

Providing a navigable route for acute medicine nurses to advance their practice: a framework of ascending levels of practice

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Abstract

This article conveys concerns raised by delegates at the International SAM Conference (Manchester, 2015) regarding how to advance nursing practice in acute medicine. It endeavors to capture the essence of 'how to advance practice' and 'how to integrate advanced practice' within the workforce structures of an acute medicine unit (AMU). It addresses the production of tacit knowledge and the recognition and integration of this to developing the nursing workforce. The current context of NHS efficiencies and recruitment issues emphasize the value of retaining tacit knowledge. Uniquely, this article offers an early conceptual framework through which levels of advancement and potential transition points to advance nursing practice in acute medicine are articulated. Determining how to advance requires identification of prior accomplishments such as, tacit knowledge, experiential learning, CPD, specialist courses and management experience. This requires nurses to make judicious decisions to advance their practice and the distinction between 'amassing experience' and 'career progression'. It aims to stimulate thinking around the practicalities of advancement, the value of tacit knowledge and potential realization through the framework trajectory.

Keywords

Nursing, Tacit knowledge, Integration of knowledge, Advanced practice, Levels of practice.

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Key Points

- Nurses develop high levels of clinical expertise and acquire tacit knowledge of systems and processes
- Determining how to advance requires identification of prior accomplishments such as, tacit knowledge, experiential learning, CPD, specialist courses and management experience.
- Judicious decisions to advance practice must be made by nurses to make the distinction between amassing experience and career progression.
- Advancement and the establishment of a career pathway for nurses in acute medicine are synonymous.
- It is essential that advanced nursing practice does not exclusively encompass advanced clinical practice but whole systems organization and design.
- Given the challenges of knowledge transition, NHS efficiencies needed and the ageing workforce we perhaps need to look to a future that has Advanced Nurses/Practitioners functioning as Nurse Managers/lead nurses.

Background

During the 9th International Conference of the Society for Acute Medicine (September 2015) advanced nursing practice was a core topic on the nursing programme. Accordingly, several presentations and a debate introduced multiple perspectives; principally, the skills gap between experienced acute medicine nurses and those working at an advanced level. Moreover, some delegates expressed that advanced nursing practice brings with it a clinical exclusivity, which is separated from organizational, management and budgetary responsibilities on the AMU. Furthermore, delegates were concerned that nurses in advanced roles “tend to transfer over to the

junior doctors rota” to support medical workforce. Ultimately, if this is the case, advancement could contradict integration of advanced nursing knowledge to benefit junior nurses in acute medicine¹. Consequently, the delegates' concerns were divided: 'how to advance their clinical practice', versus 'how to advance clinical practice and integrate this within the nursing team'. Hence capitalizing on educational investment in advanced roles to develop junior and experienced acute medicine nurses is a core issue. The majority of nurses present were not in pursuit of an advanced role, wanting to remain part of the core nursing team; hence 'how to advance' remains the primary concern. To this end,

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this article interprets and articulates the essence of advancement using a pragmatic approach interpreted through the conceptual framework (Figure, 1).

Our starting propositions:

Inevitably, the authors bring their individual knowledge, which influenced development of the Framework and this is shared through propositions. While the propositions have not been formally 'tested' they were cognizant with the debate from over 70 experienced nurses and practitioners who participated in the sessions.

1. Nurses gain experience in acute medicine (some over many years) but in order to achieve advancement requires judicious educational choices to practice at a higher level.
2. Successful, contributory factors in the pursuit of individual advancement necessitate being assertive, self-aware, and actively 'seeking out' educational opportunities.
3. Clinical advancement for nurses tends to be inhibited by the nursing career structure in acute medicine compounded by a lack of clarity surrounding role transition/progression points.
4. Nurses amass tacit knowledge/expertise, which needs recognition and integration into advanced career structures.
5. Advancement of nursing practice in acute medicine is about defining the skills gap between experienced and advanced nurses.
6. There is often a chasm between advanced clinical roles and the day to day budgetary, leadership and management responsibilities on AMU.
7. Advance Practitioners and Consultant Nurse roles are ideally positioned to be the role models for effective clinical leadership.

Aim of this work

To enable nurses/practitioners/managers to distinguish between enhancing, expanding or advancing practice; to promote clarity over points of progression and the integration of 'advancement' in an acute medicine setting.

