Malaysia-Singapore Nursing Conference 2018
Soaring Together: Corroborating Academic and Practice In Nurturing Excellent Nursing Care

Topic:
Bridging the Gap Between Academic and Practice: A Continuing Challenge
- Competency-based Assessment Framework in Advanced Practice Nurse (APN) Internship Program

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Corroborating Academic and Practice in Nurturing Excellent Nursing Care

• Important and timely as we continue to drive nursing education to achieve excellent nursing care and meeting the changing needs of our healthcare landscape

• Bridging the theory and practice gap has been an on-going challenge

• We do have such experience on the ground e.g. outcome of our nursing students upon completion of nursing programmes (Pre and Post registration)

• Today’s presentation: beside theory-practice gap, will share experience on enhancement of Advanced Practice Nurse (APN) internship programme
  o Approach of competency-based training framework and how the workplace-based assessment and evaluation help to close the gap
Presentation Outline

1. Healthcare and Nursing Landscapes

2. Bridging The Theory-Practice Gap

3. APN Internship program
   • Competency-based Assessment program for APN interns
   • Challenges & Enhancement of APN Certification Process
1. Healthcare & Nursing Landscapes
Healthcare Landscape

Rapidly ageing population

- 2016: 1 in 7 Singaporeans aged 65 years or older → 1 in 4 in 2030:
- Increased demand for healthcare and aged care services
  - Hospital Admission Rate per 1,000 Resident Population

Shrinking Resident Labour Force

For every 1 resident exiting the workforce
- 2014 – 1.6 residents entering
- 2020 – 1.1 residents entering
- 2030 – 0.7 residents entering

Changes In Chronic Disease Profiles

Source: MOH 2017
A Paradigm Shift on Approach to Healthcare…. 

Healthcare Landscape: Ageing population and more residents living with frailty, dementia and complex needs

- More support and help for seniors ageing at home and community
- Transformation of care from acute sector to Primary and community sectors
  - From hospital to community and home
  - Integrated community and home-based care with health & social services
- Accelerate care Integration and coordination across settings
- More primary and community nurses
MOH’s Three Key Shifts Towards Care Transformation

Where We Want to Shift...

**Beyond Hospital to Community**
- Transforming primary care
- Developing aged care in the community
- Integrating care across continuum

**Beyond Quality to Value**
- Ensuring appropriate care & treatments
- Making healthcare delivery more productive
- Make use of untapped capacity in system

**Beyond Healthcare to Health**
- Moving upstream to health; war on diabetes
- Ageing actively

Source: MOH 2017
Nursing Landscape

Profession entails the provision of care to meet physical, emotional and psychological needs of patients

- Largest professional group of the Healthcare workforce
- Nurses work across all care settings
- Nurses take care of patients across whole life span from womb to tomb
- Nurses are capable to anchor care at primary, acute, community and aged care sector
- Closest to the patient and their family caregivers
  - Aware of their broader psychosocial and health care needs
  - Provide a crucial link between patients and the larger healthcare system

Nurses are critical players in anchoring care across-settings and are an enabling force for care transformation to be possible
Nursing Response

Transformation of Nursing

• Nursing Workforce
• Nursing Education
• Nursing Roles
• Skills and Competencies
• Adoption of Technology and Automation in nursing practice
Competent Nursing Workforce

• Nurses need to be well-educated, trained and highly skilled with critical thinking skills and be able to make independent decisions to provide quality care and improve patient outcome

• Strong support for nurses in acquiring advanced knowledge, inquiry skills as well as leadership capabilities, and to practise nursing at the top of training and competency

Skills, Knowledge & Competencies:

– Safe, competent and ethical care
– Cognitive abilities (critical thinking, clinical reasoning & decision making skills)
– Engage in inter-professional collaborative practice, etc.
Nursing Education

Education: Broad-based Training

- Training will be geared towards management of patients with multiple co-morbidities and is important Nursing adopts a broad-based training approach so that patient care is not fragmented.

- Develop skills of nursing students both in acute inpatient care sector as well as in Primary, community care settings to prepare them for the shift in context of patient care.

- Pre and post registration nursing training programmes will need to be reviewed and calibrated with emphasis to meet the needs of the ageing population and healthcare.
  
