



# Specialist Nurses in Europe what about their competencies



DECOCK Nico, France





## In an ideal Europe

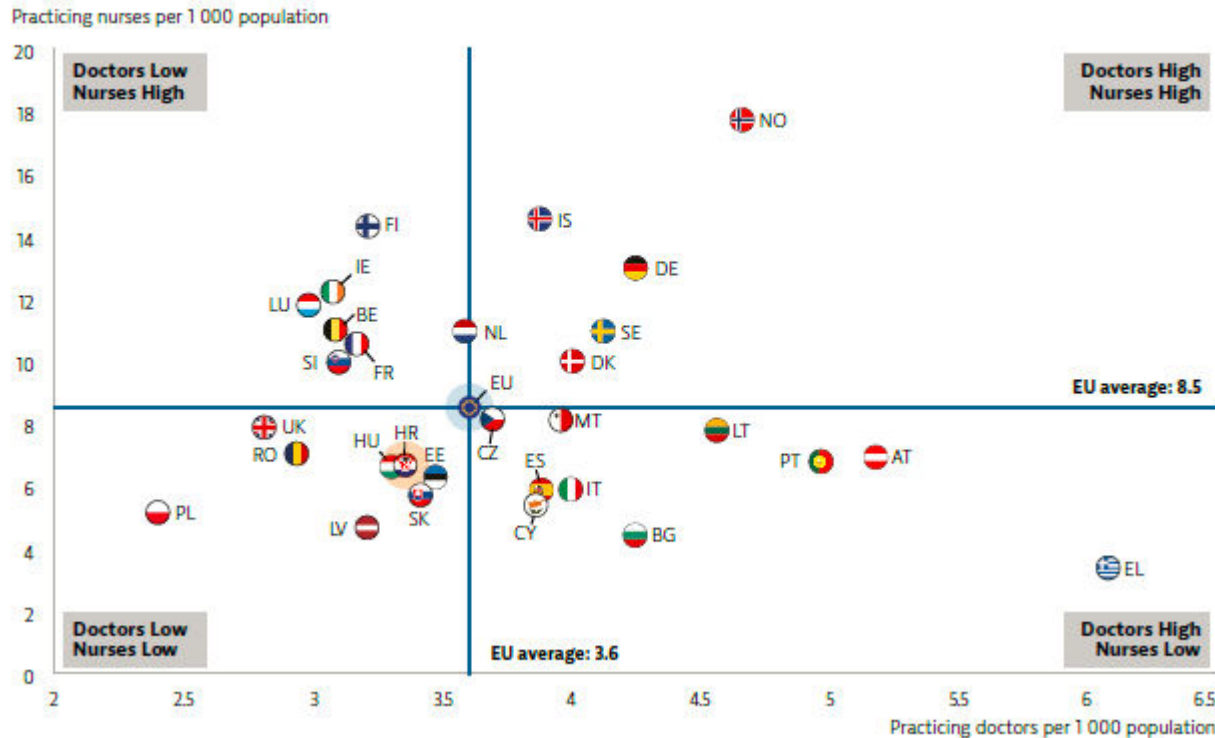
- A safe care
- A high quality of care
- A mobility of workforce within Europe
- A recognition of the nurse specialist
- A universal definition/  
common plinth of scope of practice
- A harmonization of training programs
- An level of education : Europe=national

## Mortality due to diabetes, chronic obstructive pulmonary disease and some cancers is growing

In 2016, ischaemic heart disease represented more than one fifth of all deaths (Figure 3). In contrast to most other EU countries, the mortality rate from this disease decreased substantially between 2000 and

2016 (Figure 3). In 2016, the mortality rate from this disease decreased in the country. In 2016, the mortality rate from death by car accident has been no reduction. In fact, mortality from cancer in Croatia has increased. Moreover, mortality from obstructive pulmonary disease has greatly increased since 2010.

Figure 10. Croatia has fewer nurses and doctors than many other EU countries



The Ministry of Health holds the stewardship role in the health system and is the main regulatory body, responsible for an array of functions, including health policy development, planning and evaluation, public health programmes, regulatory standards and the training of health professionals.

One of the strategic goals of the National Health Care Strategy 2012-2020 is to improve the efficiency and effectiveness of the health system, and one of its priorities is to improve quality of care, including through monitoring, education, clinical guidelines, accreditation, payment in relation to quality, and health technology assessment (HTA).

In May 2015, the government adopted the Strategic Plan for Human Resources in Health Care for 2015–2020, which aims to establish a human resources management system, although so far with limited success.

[https://www.euro.who.int/\\_data/assets/pdf\\_file/0008/419453/Country-Health-Profile-2019-Croatia.pdf](https://www.euro.who.int/_data/assets/pdf_file/0008/419453/Country-Health-Profile-2019-Croatia.pdf)

The **nurse specialist** is a nurse prepared beyond the level of a generalist nurse and authorised to practice as a specialist with advanced expertise in a branch of the nursing field.

Specialist practice includes clinical, teaching, administration, research and consultant roles.

Affara FA & Styles MM (1992).