Current context

Acute medicine is no different to any other specialty in needing to ensure experienced nurses continue to feel valued order to retain their skills and expertise. An ageing workforce (particularly in the higher pay-bands) characterizes the current demographic; moreover, experienced nurses are sometimes without pay or career progression in excess of five years.²³ Over the last ten years across the UK new roles in acute medicine such as Advanced Nurse Practitioners and

Physicians Associates have been introduced. They are intended to compliment the skills of a traditional nursing workforce, which is usually comprised of healthcare assistants, junior & experienced nurses, junior & senior sisters and matrons/lead nurses. Nevertheless, the changing landscape of new roles is creating issues for some AMUs with 'traditional nursing structures'. How should they bridge the skills/knowledge gap for experienced nurses enabling transition from the traditional to emergent advanced roles? There is a dearth of literature on this issue. Consequently, although advanced practice roles are not new and the definition of advanced practice is well defined,⁶ a gap exists created by the lack of framework to guide to guide advancement within the existing structures.^{1,3} Additionally, there is irritation that advancement tends to be proposed in a purely clinical sense, at least in the interpretation of new roles. This work will provide insight/challenge into the concerns that surround this perspective.

Illuminating barriers to advancement: individual choices versus organizational prudence

Without doubt, advancement of roles must be organizationally and financially prudent as we are undergoing an economic crisis in the NHS.^{4,7} Nurses are at the front line of caring, particularly those in AMUs. They are therefore vital to the organizational efficiency of the NHS. One element of nursing efficiency rarely deliberated in the context of advancement is risk management and the production of tacit knowledge. Tacit knowledge is difficult to quantify and transfer to other areas of practice.⁸ Consequently, some nurses remain in the areas where they work, unable to translate tacit knowledge into tangible skills in order to advance. Eventually, some become disillusioned in their role, or, they move from job to job, to advance through another route. Neither is ideal.

Conversely, Doctors have relatively prescribed career pathways with logical phases to build a career, rewarded with pay progression. Nurses are required to select jobs which best suit their knowledge through their post registered years. Hence the difference is critical: nurses must choose a sequence of jobs, with luck and judgement, while most Doctors have a clearly navigable path. Without a framework in AMUs or any financial incentive for tacit knowledge and experience, some nurses change jobs to enable new autonomy or increases in salary.⁹ Therein lies their clear dilemma: choose between roles in which they can shape and manage healthcare (Management) or roles in which they are able to advance clinical their skills (Specialist/Advanced practice). Rarely ever do the two aspects converge.

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In the case of advanced practice, there is the danger of exclusive focus on the delivery of clinical nursing practice, without necessarily allowing creative shaping of practice within the constraints of budget and service. This is compounded by tacit and explicit knowledge; whilst explicit knowledge can easily be codified the same is not true of tacit knowledge, which is a valuable resource and not easily imitable.⁸ It is known that the greater the reliance of any organization on the tacit knowledge of its employees, the greater the potential to permanently lose this expertise.⁹ Hence, at a time when the NHS is desperate to achieve efficiencies, rewarding expertise and enabling nurses to progress their careers would decrease risks triggered by a mobile nursing workforce and retain tacit knowledge.

Knowledge integration and tacit knowledge – why these are important factors for the advancement of nurses

The essential task of the organization is knowledge integration, i.e. to coordinate the specialists and the challenge for hospitals is how to integrate the specialist knowledge of individuals.¹¹ Grant, suggests that there are four integration mechanisms: Rules and Directories, Time based sequencing of tasks; Routines and Group problem solving, and Decision-making.¹² Whilst nursing has capitalized on the Rules and Directories in the form of Policy and Protocol for organization of care; Routines and Decision-making has been delegated to the medical staff and specialist nurses. Ward based junior nurses have traditionally been encouraged to follow routines and tasks and are subsequently less likely to make difficult decisions.³

