlling for unmeasured differences across countries. The fully adjusted model estimates the effects of nurse staffing and nurse education simultaneously, controlling for unmeasured differences across countries and for the hospital characteristics (bed size, teaching status, technology, and work environment), and patient characteristics (age, sex, admission type, type of surgery, and comorbidities present on admission). OR=odds ratio.

Table 4: Partly and fully adjusted odds ratios showing the effects of nurse staffing and nurse education on 30 day inpatient mortality

Conclusions

↑ in nurses' workload by 1 patient associated with 7% ↑ likelihood of in patient death;

10% ↑ in number of bachelor's degree nurses associated with ↓ in likelihood of death by 7%

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Background: Why is nurse education important?

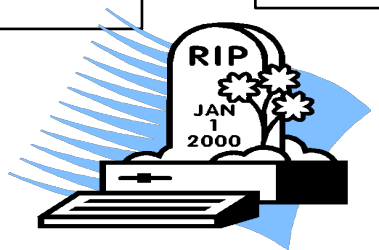
Hospital A

- 60% Nurses with BSc
- NP ratio 1:6

Almost 30% ⬇ mortality rate

Hospital B

- 30% Nurses with BSc
- NP ratio 1:8



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Background : Diversity in Nurse Education:

Initial Preparation

- Duration of training;
- Educational providers;
- Legislative & regulatory frameworks;
- Access to formal registration
- Scope of clinical practice.

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Background : Diversity in Nurse Education:

Ongoing Education

- Continuing Professional Education/Development

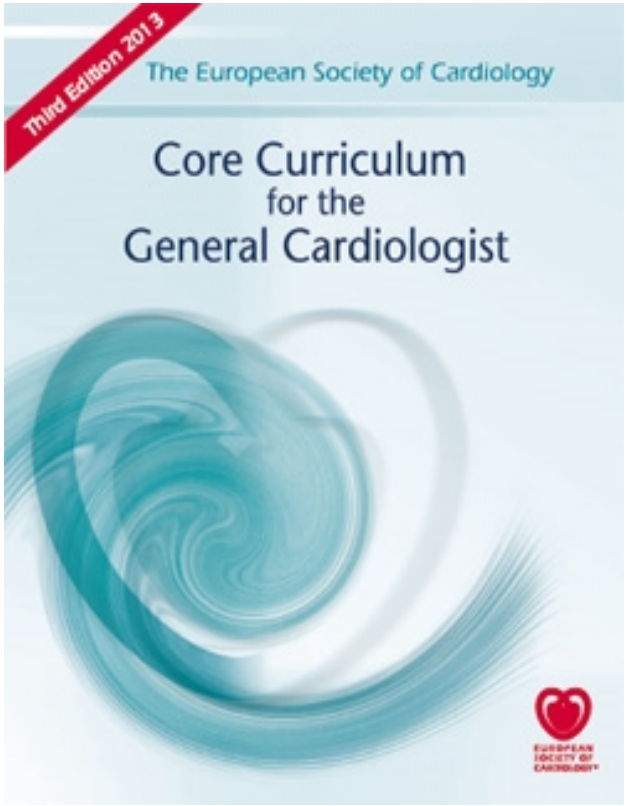
'A Professional Responsibility'

'The way professionals continue to learn & develop to maintain up to date skills and knowledge to enable them to work safely, legally and effectively.

