Educating the future emergency nurse: professional competence and development

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Outline

- Nursing education
 - Challenges
 - Solutions
- The emergency nurse
 - Competencies
 - Professional development



Nursing education in Iceland

- 4-year Bachelor of Science-program since 1973 (240 ECTS)
 - Course in Emergency and Intensive Care Nursing: 6 ECTS
 - 120 student limit
- Faculty of Nursing at the School of Health Sciences at the University of Iceland
- Graduate programs
 - Diploma (>30 ECTS)
 - Masters (120 ECTS)
 - Doctoral (180 ECTS)



Challenges





Teaching methods are diverse

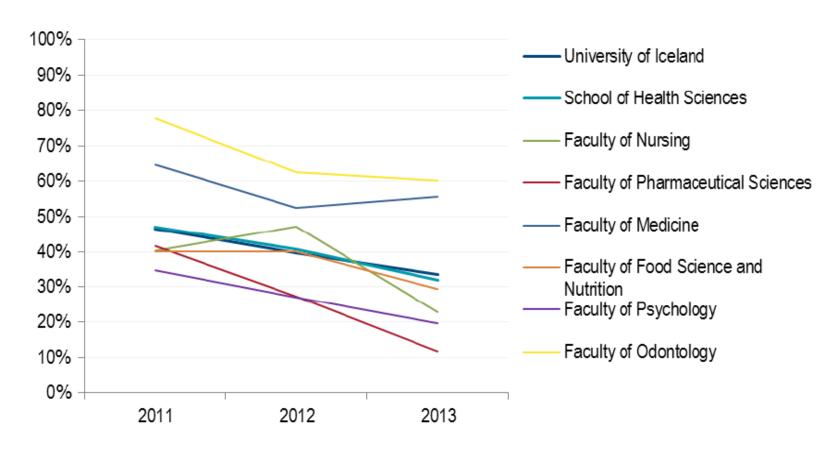


Figure 9. Teaching methods are diverse (proportion of respondents that strongly or somewhat agree with the statement)



Intellectual stimulation of the study program

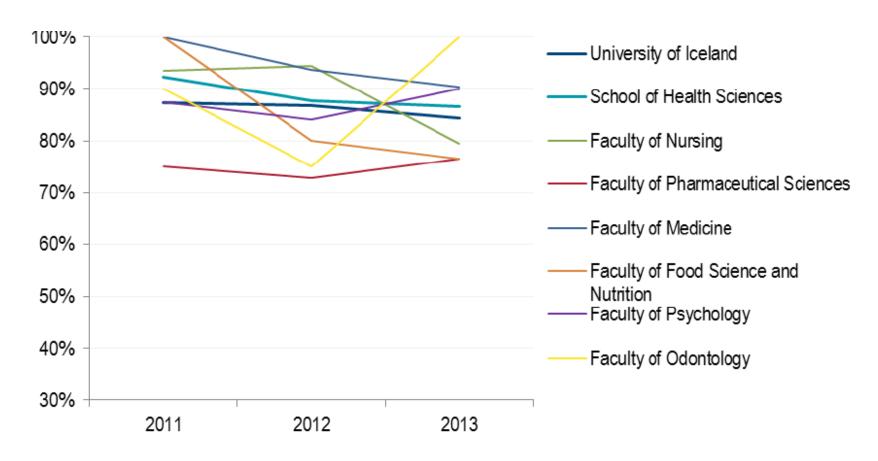


Figure 5. The study programme is intellectually stimulating (proportion of respondents that strongly or somewhat agree with the statement)



Education quality

- Head of university faculties have an effect on teaching methods and teachers attitudes to development
 - Their attitudes, their own teaching experience, respect, will to change
- Discussing teaching is effective
- The quality improves if university teachers:
 - Reflect on their teaching
 - Focus on student education rather than the teaching
 - Discuss their teaching with colleagues they trust
 - Are in an environment that welcomes such discussions



Appreciative Inquiry "The 4D Model"