Decisions

It is recognized nationally that urgent and emergency care systems need to be overhauled and through effective clinical leadership and senior decision-making, which is also reflected NHS England's recent 'Five Year Forward View'.¹³ The movement of experienced clinical nurses into Advanced Nurse Practitioner and Consultant Nurse roles provides an ideal platform with which to enable these recommendations to be realized. However, if the benefit of these roles is not properly understood by organizations, they entertain the potential for tacit knowledge to be lost as a resource to nursing.⁹ Essentially, nurses utilize previous knowledge and experience to learn a new role, taking on advanced roles some tasks of which were previously understood as a medical role.² Hence working at an advance level frequently supplements the medical Rota addressing a resource gap on behalf of junior doctors.⁶ The significant investment by organizations to develop

nurses, if not thought out properly, means that the majority of nurses delivering hands on care, at the patient's bedside may remain the most junior workforce, therefore contradicting many potential benefits of the investment in nursing advancement.

To some extent the medical workforce has addressed this issue to ensure a senior decision maker by the bedside is available, at all times.¹⁶ To achieve advanced nurse roles or nurses with advanced knowledge/expertise by the bedside will require realignment (in some cases) of the medical/nursing rotas to ensure advanced roles remain within the domain of the nursing duty/workforce. Therefore it is essential that organizations recognize what advanced level working could provide if integrated and aligned into the nursing workforce.⁶ This is exemplified by Consultant Nurses.^{18,19,20,21}

They have broad expertise namely; clinical and strategic leadership; expert practice; practice-based research, educational inquiry, development and service improvement approaches.¹⁷ These roles exist to promote change in practice through individual, team and organizational learning, cultural change and by improving effectiveness. They facilitate the knowledge across a workforce to advance; they work with universities to provide opportunities for advancement. Moreover, once employed, they are comparable with medical consultants, that is; they remain a stable aspect of the nursing workforce.

Knowing where to start

The Conference delegates cited 'confidence to start' degree and masters level courses and 'knowing which courses or where to start' as a major stumbling block to advancement. Knowing where to start involves quantifying previous accomplishments and planning new higher-level goals. A workforce Toolkit and competencies for acute medicine provides a starting place to map accomplishments and decide on future goals.²² Inevitably this is underpinned by understanding personal motivations, availability of time (work/life balance) balanced with opportunities. In planning, whilst academic attainment at Masters Level is an essential component for the development of advanced practice;²⁰ it is important to recognize the importance of work based learning and tacit knowledge as the complete resource.^{2,8} Hence, mapping of accomplishments requires recognition and translation of work based learning such as, service developments. Accordingly, ensuring any advancement reflects the needs of patients, the organization and commissioners to align the nursing contribution to service delivery is essential.⁸ A survey of nurses in acute medicine²⁶ demonstrated a significant proportion of the current acute medicine-nursing workforce has amassed many

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years' experience working in AMU. Moreover, a significant proportion of experienced nurses in Band 7 roles have not continued their study beyond Certificate/Diploma level education. Once a starting place has been established for experienced nurses, the delegates expressed that younger nurses (already at degree level) pose less of an issue to guide, with most seeking educational opportunities on the way towards Master level education. Hence addressing the advancement/alignment of experienced nurses is essential to advance the skills of nursing workforce.

Experienced nurses

Experienced nurses present at the Conference felt that there was often difficulty in distinguishing between using their 'experience or advanced' knowledge. Advanced skills however, were easier to define. Knowledge created through 'experiential learning' was less tangible and thereby less convertible into advancement career progression. Nevertheless, experience, can be converted into 'academic credits', through the Credit Accumulated Transfers scheme (CATs).²⁴ Hence, one good starting place would be to establish a mechanism which facilitate the 'accreditation of prior 'experiential learning in practice' (APEL).²⁴ This is also needed to articulate tacit knowledge and can be further supported by developing a professional portfolio, while capitalizing

upon Nurse Revalidation requirements.²⁵ It is most applicable for nurses who wish to progress, having vast experience yet perhaps wanting to quantify academic achievements beyond their RGN or Diploma status. A University should be involved to explain the APEL process and the accredited value of prior experiential learning in 'academic' terms expressed.²⁴ At this stage it is perhaps a matter of sorting through Competencies achieved, Continued Professional Developments (CPD) and any stand-alone academic work/modules undertaken to record what has previously been achieved. In addition, work-based projects could be retrospectively 'written up' for accreditation towards level 6 or 7 accreditation.