http://www.hpc-uk.org/registrants/cpd/

Continuing Professional Education: Cardiologists

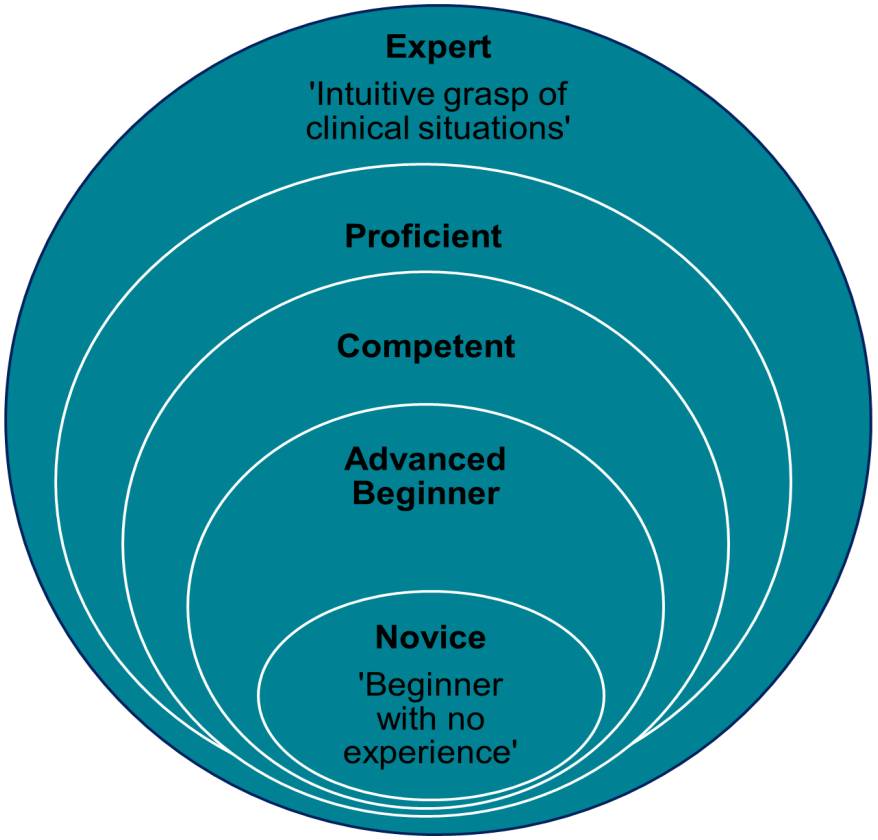
- **Exemplar**



- All graduate profession
- Greater access to funding
- Accreditation EBAC
- Established National Societies

EBAC: European Board for Accreditation in Cardiology

Continuing Professional Education: Nurses



Where to start?

- Nurse completed initial general training (Competent to expert)
- Nurse starts work in cardiovascular setting (Novice to Advanced Beginner)

Continuum of Nursing Experience Benner 1982

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Core Curriculum: An Educational 'Map'

Aim & Purpose:

To develop a core curriculum to guide post registration nurse education in CV settings.

A **'Bridge'** between registration level & advanced/ specialist level nursing

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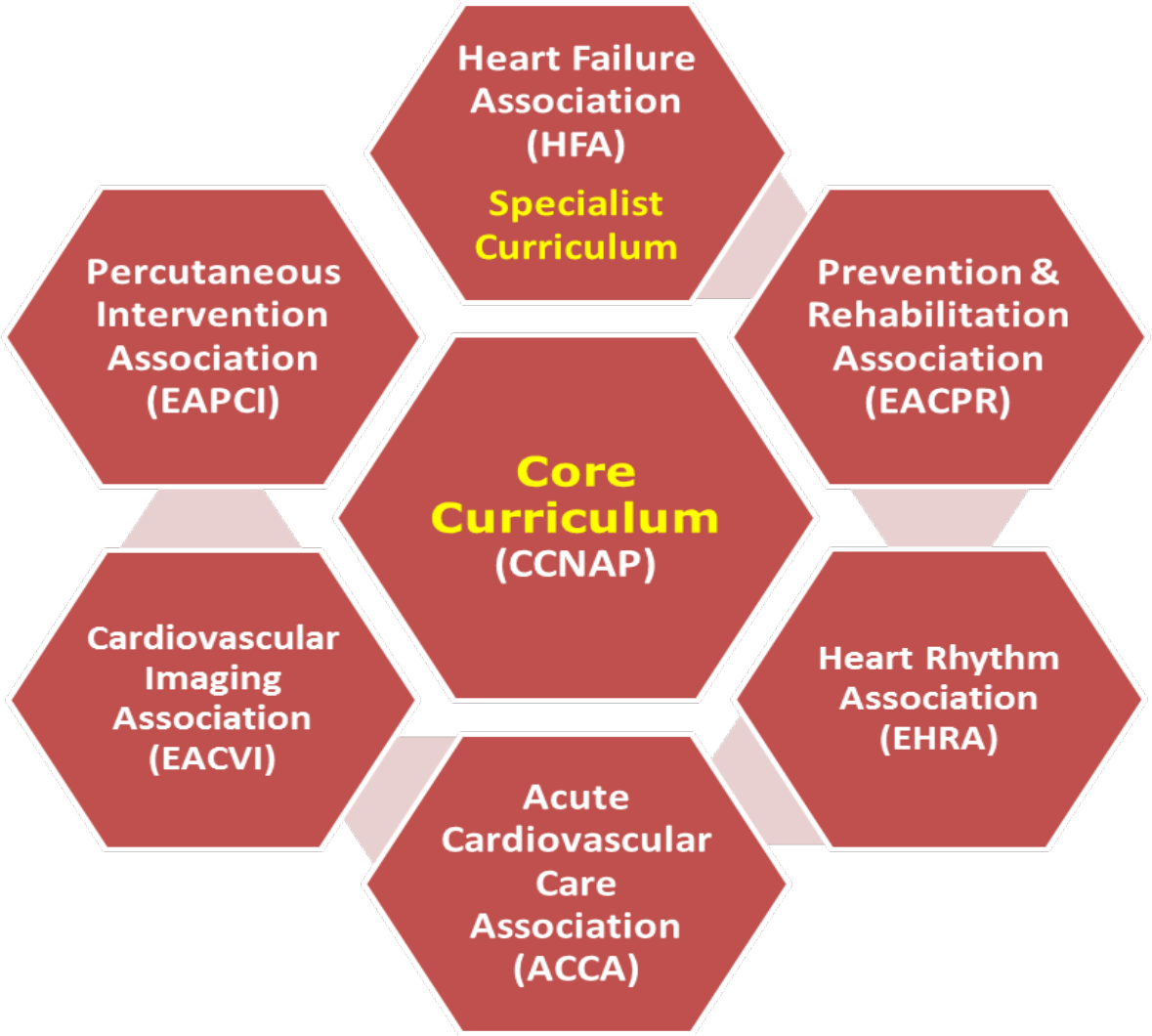
Core Curriculum: Fit with ESC Associations



