Role of the advanced practice registered nurse

APRN Roles Paper

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The rise in healthcare demands over the past several years has left a critical shortage in healthcare providers. In order to accommodate this disparity Advanced Practice Registered Nurses (APRN) are becoming a larger portion of healthcare providers. APRN's consist of specialized nurses that have achieved at least a master's degree in nursing in addition to a valid state registered nurse licensure. Some areas of specialty include certified nurse midwifes (CNM), clinical nurse specialists (CNS), certified registered nurse anesthetists (CRNA) and nurse practitioners (NP). Many of these APRN's are at the forefront of healthcare providing preventative services in addition to diagnosing and managing chronic and acute health issues. (American Nurses Association, n. d.). APRN's strive to be valuable and effective members of healthcare systems. Doing this requires participation in teamwork and collaboration, conflict management and regulation of APRN practice.

Teamwork and collaboration

As the APRN scope of practice evolves to a more autonomous and self-regulated practice it does not imply that nurse practitioners will work without colleagues. (Matthews & Brown, 2013) It is also well known in the medical

community that complex health problems are best addressed by interprofessional teams that understand each other's contributions. (Farrell, Payne, & Heye, 2015) Therefore, fostering partnerships between physicians and other healthcare team members is essential to achieving effective interdisciplinary collaboration and teamwork in the patient centered care model. One way that APRN's are facilitating the team-based approach into healthcare culture is by incorporating socialization and interprofessional education into formal educational curriculums. The intent of these programs is to aid APRN's into a collaborative practice by deterring away from traditional habits of working and learning in " silos" at the student level. Methods of achieving this include an emphasis on the student's understanding of their own professional identity in addition to gaining understanding of other health professional's roles. (Farrell et al., 2015) Simultaneously, the students are being providing interdisciplinary didactic and community base experiences such as: the use of role models across multiple disciplines, varied preceptors, and mentors. Multidisciplinary class environments, group projects, simulation experiences, and service learning initiatives. (Farrell et al., 2015) The goal of providing collaborative opportunities early in educational pathways is to help students of all specialties clarify role expectations of self and others, ultimately, providing stronger teams in practice.

Conflict Management and Resolution

Traditionally, hierarchy or authority gradients have been established within healthcare based on clinical experience and healthcare provider role. These leaders are in place to provide guidance to the less experienced members on

the team and act as a safety. As APRN's become more independent in practice they will advance in the authority gradient and therefore, it is crucial to be aware of the unfavorable effects of the hierarchy. Issues begin to arise when select individuals have too much control. This results in an imbalance of power and the authority gradient becomes too steep. (Green, Oeppen, Smith, & Brennan, 2017) When this occurs, it has been found that junior members of the team are then reluctant to challenge authority. (Siewert, Swedeen, Brook, Eisenberg, & Hochman, 2018) With less team members feeling comfortable in reporting and stopping potentially harmful issues, there is a decrease in safety and overall effectiveness of the team. In an attempt to avoid occurrences such as these, many healthcare facilities are implementing a " no blame culture." Where all employees are encouraged to voice their safety concerns without fear of reprisal. (Green et al., 2017) Additionally, since communication may differ by profession, techniques to challenge others in a non-confrontational method are being taught. Acronyms such as " PACE" (Probe, Alert, Challenge, emergency) and " CUS" (Concern, uncomfortable, scared) are being utilized to focus on a calm and professional approach to voicing safety concerns. Each of these methods provide the challenger a respectful way to alert another team member and an opportunity for the challenged team member to change direction of their actions without feeling threatened. Gone are the days where the " Captain knows everything and is always right." (Green et al., 2017) As the APRN and many other roles in healthcare expand effective conflict management will be imperative. Utilizing programs such as these will be crucial to reducing errors and minimizing risk as well as improving teamwork in an already stressed health system.

Regulation of APRN practice

In response to rising demands on the healthcare system increasing entities are acknowledging the skill and value of APRN's as a viable solution to the current healthcare crisis. In May of 2016, the Department of Veterans Affairs (VA) proposed to change rule 38 CFR 17. 415 in order to provide Full Practice Authority for APRN's. In December of 2016 after a 60-day commentary period (Federal Register, 2016) full practice was granted to three APRN specialties: certified nurse practitioner (NP), certified clinical nurse specialist (CNS), or certified nurse midwife(CNM). The new regulation effective January 2017, states these APRN specialties will have full practice authority to take comprehensive histories, provide health assessments, diagnose and treat acute and chronic illnesses and diseases, order laboratory exams, make referrals, prescribe medication and durable equipment while fulfilling VA duties. The full practice authority is limited by the Controlled Substances Act, 21 U. S. C. 801 et seq. and the APRN's state licensure's prescription authority of controlled substances. (ECFRio, 2016) The office of public and intergovernmental affairs (2016) states,

Amending this regulation increases our capacity to provide timely, efficient, effective and safe primary care, aids VA in making the most efficient use of APRN staff capabilities, and provides a degree of much needed experience to alleviate the current access challenges that are affecting VA. (Office of Public and Intergovernmental Affairs, 2016)

With large agencies such as the VA recognizing the value of the APRN skill set to the healthcare team; it is imminent that others will follow suit by authorizing full authority.

As this expansion occurs and as the APRN role continues to evolve it is imperative that APRN's continue to engage in teamwork and professional socialization with other members of the healthcare team (Farrell et al., 2015) while advocating for full APRN practice authority by more institutions. Continuing these practices will ensure that they remain engaged, effective, and valuable members of the healthcare team that provide safe and quality care.

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