(modified from Cooperrider & Whitney, www.positivechange.org)



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Learning Outcomes:

1. Knowledge

- 1.1 The student understands the complexity of the human being and the effects of health and disease on its condition and circumstances.
- 1.2 The student knows and understands basic theories and concepts in the discipline of nursing and employs that knowledge in nursing practice.
- 1.3 The student employs knowledge bases in the humanities, psychology, sociology, biology, natural-, and health sciences, on which nursing draws.
- 1.4 The student is capable of rationalizing his or her clinical decisions based on scientific evidence in nursing and related sciences.
- 1.5 The student employs evidence based knowledge in the discipline of nursing and is capable of maintaining and increasing this knowledge.
- 1.6 The student possesses knowledge and understanding of the fundamental principles pertaining to patient safety.

2. Skills

- 2.1 The student has the capacity, on the basis of his or her knowledge, to provide the best possible nursing treatment and service.
- 2.2 The student is able to articulate nursing interventions and put them in scientific context.
- 2.3 The student has the capacity to formulate nursing diagnoses and objectives. He or she is able to formulate and
 - ple of evaluating outcomes of care.

ation technology to the benefit of his or her patient and colleagues.

I principles when interacting with patients and their families, and

dge and logical thinking that can be used to find new therapeutic

ods when analyzing and solving issues concerning diseases and



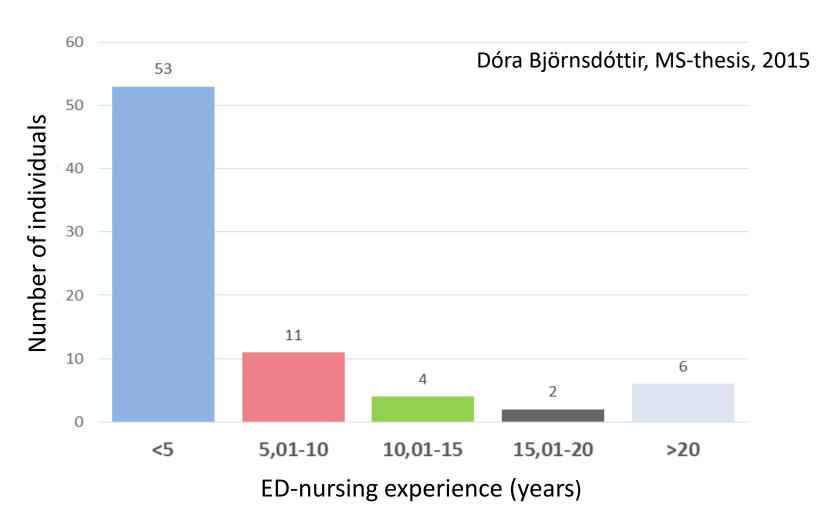


Emergency Nurses Competencies



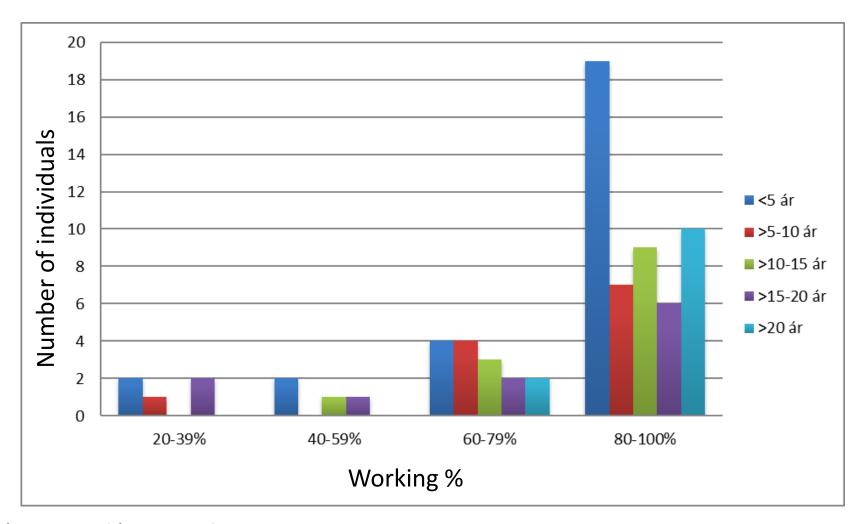


ED nursing experience (years)