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Core Curriculum Development Process

- Identify key stakeholders & 'know how';
- Consultation process;
- Identification of key theory/evidence;
- Syllabus development;
- Key themes of core curriculum;
- Stakeholder input

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Reaching Consensus

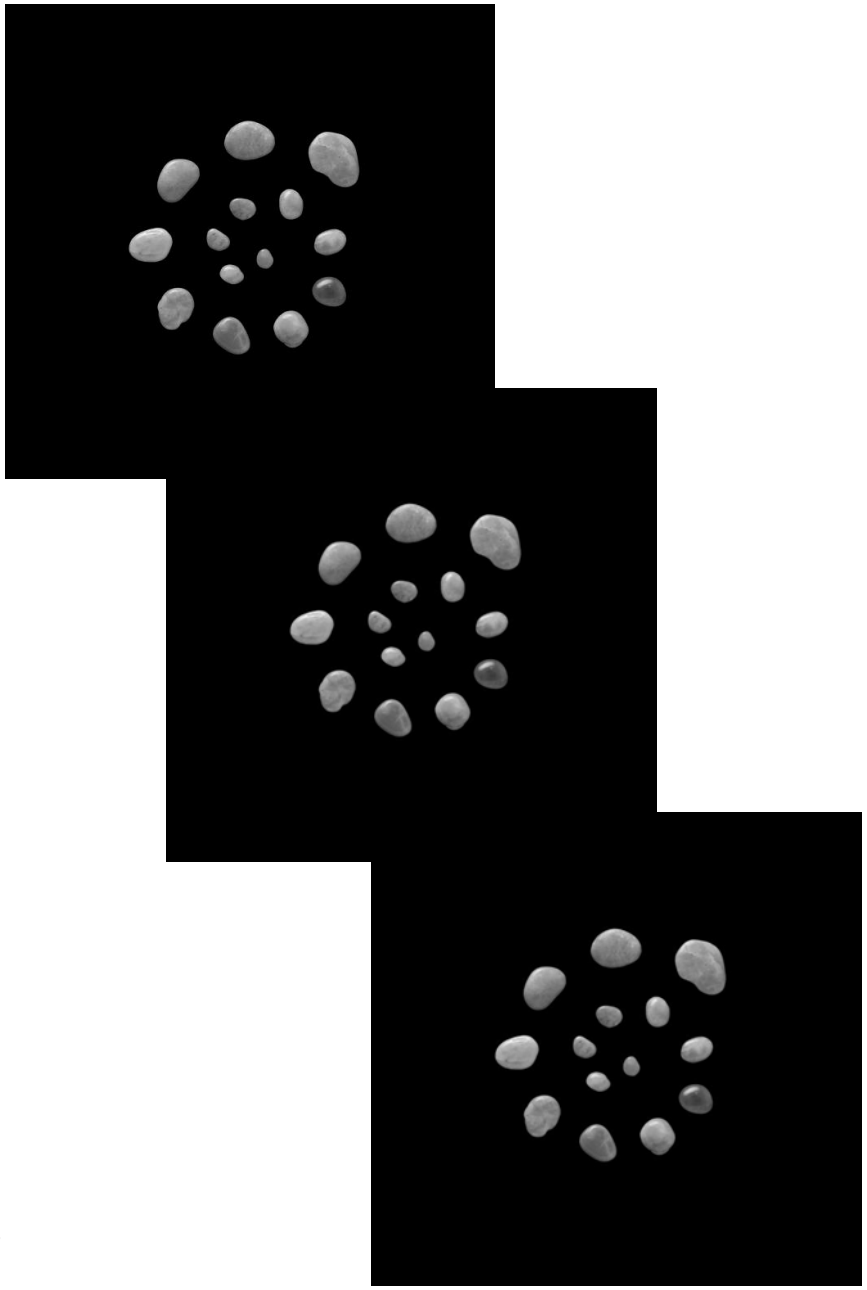
- Long process/iterative
- Involvement & Engagement;