**Competence** International Council of Nurses (2005) :

Refers to the effective application of a combination of knowledge, skill and judgement demonstrated by an individual in daily practice or job performance.

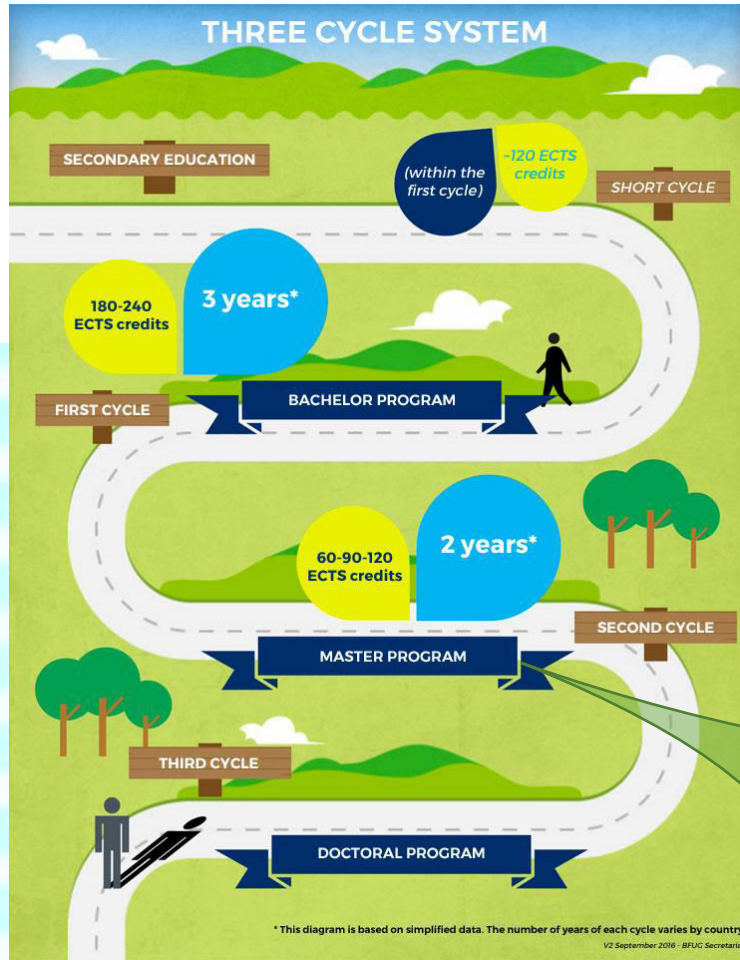
In nursing definitions, there is wide ranging agreement that, in the performance of nursing roles to the standards required in employment, competence reflects the following:

- A range of skills cognitive, technical or psychomotor and interpersonal; and
- A range of personal attributes and attitudes.
- Knowledge, understanding and judgement;



# Nurse anesthesia

Master's degree : 120 ECT = 910 h theory + 2030 h practice



Master  
Of  
Nursing

Second cycle

European Higher Education Area (EHEA)

# GUIDELINES ON ADVANCED PRACTICE NURSING ICN, 2020

**Table 1: Characteristics delineating Clinical Nurse Specialist Practice**

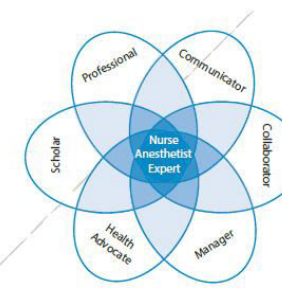
THE FOLLOWING CHARACTERISTICS, IN VARYING COMBINATIONS, DELINEATE CNS PRACTICE
<ul style="list-style-type: none"> <li>• Clinical Nurse Specialists (CNSs) are professional nurses with a graduate level preparation (master's or doctoral degree).</li> <li>• CNSs are expert clinicians who provide direct clinical care in a specialised area of nursing practice. Specialty practice may be defined by population (e.g. pediatrics, geriatrics, women's health); clinical setting (e.g. critical care, emergency); a disease/medical subspecialty (e.g. oncology, diabetes); type of care (psychiatric, rehabilitation); or type of problem (e.g. pain, wound, incontinence).</li> <li>• Clinical practice for a specialty population includes health promotion, risk reduction, and management of symptoms and functional problems related to disease and illness.</li> <li>• CNSs provide direct care to patients and families, which may include diagnosis and treatment of disease.</li> <li>• CNSs practice patient/family centred care that emphasises strengths and wellness over disease or deficit.</li> <li>• CNSs influence nursing practice outcomes by leading and supporting nurses to provide scientifically grounded, evidence-based care.</li> <li>• CNSs implement improvements in the healthcare delivery system (indirect care) and translate high-quality research evidence into clinical practice to improve clinical and fiscal outcomes.</li> <li>• CNSs participate in the conduct of research to generate knowledge for practice.</li> <li>• CNSs design, implement and evaluate programmes of care and programmes of research that address common problems for specialty populations. (Fulton &amp; Holly April 2018)</li> </ul>