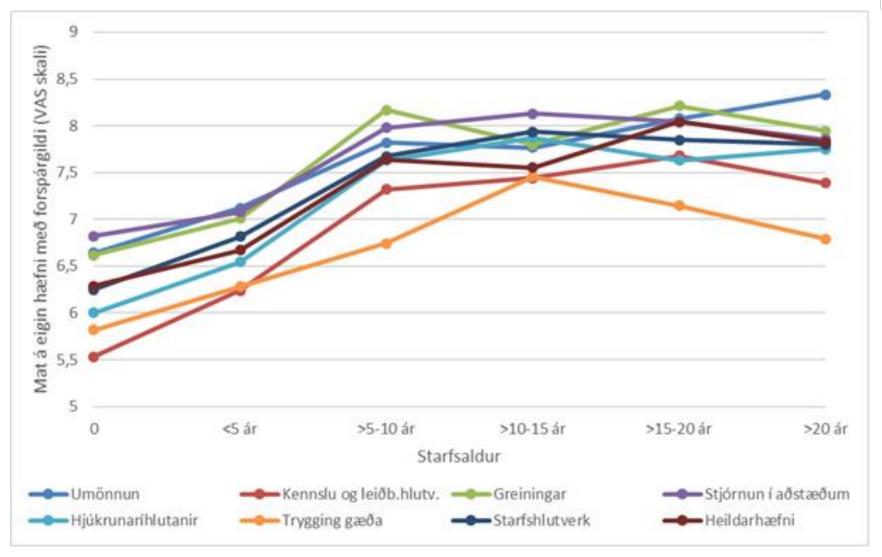




The relationship of experience and work percentage of ED nurses at Landspitali.

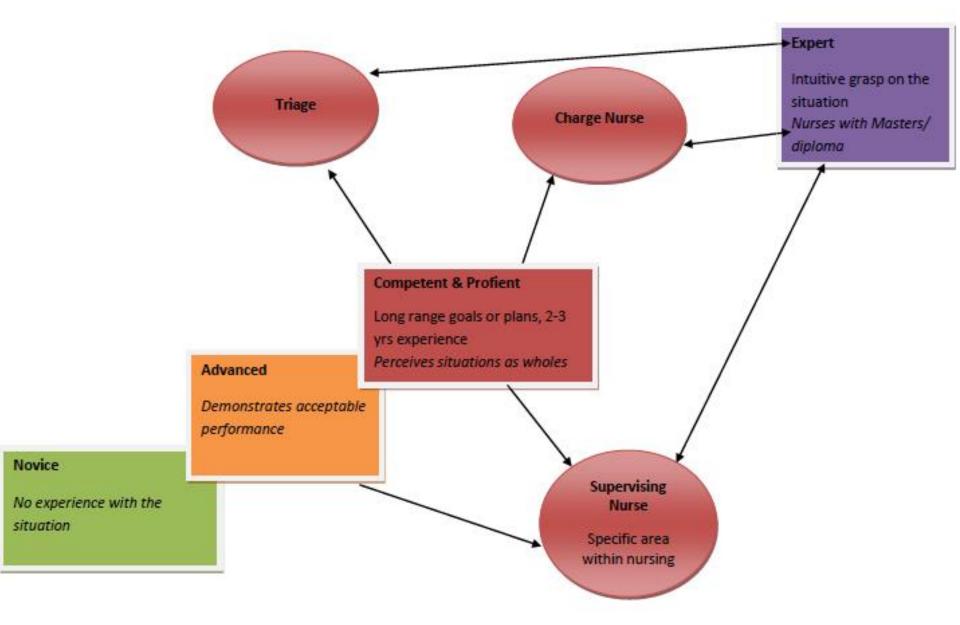






Helping role, teaching—coaching, diagnostic functions, managing situations, therapeutic interventions, ensuring quality, work role, total competence