Patients, Cardiologists, Nurses, Academics, Researchers, Educators.

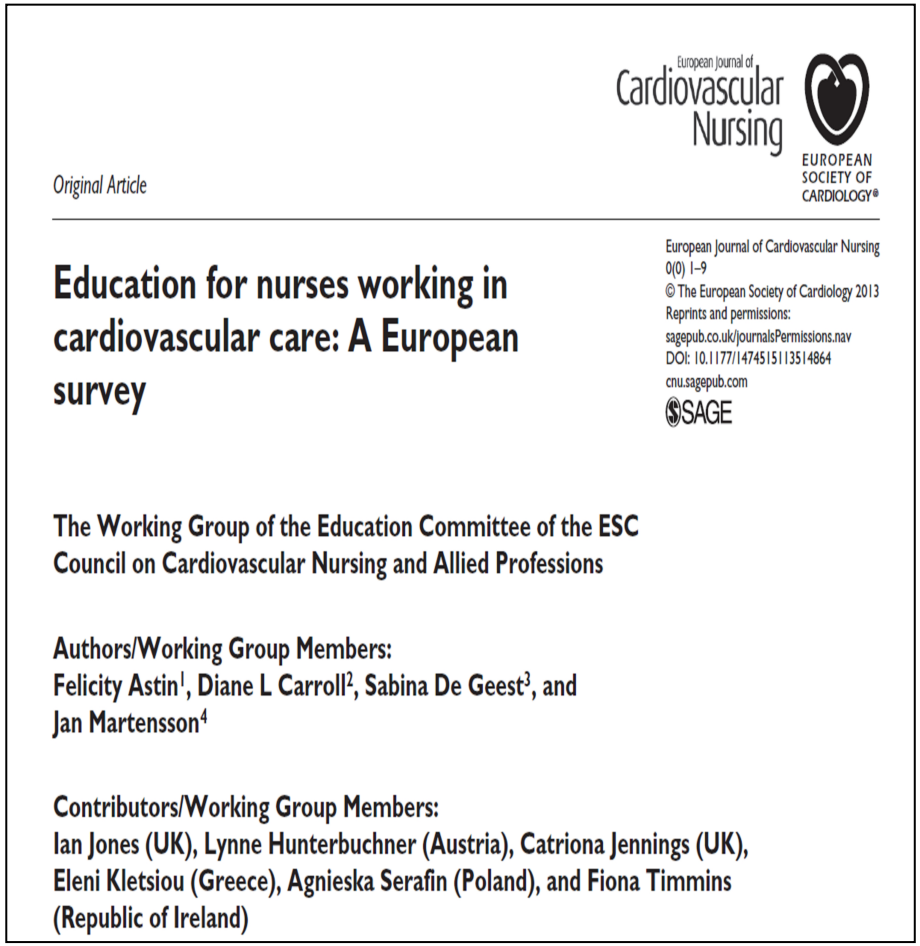
ESC Education committee

National Societies

CCNAP Board



Existing Curricula



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Original Article

Education for nurses working in cardiovascular care: A European survey

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- Curricula need modernisation
- More emphasis on prevention, rehabilitation, health inequalities
- Inclusion of guidelines

