

NAVIGATING THE FUTURE: ADVANCED PRACTICE NURSING EDUCATIONAL TOOLS FOR SUCCESS

Foreword

As healthcare continues to evolve rapidly due to technological advancements, emerging health challenges and shifts in patient care models, the demand for highly skilled nursing professionals has never been greater. Specifically, there has been a surge in demand for Advanced Practice Nurses (APNs) equipped to navigate these complexities. APNs are pivotal in delivering high-quality care, leading teams and innovating healthcare practices. This underscores the necessity for education that aligns with the current healthcare landscape and is also visionary, anticipating the needs and challenges of the future.

The healthcare sector is facing a severe and worsening staff shortage which threatens to undermine care delivery and patient outcomes. This crisis emphasises the urgent need for innovative solutions to attract and retain healthcare professionals. APNs represent a crucial part of this solution, offering a pathway for career advancement that enhances the attractiveness of the nursing profession. Their advanced skills and leadership capabilities position them to make substantial contributions to healthcare delivery, addressing both current challenges and future demands.

This context sets a high bar for APN educators preparing the next generation of nurses. Educators must develop and deliver curricula that are both comprehensive and adaptive, incorporating cutting-edge knowledge and practices. Moreover, they are responsible for implementing teaching methodologies that effectively engage students, fostering an environment of critical thinking and innovation. Equally important is the ability to assess and evaluate student competencies in a manner that reflects the dynamic requirements of the healthcare field.

Responding to these needs, "Navigating the Future: Advanced Practice Nursing Educational Tools for Success" is an indispensable resource for APN educators. This toolkit, a product of collaborative efforts within the APN-EDU network, is specifically designed to address the multifaceted nature of APN education. It covers foundational concepts and roles within the field, advanced curriculum development, teaching strategies

and assessment methods. Moreover, the toolkit's creation by members of the APN-EDU network as part of a network initiative highlights their collective expertise and dedication to advancing APN education. The toolkit also looks to the future, offering strategies for ensuring the sustainability and relevance of APN education in the face of ongoing healthcare transformations, thus positioning it as a critical solution to the challenges of the sector.

On behalf of the APN-EDU network
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Chapter 1: Framework for Continuing Professional Development for APNs

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Introduction

This chapter aims to provide a framework for teachers covering aspects that should be emphasised in education to prepare APNs students for continuing professional development. First, we present a theoretical framework that will provide APNs with language that aligns with current healthcare policies of taking patients' experiences into account and further aids them in articulating how they can differentiate themselves from but also complement the medical perspective. We then highlight the need for emphasis of organisational competency in education, and lastly, we stress strategies which are important to consider when promoting the implementation of APN roles in clinical practice.

Lifeworld-led care as an important frame of reference in the education of Advanced Practice Nurses

The *Oxford Dictionary of Nursing* defines continuing professional development as "the concept that learning continues throughout one's life, both through educational courses and work experience and practice. Individuals are encouraged to identify their personal learning needs and to assess their progress in dynamic ways" (Law, [2021](#), p. 103).

Advanced Practice Nursing distinguishes itself from medicine in several key-ways, primarily in its scope of practice, approach to patient care and focus on holistic health. These dimensions are important to consider in the education of APNs in order to address the complex needs of patients in today's diverse healthcare environment. Furthermore, it is important for APNs to be able to articulate how they both distinguish themselves from and supplement medicine. In this regard the concept of lifeworld-led care (Dahlberg et al., 2009; Galvin & Todres, 2013) contributes an important theoretical frame of reference that should be integrated into the education of APNs to support a holistic and person-centred approach to care, where individual patients are actively involved and receive tailored care (Galvin et al., 2020; Galvin, 2021; Norlyk et al., 2023). Integrating lifeworld-led care as a theoretical framework in education can thus provide APNs with a language that

aligns with current healthcare policies, which aim to take patients' experiences into account.