**Figure 1: Progression from Generalist Nurse to Clinical Nurse Specialist**



# Basic Competence of Intensive Care Unit Nurses: Cross-Sectional Survey Study

Organisation/ author,year, country	Main findings/results
Lakanmaa et al. 2014, Finland	The Intensive and Critical Care Nursing Competence Scale is a self-assessment test consisting of 144 items. Basic competence is divided into patient-related clinical competence and general professional competence. Basic competence consists of knowledge base, skill base, attitude and value base, and experience base
Lakanmaa et al. 2012,Finland	Competence requirements can be divided into five main domains: knowledge base, skill base, attitude and value base, nursing experience base, and personal base of the nurse
EfCCNa 2013,Europe	Four main domains: clinical domain, professional domain, managerial domain , and education and development domain. These are divided into 14 different subdomains
Hadjibalassi et al.2012, Cyprus	The final questionnaire includes 72 items and has a four-dimensional structure; the dimensions are (i) leadership/management and professional development, (ii)decision-making and management of emergencies, (iii) provision of care and professional practice, and (iv) ethical practice



# Standards of Practice and Graduate Competencies

## Anesthesia Expert

Domain	Graduate Competencies (Expert)
Preanesthetic patient assessment	<p>Nurse anesthetists</p> <ul style="list-style-type: none"> <li>A. Perform and/or participate in the performance of preanesthetic interviews by eliciting comprehensive histories and performing physical examinations based on patient's presenting symptoms.</li> <li>B. Assess and evaluate multiple variables (drugs taken, preexisting diseases, allergies, previous anesthetic experiences) that may affect the course of anesthesia. Identify potential risks to patient safety.</li> <li>C. Formulate an anesthetic care plan based on current knowledge, concepts, available evidence, and nursing principle.</li> <li>D. Provide accurate and understandable information to assist patients in giving informed consent.</li> <li>E. Integrate evidence to explain possible anesthetic and/or postanesthetic risks.</li> </ul>
Anesthetic management	<p>Nurse anesthetists</p> <ul style="list-style-type: none"> <li>A. Are continuously present during anesthetic management.</li> <li>B. Administer and/or participate in the administration of general and regional anesthesia to all patients for all surgical and medically related procedures.</li> <li>C. Prepare, administer, and adapt anesthetic medications, anesthetic procedures, and other interventions according to preexisting disease and surgical procedure, demonstrating advanced knowledge of human sciences, pharmacology, surgical, and anesthesia procedures.</li> <li>D. Provide psychological support to help patients through the perioperative experience by using advanced communication skills to improve patient outcomes and design strategies</li> </ul>



Brassard, A., & Smolenski, M. (2011) Removing barriers to advanced practice registered nurse care. *Insight on the Issue*, 55. Washington, DC : AARP Public Policy Institute.

- ▶ Uniform scope of practice
- ▶ Country specific regulations
- ▶ Prescriptive authority recognition
- ▶ Standardized educational requirements
- ▶ Supervision requirements
- ▶ Role recognition
- ▶ Independent practice authority
- ▶ Certification requirements

# ‘How can qualifications frameworks support recognition of qualifications?’

## *DIRECTIVE 2005/36/EC*

A Common Training Framework(CTF)is a common set of minimum knowledge, skills and competences necessary for the pursuit of a specific profession, and some of the conditions for a CTF are:

- A profession or training regulated in at least one third of the MS.
- A CTF should enable more professionals to move across the MS.
- A profession in question is not a sectorial profession.
- A CTF should be described in terms of combined knowledge, skills and competences of at least one third of the MS.
- It should be based on the levels of the European Qualifications framework.

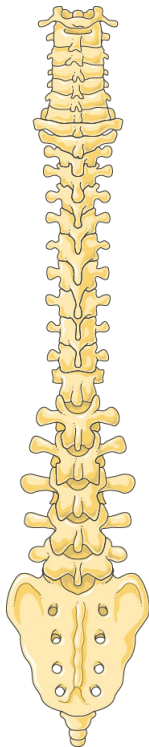
The effects of such a CTF would be:

- Automatic recognition of qualifications acquired following a CTF.
- CTFs will be voluntary for professionals.
- CTFs do not replace national training programmes.
- The possibility of exemptions for MS under certain conditions.

**Position Statement**  
***“The Specialist Nurses in European Healthcare Towards 2030”***

- 1) the development in several countries of specific advanced practice nursing roles at the interface between the traditional nursing and medical professions;*
- 2) the introduction of various new, supplementary nursing roles, often focused on the management of chronic conditions;*
- 3) the rise in educational programmes to train nurses to the required skills and competencies; and*
- 4) the adoption of new laws and regulations in a number of countries since 2010 to allow certain categories of nurses to prescribe pharmaceuticals (including in Estonia, Finland, France, Netherlands, Poland and Spain).*

*« Mediciinske sestre su okosnica zdravstvenih sustava širom svijeta, a to nikada nije bilo očitije nego sada »*



[www.shock-onlineedition.hr](http://www.shock-onlineedition.hr)

UVODNIK

*Cecilija Rotim, magistra sestrinstva*