Defining the competencies needed

- Specific for emergency nursing
- From the nurse perspective
- No direct relation to salary
- No legal value

- Seven competence categories were identified
- Each category consisted of defined competencies that were specific, appropriate, realistic and measurable



Practice

Providing competent, quality emergency nursing care requires specialised knowledge, skills and aptitude. Stan Through clinical experience, postgraduate emergency education programs and research utilisation, emergency nurses acquire a highly developed and uniquely comprehensive generalised knowledge and a for diverse range of skills specific to delivering timely, competent emergency care.

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Position Statement TRIAGE NURSE



INTRODUCTION

The purpose of this position statement is to define the role of the triage nurse and the minimum triage nurse practice standards. The aim is to promote national triage consistency in the application of the Australasian Triage Scale (ATS). It is acknowledged that triage may be performed in a number of settings other than an Emergency Department. However, the College of Emergency Nursing Australasia Ltd. (CENA) produces this position statement to define the role and practice of triage nurses working in Emergency Departments offering

Standard 3: Equipment and Environment

The triage environment must provide safety for the public, the triage nurse, staff and patients of the Emergency Department and the hospital. The environment:

- must be immediately accessible and well sign posted a.
- must have access to an area for patient examination and primary treatment
- must be designed to maximize the safety of the triage nurse, staff and patients (e.g. duress alarms, access to security personnel)





Defined goals within each competence category

- 1. Clinical skills
- 2. Communication
- 3. Cooperation
- 4. Resources and environment
- 5. Professional dvelopment
- 6. Leadership role
- 7. Rights and obligations
- 8. Ethical issues
- 9. Research
- 10. Time and project management





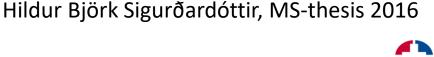
		Beginner			
				Core competencies	Competence assessment
	Clincal skills:		Shows competency in nursing patients with minor trauma and illnesses and providing first treatment:	a) Can identify severe symtoms, such as acute respiratory and circulatory changes, fractures, signs of sepsis or symptoms from respiratory, circulatory or neurological systems	Modified Early Warning Score (MEWS) – a) knowledge; b) application – response
		ses		b) Can evaluate a change in the patient condition	 Using ED protocolls trauma stroke
		a and illnes		c) Develops competencies in responding to patients'severe symptoms (according to a))	- sepsis - Chest pain - Suicide risk
		Patients with minor trauma and illnesses		d) Develops competency in using protocolls	
				e) Shows the knowledge of specialized groups, such as immunosuppressive patients	Canser therapy, biotech medication, organ transplant patients (symtom evaluation)
				f) Has the knowledge of specific groups: elderly patients, pregnant women and children	
			Follows other nurse in acute situations and discharging patients	g) Observes a trauma team at work in resuscitation and other critical situations	 Follows comptent/proficient nurse in discharging patients to other units at least 3 times Observes a trauma team at work at least 2 times



Implementing competence progress

- ✓ In association with the nurses
- ✓ Mentor system
 - ✓ increased supervision in professional development,
 - ✓ increased feedback and support
- ✓ Making the professional development continuous and visible.
- ✓ Clear aims throughout the carrier

- Workload
- Staff shortage
- Lack of time
- Personal factors





Towards Clinical Nurse Specialists

- Graduate programs
- Clinical and scientific competencies
- Critical thinking in all situations
- Clinical skills as a reflex
- Evidence based practice
- Role model and a mentor

Vital for the ED and the nurses



Competencies - Benefits

- Well-defined nursing competence within the ED
- Using the appropriate resources
- More systematic performance-evaluation
- Clear goals in clinical and professional development

- "showing the unseen"
- Quality of care