The Conceptual Framework

The conceptual framework (See Figure 1) illustrates five distinct and ascending levels of practice. It explores role transition/advancement through these ascending levels of practice; distinguishing between enhanced, specialist and advanced levels of practice in an acute medicine setting. Hence in describing advancement this work does not seek to determine specific new roles; rather it endeavors to determine 'levels of practice' and the translation of these levels into the organizational delivery of acute medical care on an Acute Medicine Unit (AMU). This framework is ideally contemplated with the Integrated Career

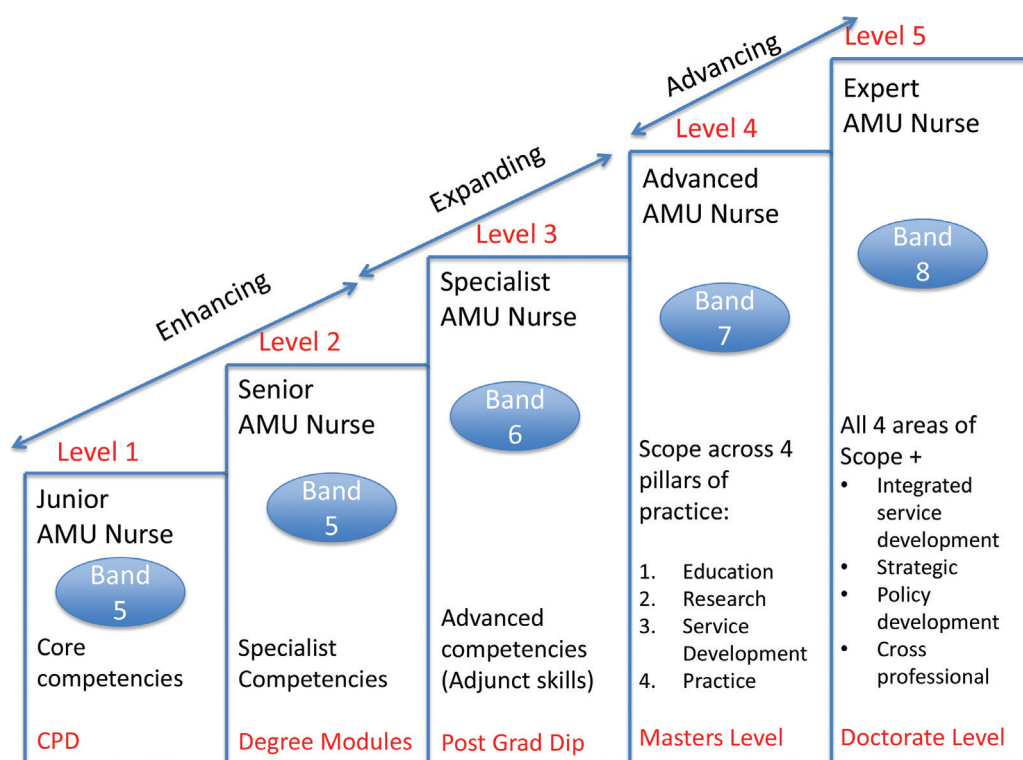


Figure 1. Articulating advancement for acute medicine nurses 2016.

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Framework, which consists of core clinical and management competencies.²²

Enhancement of practice

Enhancement is described within the conceptual framework as spanning two levels of practice namely, 'Level 1 'the generalist' and Level 2 'the specialist'. It is proffered that nurses at Level 1 are seeking consolidation from their training; they may not have made the decision to remain in acute medicine. Hence, at this level, nurses tend to be opportunistic regarding their professional development, rather than judiciously seeking advancement from Level 1 to Level 2. This is where nurses become occupationally and organizationally competent/capable to work in the acute medicine environment. A career discussion perhaps at an early Appraisal²⁵ to determine the opportunities available, aligned with a personal development plan would aid clarity and assist in retention, focusing on development 'year on year'. Crucially this 'year on year' development must be evidenced in a Portfolio to demonstrate specialist acute medicine skills on and above mandatory and generalist skills; hence the movement from Level 1 to Level 2 in the conceptual framework. Additionally, it would align discussion with the NMC commitment to Revalidation and life long learning.²⁵