  • On-going review existing nursing courses and skills training programmes by schools
2. Bridging The Academic and Practice Gap
What is Theory-Practice Gap?

- Clear gap between what is taught in the classroom and what nursing students experience in clinical areas

- Ideal for patient care versus reality of nursing work

(Budden, 1994)

Gap can also exist between nursing science theory and nursing practice at clinical areas
The Theory-Practice Gap

- Nursing academics are often viewed as being out of touch with clinical practice

- Academics are pre-occupied with research while clinical nurses are viewed as too busy to educate and research

In an ideal world, teaching and research are informed by clinical practice. But for nursing profession, maintaining the links between academia and clinical practice continue to be challenging…

Source: Focus: Education part 2 - The role of the lecturer-practitioner in bridging the Theory-Practice Gap in postgraduate Education, Aug 2017 Vol 25, No 2
Reasons to bridge the gap…

• Nursing Lecturers tend to focus on research and theory more than clinical skills (McKenna & Wellard, 2004)

• Nursing lecturers do not have enough clinical experience to link theory to practice. As the nursing lecturers are not involved in direct patient care, they are not able to maintain clinical creditability and thus limit their interaction with students in the clinical setting (Hartigan, et al 2009)

• There is a lack of communication and coordination between nursing lecturers and practice teachers (Nabolsi et al, 2012)

The clinical learning environment is complex and dynamic as compared to the controlled theoretical learning environment.
Lecturer-Practitioner Model used by La Trobe University postgraduate model (Miller, et al, 2017)

- Clinician endorsed as an expert nurse within a speciality area
- Recognised by the academic environment as a practitioner
- Employed by healthcare institution but part time teaching at the school
- Assumes course coordinator role for their clinical speciality role for their track specific to ensure relevancy
- Conduct research beneficial to both academic and clinical area
- Dual portfolio with access to both clinical and academic resources

Source: The role of the lecturer-practitioner in Bridging Theory-practice gap by Miller, et al 2017
Joint appointment

• Concurrent employment within an educational institution and a clinical setting

• Job satisfaction and professional growth

• Clinical credibility for the educators enables improved facilitation of student learning

• In clinical areas, it benefits in patient care as it associates with integration of academic rigour with clinical practice.

How to bridge the Gap....

• Many schools moving towards concept of Joint Appointment and Lecturer-Practitioner Role

• Practising APNs and Specialty-trained nurses are appointed as adjunct lecturers with the nursing schools

• Formal agreement between the schools and the healthcare organisation

• Clear expectations and deliverables

Source: Focus : Education part 2 - The role of the lecturer-practitioner in bridging the Theory-Practice Gap in postgraduate Education, Aug 2017 Vol 25, No 2
3. APN Internship Program
   • Competency-based Assessment Framework
   • APN Certification Process
Advanced Practice Nurse (APN)

• Is a term given to a Registered Nurse (RN) who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for extended practice.

• APNs use advanced assessment and clinical skills to anticipate and manage complex situations, administering therapies for managing actual and potential health issues.

• A Master’s degree is recommended for entry level.

Adapted from ICN, 2003
Blended Role of an APN

Direct Care Provider
- Perform health & physical assessment
- Order and interpret diagnostic test
- Furnish medications according to protocols
- Initiate treatments according to protocols
- Plan and manage patients in collaboration with collaborating physician

APNs (Hybrid Roles)

Clinical Leadership Role
- Mentor / Teach
- Leadership in Professional Development
- Consultancy Resource
- Research and Evidence-based Practice
## APN Certification

The Nurses and Midwives Act established the APN register & certification requirements. APNs are certified in the following branches:

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<thead>
<tr>
<th>Branch</th>
<th>Practice Settings</th>
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<tr>
<td><strong>1</strong> Acute care</td>
<td>intensive care units and emergency departments</td>
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<tr>
<td><strong>2</strong> Medical/surgical</td>
<td>general and specialised clinical settings such as oncology, gerontontology, cardiology and neurology</td>
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<tr>
<td><strong>3</strong> Community care</td>
<td>polyclinics and within the community, managing common acute conditions and chronic conditions</td>
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<tr>
<td><strong>4</strong> Mental health</td>
<td>inpatient and outpatient psychiatric settings</td>
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*Source: Singapore Nursing Board*
Background: Time to change….