The lifeworld refers to the everyday experiences, values, beliefs and contexts that shape an individual's life (Dahlberg et al., 2009). Lifeworld-led care thus means acknowledging that patients are experts in their own lives and striving to comprehend individual patients' needs, preferences and values. Lifeworld-led care helps APNs to address these aspects comprehensively, considering the whole person to deliver person-centred, holistic and culturally sensitive care (Galvin & Todres, 2013; Galvin, 2021). Accordingly, lifeworld-led care recognises that one size does not fit all in healthcare. Consequently, interventions and treatments should be tailored to individual patients' needs, preferences and circumstances and be based on collaboration and partnership between healthcare providers and patients.

The concept of lifeworld-led care was introduced by English nursing researcher and professor Kathleen Galvin, Swedish nursing researcher and professor Karin Dahlberg and English psychologist and professor of Health Philosophy Les Todres. By introducing lifeworld-led care they intended to address the growing body of evidence showing the limitations of conventional healthcare approaches that were often narrowly focused on treating patients' medical conditions and overlooked the broader context of patients' individual needs, preferences and values (Dahlberg et al., 2009; Galvin & Todres, 2013).

In other words, lifeworld-led care emphasises the human aspects of caregiving in a healthcare system that can sometimes prioritise efficiency and technical procedures over the human experience of illness and care. Accordingly, this approach to care recognises that health and well-being are influenced by various factors, including social, cultural, psychological and environmental dimensions (Dahlberg et al., 2009; Galvin & Todres, 2013; Galvin et al., 2020).

Integrating lifeworld-led care as a theoretical frame of reference in the education of APNs holds significant importance for several reasons:

- *Enhanced Person-Centred Care:* Lifeworld-led care emphasises understanding of patients' life worlds—their everyday experiences, values, beliefs and contexts. By integrating this approach into education, APNs can learn to prioritise the patient's perspective and experiences, leading to more person-centred care delivery in accordance with current healthcare policies.

- *Comprehensive Assessment and Planning:* Lifeworld-led care encourages a holistic approach to healthcare, considering the whole person and their unique circumstances. APNs who are trained in lifeworld-led care can conduct comprehensive assessments that consider not only the patient's medical condition but also social, cultural, psychological and environmental factors. This enables more effective care planning tailored to the individual patient.
- *Improved Communication and Collaboration:* Lifeworld-led care encourages partnership and collaboration between healthcare providers and patients. APNs trained in this approach emphasise communication techniques that promote active listening, empathy and mutual respect. They also develop skills in shared decision-making and care planning, fostering collaborative relationships with patients and interdisciplinary healthcare teams.
- *Better Patient Outcomes and Satisfaction:* Research suggests that person-centred care models such as lifeworld-led care can lead to improved patient outcomes and higher levels of patient satisfaction. By integrating lifeworld-led care principles into their practice, APNs can contribute to better health outcomes, increased patient engagement and higher overall satisfaction with care. Øverst på formularen
- *Cultural Sensitivity and Competence:* Lifeworld-led care emphasises cultural sensitivity and respect for patients' diverse backgrounds and beliefs. In today's multicultural healthcare landscape, it is crucial for APNs to be culturally competent. Integrating lifeworld-led care into education helps nurses develop the skills and awareness necessary to provide culturally sensitive care and build trustful relationships with patients from diverse cultural backgrounds.

To sum up, lifeworld-led care represents a shift towards a more person-centred, compassionate and holistic approach to healthcare, aiming to improve the quality of care and patient outcomes by acknowledging and incorporating patients' lifeworlds into clinical practice. These ideas complement those of classical nurse theorists such as Patricia Benner, Jean Watson and Kari Martinsen (Norlyk et al., 2017; Norlyk et al., 2023). Consequently, the lifeworld-led care theoretical framework is important to include in the education of APNs. It will aid them in articulating how they not only differentiate themselves from medicine but also complement the medical perspective.