Expanding practice

This is represented by Level 3 in the conceptual framework, and is where nurses are actively engaging with new responsibilities to learn new clinical competencies that enable them to be competent as AMU nurses. Moreover, they want to expand upon existing skills that start to identify them as specialist nurses/practitioners in acute medicine. These are likely to require formalized courses, where assessment, such as, 'directly observed procedures' (DOPs) in practice are prerequisite. The differentiation is that learning the skill, will go beyond CPD or certificate level attendance at courses; to degree level. For example, the administration of Continuous Positive Airway Pressure (CPAP) or sampling of Arterial Blood Gases would no longer be seen as 'separate skills' they are delivered as part of a holistic treatment plan within a group of identified conditions, effectively forming a specialist 'skill set'. It is felt that a skill set, rather than a skill learnt in isolation of specific conditions is more valuable reinforcing specialism and advancement in acute medicine. The most important aspect at Level 3 is that it forms a transitional phase for those individuals wanting to advance their nursing practice in acute medicine. Such actions at this level (3) start to bridge the gap between experienced specialist and advanced nurses.

Advanced practice

This is represented by Level (4) on the conceptual framework and would require Masters Degree level preparation either in advanced practice or a subject related to the care of people in acute medicine, such as, Gerontology. In some cases a specific advanced nursing practice course might be the route taken.^{17, 27, 28} This is undoubtedly an expanding landscape and where advanced practice is determined by national documents. There is a body of literature, which provides uniformity, in defining advanced practice.^{3,6,28} Three perspectives are important to illustrate (1) two widely accepted general statements about advanced practice, (2) respected pillars of practice and (3) preparation for advanced roles. Most importantly, this unites literature to offer the perspective of advancement in the context of a role, which supports clinical and leadership qualities in expert capacity, namely Level 5, on our Framework, to support the integrated notion of 'workforce development'.^{21,22}

Confusion and clarity

Principally, advanced practice is a generic term and to have standing within the acute medicine workforce requires further transparency. At a local level the needs of specific organizations will influence the execution of these roles but it is essential that advanced competence be achieved by attaining competency in all four functions of advanced practice.²⁰ A further dynamic for advanced practice is, medical workforce changes where new roles have evolved such as, physician assistants.⁴ Accordingly, the sphere of advanced nursing practice evolves alongside new treatments these multiple dimensions must be deliberated in workforce planning.

Despite the core workforce competencies²² there is a tendency to rely upon training detailed by the Royal College of Emergency Medicine and Physicians to develop advance roles.¹⁴ This potentially focuses on medical skills/competencies at the expense of developing the tacit knowledge and experiential learning from nursing. New nursing skills and competencies must ultimately evolve into a nursing career and competence framework in order to provide effective patient centered care.^{3,21} Until such time, it is imperative that advancement is aligned with the NHS Career Framework⁹; so current that banding and benchmarking of roles are standardized nationally.¹⁰ It is through defining and understanding the antecedents, critical attributes and consequences of 'advancement', which will start to make transparent the process for progression through levels of practice (Figure 2).

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Antecedents:

Core competencies (skills)
Determining the tacit knowledge
Abilities you bring to the role

Critical attributes:

Links with an Appraisal
Developing a practice portfolio
APEL Verification process

Consequences:

Advancement through distinct levels
Distinction between experienced and advanced
Retention of junior and senior workforce

Figure 2. Antecedents, critical attributes and consequences of advancement.

If we add to these elements, academic levels and pay levels²⁶ we can further develop the framework for advancement of practice which is based on national guidance but tangible for acute medicine nurses to navigate through practice levels. Moreover, it will create a consistent approach, benchmarking levels of practice towards advancement for acute medicine as a specialty. Furthermore, recognized management achievements as well as clinical are required if advanced nurse practitioners are to play a part in organizational development.

Conflict of interest

Nothing to declare.