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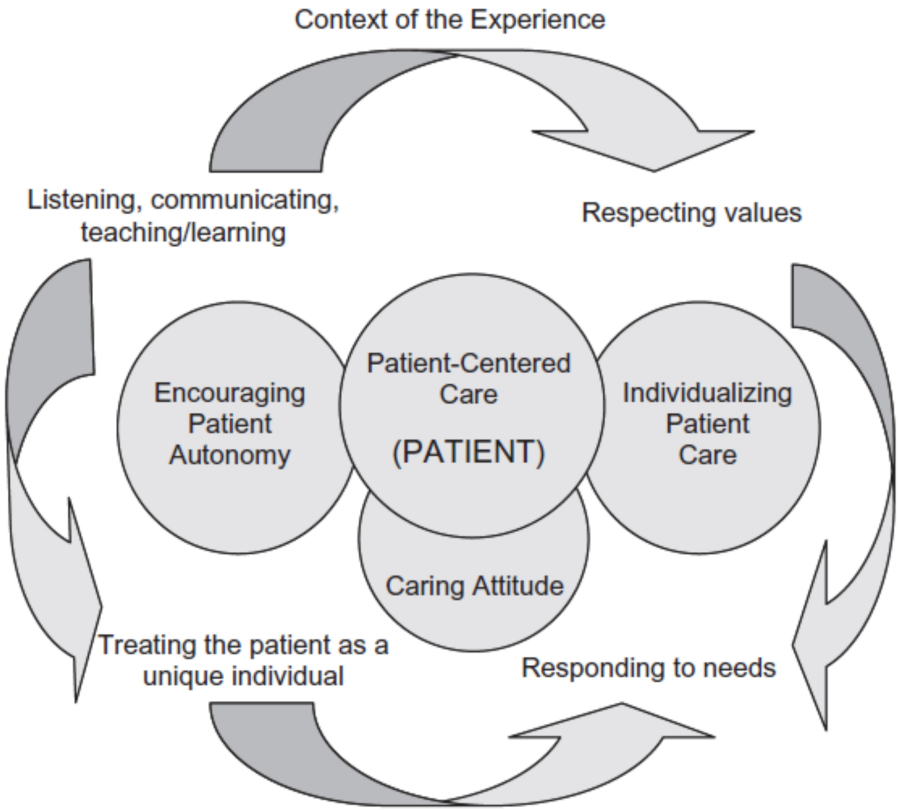
A Patient-Centred Curriculum

Figure 1. Attributes and Behaviors Needed to Provide Patient-Centered Nursing Care



NURSING FORUM AN INDEPENDENT VOICE FOR NURSING

A Concept Analysis of Patient-Centered Care

Janet M. Lusk, PhD, RN, CNE, and Kerry Fater, PhD, RN, CNE

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Embedding Patient & Family Voice

What is a quality experience?

- Communication & information
- Involvement
- Dignity & respect
- Pain relief
- Self-management

The Picker Patient Experience Questionnaire: development & validation using data from in-patient surveys in 5 countries