- APNs introduced in 2003
- Is a blended role of Clinical Nurse Specialist and Nurse Practitioner (locally contextualised)

**Qualify as APN**
- Complete Master of Nursing course (2 years full-time)
- Undergo one year Internship (1280 hours for clinical consolidation)
- Attend an exit interview leading to certification as APNs by SNB

**Challenges**
- Since inception, APN internship managed by respective the RHs
- Closely supervised by senior doctors
- Given diverse needs and differences in RHs, roles of APNs can differ across institutions despite same disciplines

**Need for change**
- As number of APNs increase and overall system more mature & stabilised, a more harmonised approach for APN internship is important
- Ensure a consistent APN Internship practice model regardless of clusters or hospitals approach
APN Panel Interview (before 2014)

- **High stake Interview**
  - One off Exit Interview

- **Examination Format**
  - 2 written Case Studies
  - Competency checklists

- **Examiners**
  - 2 Medical Specialists Consultant & above
  - Nurse Representative

- **Marking Criteria**
  - Clinical Competency
  - Professionalism
The Need to Strengthen APN Training and Preparation

• In 2014, a competency-based training framework for internship was introduced.

• The exit panel interview (oral examination) was substituted with an **Objective Structured Clinical Examination (OSCE)** as part of the certification process to ensure that APNs had acquired the advanced clinical knowledge and skills for competent practice.
Competency-based Assessment Framework for APN Interns 2014

**PRINCIPLE**

Continual Assessment:
- Providing objective, timely, regular and structured feedback
- Measuring performance in context
- Completing an objective structured final assessment

**REGULATION**

1. SNB registers APN under one of four tracks.
2. Nurses & Midwives Regulation provides for APN Accreditation Committee to appoint a third party to set and conduct the examination

**FORMATIVE ASSESSMENT**

1. Mini-CEX x 4
2. Chart stimulated recall x 2
3. Case logs x 100
4. Journal club presentations x 2
(i) Assess knowledge, skills & attitude
(ii) Assure objectivity by multi-raters, multi-encounters

**SUMMATIVE ASSESSMENT**

Objective Structured Clinical Examination (OSCE)
1. Patient assessment
2. Diagnosis formulation
3. Clinical management
4. Problem solving
5. Professional nursing practice

- Multisource feedback
- Direct observation of procedure skills
OSCE Stations

• 12 Stations and its weightage
  o 8 Core (50%) 10 min
  o 4 Specialised Branches of Nursing (50%) 13 min

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<tr>
<th>CORE</th>
<th>SPECIALISED</th>
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<td>• History taking and case presentation</td>
<td>• Differential Diagnoses</td>
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<tr>
<td>• Physical examination (2)</td>
<td>• Pharmacology and Clinical Management</td>
</tr>
<tr>
<td>• Investigation and Management (2)</td>
<td>• Ordering Investigations and Justifications</td>
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<tr>
<td>• Communicating difficult news</td>
<td>• Transition of Care</td>
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<td>• Patient Education and health promotion</td>
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<td>• Ethics</td>
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Governance Frameworks for APN Internship

National Governance Framework

- MOH (CNO's Office)
- APN Internship Committee (Chair, CNO)
  - Feedback on training issues
  - APN Accreditation Committee (Chair: Registrar)
    - SNB
    - Examination Committee (SNB Appointed Chair/Co-chair)

Institutional Governance Framework

- Chairman, Medical Board
- Committee for APN Competence ([CAC]; [Chair: APN Lead])
- Chief Nurse / Director of Nursing
  - Oversees program and internship progress
- Clinical Supervisor (Physician)
- APN Internship
- APN Preceptor
- APN Lead (Appointed by MOH)
APN Internship Committee