References

- Mc. Donnell, Goodwin, E. (2015) An evaluation of the implementation of Advanced Nurse Practitioner (ANP) roles in an acute hospital setting. *Journal of Advanced Nursing*. 71(24). <http://onlinelibrary.wiley.com/doi/10.1111/jan.12558/abstract> (accessed 5th February 2016).
- Good Governance Institute (2015) the Nursing Journey: Recruitment and retention, Edition 1: Questback, Essex. info@Goodgovernanceinstitute.org.uk
- Royal College of Nursing (2008 revised, 2012) Advanced Nurse Practitioners: An RCN guide to the Advanced Nurse Practice, advanced nurse practitioner and Programme Accreditation. www.rcn.org.uk
- Rimmer, A (2014) Will Physician Assistants replace Doctors? *BMJ Careers*. <http://careers.bmj.com/careers/advice/view-article.html?id=20019162> (accessed 5th February 2016)
- Christensen M, Advanced Nursing Practice: Redefining the theoretical and practical integration of knowledge. *Journal of Clinical Nursing* 2011; **(5-6)**: 873–81.
- Department of Health (2010) Advanced Level Nursing: A position statement, Department of Health, London.
- Guardian. "NHS to cut staff amid spiraling NHS cash Crisis" 29th January 2016
- Herbig, B., Bussing A., *et al*, (2001) The role of tacit knowledge in the work context of nursing. *Journal of Advanced Nursing*. **34(5)**: 687–95
- NHS Career Framework <https://www.healthcareers.nhs.uk/about/resources/nhs-career-framework> (accessed 5th February 2016)
- Bakhr, A. and Gleadle, P.(2006) Competing with Capabilities: In B820 Strategy Units 1-3, Unit 3 (pp 146–217) Open University press
- Grant R. M. Contemporary Strategy Analysis, 4th ed., Blackwell, 2002; Oxford.
- Grant, R. M. (1996) 'Toward a knowledge-based theory of the firm', *Strategic Management Journal*, (Winter Special Issue) 1996; **17**: 09–22.
- NHS England. Five Year Forward View. NHS England. London. Available from: <http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf> [Accessed 15th January 2016].
- Keogh B. Transforming urgent and emergency care services in England. Urgent and Emergency Care Review- End of Phase 1 Report. NHS England, 2013.
- Manley K, Martin A, Jackson C. The whole systems approach to integrating urgent and emergency care. *Health service Journal*. December. Available from: <http://www.hsj.co.uk/sectors/acute-care/the-whole-systems-approach-to-integrating-urgent-and-emergency-care/7000697.fullarticle> [Accessed 22nd January 2016].
- Society for Acute Medicine; West Midlands Quality Review Service; West Midlands Urgent Care Pathway Group (2012) Quality Standards for Acute Medicine Units, <http://www.bing.com/search?q=Quality+standards+in+ACute+medicine+units&form=APMCS1> (accessed April 3rd 2016)
- Manley K. A conceptual framework for advanced practice: an action research project operationalising an advanced practitioner/nurse consultant role, *Journal of Clinical Nursing*, **6(3)**: 179–190.
- Manley K. Organisational culture and nurse consultant outcomes: part 1 organisational culture, *Nursing Standard*, **14(36)**: 34–38.
- Manley K. Organisational culture and nurse consultant outcomes: part 2 nurse consultant outcomes, *Nursing Standard*, 2002; **14 (37)**: 34–39.
- Manley K. Refining the nurse consultant framework: commentary on critique of nurse consultant framework, *Nursing in Critical Care*, 2002; **7(2)**: 84–87.
- Manley K, Titchen. Being and becoming a consultant nurse: towards greater effectiveness through a programme of support. RCN. London 2012.
- Lees, L. and Myers, E. (2011) Society for Acute Medicine: Nursing Workforce Toolkit www.sam.co.uk
- Lees L, Myers L. A Profile of Nurses working in Acute Medicine Units: what is the future? *Acute Medicine*, 2010; **9(2)**: 53–108; 91–96. Rila Publications Ltd. www.rila.co.uk
- Nursing and Midwifery Council. Guidance for the accreditation of APEL: Annex 1: Gareth Long, NMC. London 2011.
- Nursing and Midwifery Council. How to revalidate with the NMC, London 2015.
- Lees L, Myers L, Albinana L O, *et al*. Research Report: A national survey exploring the profile of nursing staff working in acute medicine units. Society for Acute Medicine; www.acutemedicine.org.uk 2015.
- NHS Scotland. Advanced Nursing Practice Roles: Guidance for NHS Boards, 2010, www.knowledge.scot.nhs.uk
- Advanced Practice Nurses. Networking in the International Arena. Medscape. International Council of Nurses 2007.