Jenkinson, Coulter & Bruster 2002

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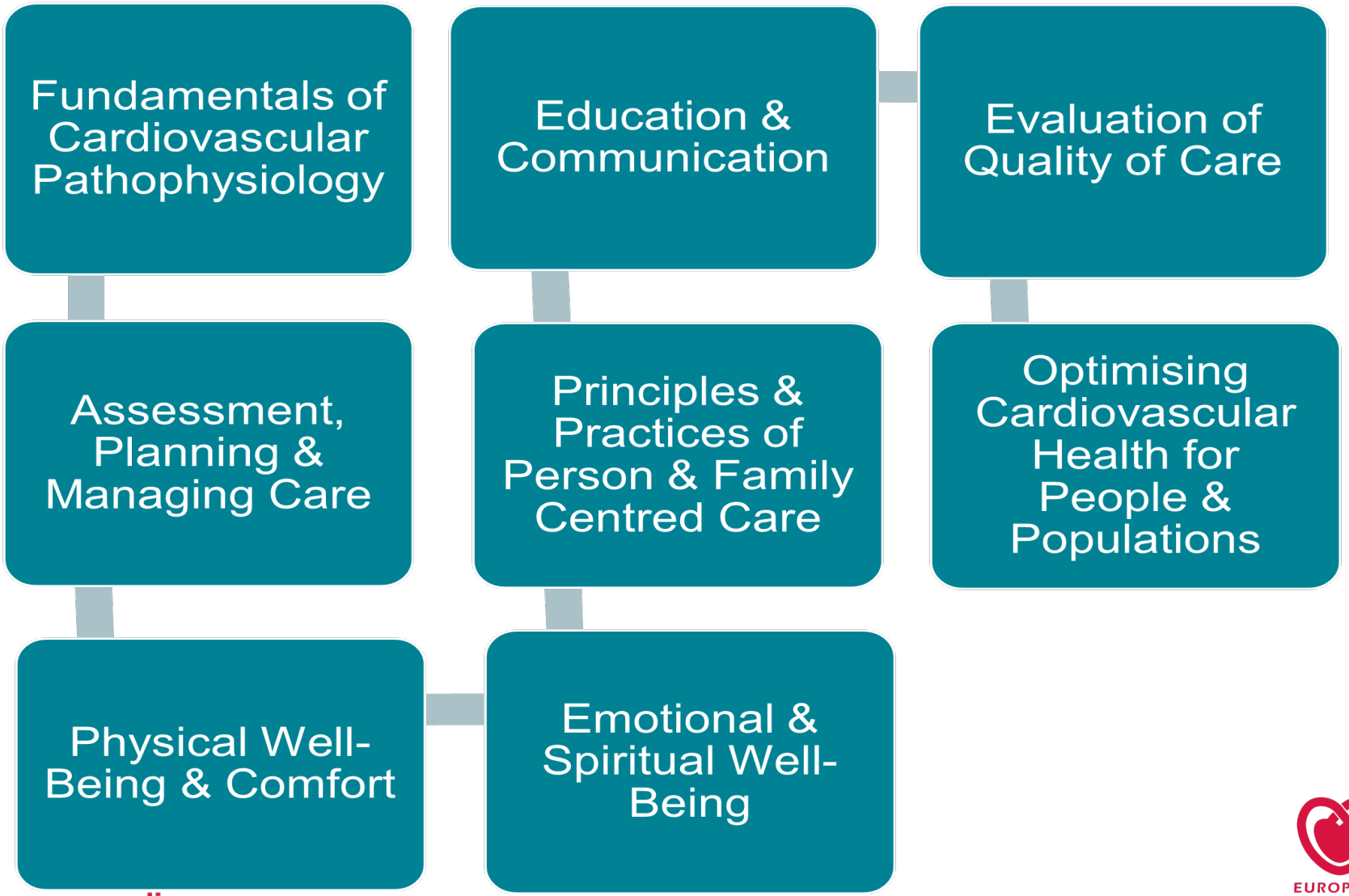
Core Curriculum Themes



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Theme 1.
Fundamentals of Cardiovascular Pathophysiology

Syllabus: Anatomy, pathophysiology & physical manifestations of common cardiovascular conditions;

1. Atherosclerotic disease & consequences
2. Heart rhythm & conduction disorders
3. Structural abnormalities of the heart
4. Heart muscle disorders

Objectives:

-Understand normal & altered anatomy & physiology of the CV system

-Describe the pathophysiological explanation for common CV disorders

-Recognise pathophysiological basis of signs & symptoms & changes indicative of deterioration

Knowledge:

-An understanding of the A&P & physical manifestations of common CV conditions.

Skills:

-Apply knowledge of A&P & pathophysiology, in clinical practice, & recognise the clinical manifestations of CVD

-Recognise normal ranges of physiological parameters & distinguish between those that are normal, abnormal & life-threatening

- Measure and document physiological parameters & take appropriate action in response to alternations in physiological parameters

Attitudes & Behaviours:

- Appreciate the importance of continuing to review knowledge of pathophysiological principles

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Theme 6: Emotional & Spiritual Well-Being

Syllabus:

1. Emotional responses & self-care
2. Prevalence of maladaptation
3. Screening & assessment tools
4. Nursing interventions & clinical guidelines

Objectives:

- Recognise the emotional impact that a CVD diagnosis may have upon a patient & family
- Discuss the potential effect that negative emotions may have upon the patient's health related QOL

Knowledge:

- Describe the emotional responses experienced from diagnosis to end of life in CV settings
- Quantify the prevalence & incidence of negative emotional responses & their impact on coping & health related QOL (e.g. stress, anxiety, depression, hostility, anger, denial)
- Identify screening & assessment tools used in CV settings

Skills:

- Develop & maintain the therapeutic relationship with the patient & family.
- Use tools to screen for & assess emotional status and QOL

Attitudes & Behaviours:

- Genuineness, compassion & empathy
- Respect differences in beliefs and worldview

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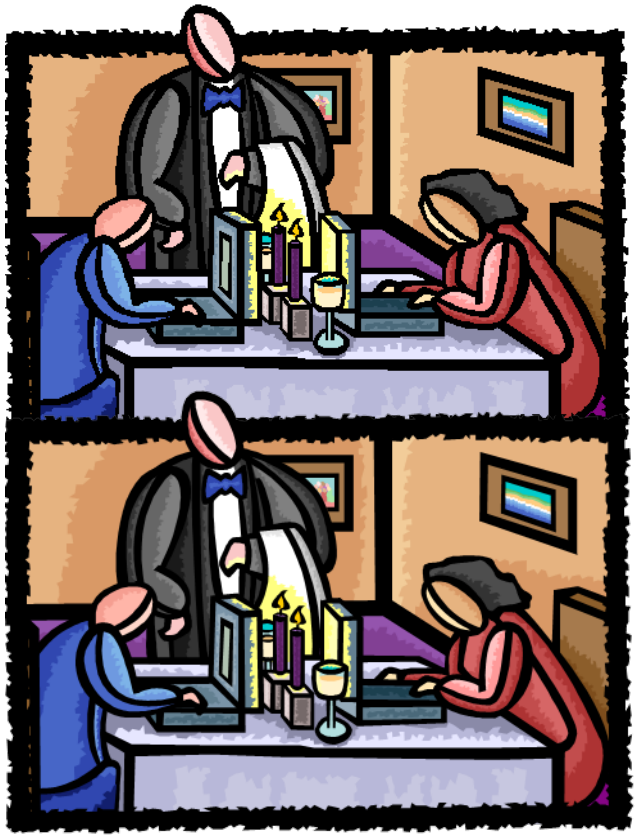
Next Steps

- Publication
- ESC website
- Translation
- Link with ESC/Policy makers
- Development of CPD modules
- Education committee membership



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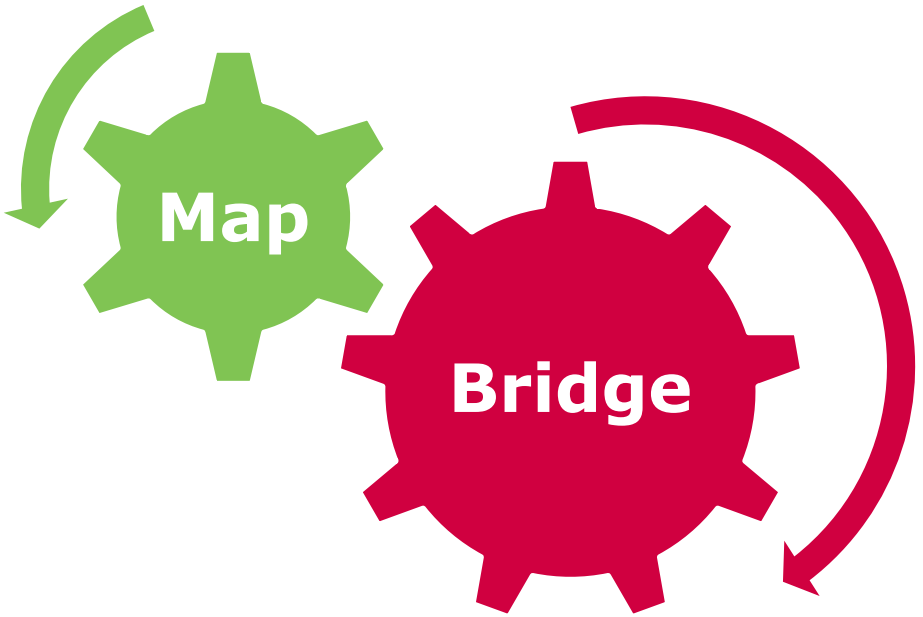
Conclusion

- Core curriculum



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