1. Oversee the implementation of the Programme;
2. Formulate and review the curriculum, policies and guidelines for the implementation of the Programme;
3. Establish and maintain the following:
   a) Eligibility criteria for APN Leads, Preceptors, Clinical Supervisors and Mini-CEX assessors;
   b) Formative assessment framework
   c) Assessment criteria to determine readiness of Interns for OSCE.
4. Monitor the implementation of the Programme and performance of Interns;
5. Review and endorse the following:
   a) CN/DNs’ recommendations of APN Leads;
   b) Institution Programme(s);
   c) Institutions’ recommendations to (i) extend the period of funding for Interns, and (ii) terminate the training of Interns.
6. Review and maintain the APN Programme Implementation Booklet and recommend revisions to MOH.
Structured APN Competency Framework 2014

RN
- Completes Master of Nursing
- Receives provisional license from SNB

APN Internship

Before 2014
- 1,280 clinical hours
- Panel Interview on 2 written case studies & competency checklists

After 2014
- 1,280 clinical hours
- Structured APN Competency framework
- Formative Assessment
- Summative Assessment (OSCE)

APN
Registers with SNB
- Acute Care
- Medical & Surgical
- Community Health
- Mental Health
APN Certification Process

Application Process for Certification as an APN

**Educational Requirement**
- Clinically focused Master level nursing programme comprising of at least 500 hours of supervised clinical practice.
- Adv practice oriented modules including:
  - Advanced Health/Physical Assessment
  - Advanced Physiology & Pathophysiology
  - Advanced Pharmacology
- **Apply**
- Within one year of conferment of Master's degree
- Define area of clinical practice & have a named clinical supervisor
- Apply online and upload the following certified true copies of required forms:
  - Identification
  - Academic transcripts & certificates
  - Curriculum vitae
- Request for verification of original transcripts of nursing education from nursing universities & registration
- Pay applicable fees

**Internship on Provisional Certification**
- One year of supervised clinical practice to allow for consolidation of knowledge, skills and practice expected of the APN.
- Key Features include:
  - Minimum 1280 hours (32 weeks) Clinical hours in direct patient care at the advanced level
  - Approved clinical areas in the specialty area concerned that allows for complete spectrum of practice in that specialty
  - Named Clinical Supervisor who should be a medical specialist (or an expert APN)
    - Formative Assessment
    - Mini CEX
    - Chart Stimulated Recall
    - Journal Club Teaching
    - Clinical Logs

**End of Internship**
- Applicant submits portfolio consist of:
  - completed formative assessment
  - Recommendations from clinical supervisor, Clinical Head of Department and Director of Nursing
- Applicant apply for certification examination
- Applicant will be given full certification when she/he pass the certification examination
Key Learning Points

• Communications
  o Engagement with stakeholders: APNs, CMBs, Nurse Leaders, etc
  o Mock OSCE

• Seek support from medical teams

• Consult medical & nursing experts (locals and overseas)

• Support from SNB

• APN workgroups/committees to support the on-going journey
  o APN Leads
  o APN Internship framework
  o APN Exam
  o APN Development
APN Structured Internship Framework 2014

• Competency-based continual assessment

• Objective multi-modal assessment method comprising workplace-based formative assessments

• Objective Structured Clinical Examination (OSCE) as the summative exit examination

• Conducted on-line survey “Clinical Learning & Evaluation” end of internship.

• Findings were positive and constructive with areas for improvement
Conclusion
Concluding Thoughts…

1. Today’s emerging health care challenges require nurses to think and act **beyond institution-based care** to enlarge the boundaries of community-based practice.

2. Nurses play a **key role in partnering healthcare professionals** in different settings to ensure patients remain **well-supported in the community and home**.

3. As nurse leaders and educators, **our role in Nursing Education** is to ensure the Nursing Education and Training system is preparing our nurses with **the right competencies and skills required to practise** in a transformed health care system to meet increasingly complex health needs across settings.

4. We need to **transform nursing education**, to strengthen nursing curriculum, competency-based assessment methods and quality of education. Review and evaluate on the **relevancy of the theoretical and clinical components of the programmes**.
A continuing challenge…..

Bridging the gap between theory and practice remains a continuing challenge

• Gap happens between knowledge and practical application can affect professional competence

• Gap can contribute to difficulties in progressing from students/trainees to novice professionals


“Beyond Healthcare to Health”

27 June – 1 July 2019

Marina Bay Sands, Singapore
Thank You