Enabling APNs to expand their scope of practice by emphasising organisational work

It is useful to highlight and expand on the lifeworld perspective where awareness of culturally sensitive care is acknowledged, and to emphasise the need for APNs to include organisational work in their professional practice. APNs' position in the health care system means they develop comprehensive knowledge of patients' individual health care needs and have the advantage of knowing the health care system and how to best make use of it to meet patients' needs. APNs operate within an increasingly complex health care environment, leading to a need for organisational competency to be included and emphasised in their education. In-depth knowledge and understanding of national health policy, relevant legislation and how the health care system is organised in their country are prerequisites for APNs when it comes to delivering high quality care. The education system needs to equip future APNs with the capacities and knowledge that will enable them to explore and interact with policy, legislation and regulations in order to provide their patients with the best care possible.

The following example illustrates why organisational work is essential for APNs. The health care system is undergoing great changes. Some of these changes are reflected in several external factors. APNs care for patients of all ages; however, the demographic change to a more elderly population is a challenge for all. In line with the growing elderly population and increasing numbers of people living with chronic health conditions, the responsibility for patient care is being shared between hospitals and the local community. Another trend is a change from institution-centred to decentralised aging-in-place care. The aging-in-place strategy is rooted in the UN's sustainability goals and operationalised in the WHO's recommendation as a strategy to ensure sustainability in health care.

We are also seeing increased specialisation and the fragmentation of health care, which implies changes towards a health care system characterised by increased inter-disciplinary and cross-sectorial services requiring high-level coordination of care (Klingemann et al., 2020). Previously the health care system was more transparent but it has now become complex. Patients, their next of kin and health care providers all experience discontinuity and report that they find it hard to navigate within and across the system (Kumlin et al., 2022). Some studies of home care nurses show how organisational work comes to the surface when caring for home-bound patients. Nurses experience that they are

responsible for more advanced and complex health care needs and tasks in homes compared to before. In order to manage this, they conduct many "negotiations" between different levels and professions, and observe that they take care of "loose" threads and orchestrate and manage their own and other people's work (Melby & Hellesø, 2018). In general, nurses juggle multiple agendas, they "circulate" patients, they individualise care with increasing standardisation and they make priorities with limited resources (Allen, 2014).

Patient safety is at risk every time patients move between units or when several providers are involved in care (Ljungholm et al., 2022). Understanding frameworks for ensuring continuity of care for patients in complex health care settings is crucial to APNs' responsibility to ensure coherent care.

In the research literature, there is no consensus regarding the concept; however, according to Ljungholm et al. (2022) there are three reasonably well-defined dimensions of continuity, which are partially overlapping and interdependent:

- *Relational continuity* – traditionally this has been understood as seeing the same provider, but when this is not possible, enabling patients to meet the same team and ensuring a net around the patient is evident (Bjornsdottir, 2018; Ljungholm, 2022).
- *Informational continuity* – this is the use of information to connect health care across levels of care. Development of feasible digital solutions is part of ensuring informational continuity, as is the responsibility to develop professional terms and appropriate tools. The role of APNs includes providing input to ensure adequate information is available for the purpose of safe and quality care.
- *Management continuity* – this includes implementation of guidelines and standardisation of care. For example, further development of standardised pathways is expected to increase coherence in care. Such pathways seem to be useful for patients with a single diagnosis but are not always feasible for patients with multi-morbidity (Kumlin et al., 2022).

These continuity of care dimensions reflect how a framework for APNs to achieve continuity of care for patients at different levels of care may be useful. At the micro-level, intra-organisational care and cooperation must focus on relational continuity. At the meso-level, intra- and inter-organisational cooperation must focus on management continuity, while at the macro-level, achieving inter-organisational cooperation must focus on informational continuity. Hellesø et al. (2005) emphasises the factors that need to be considered to ensure continuity of care in the digitalisation of collaboration across levels of care.

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Chapter 2: Advanced Practice Nursing Concept and Roles

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Introduction

Shifting demographics and changes in population health have resulted in changes in healthcare (Lee et al., 2020). The nursing profession has evolved to address health, societal and person-centred care challenges (WHO, 2020). Advanced Practice Nursing roles have been recognised as a means of improving access to care and quality of care and potentially decreasing health care costs (Maier et al., 2017). Advanced Nursing Practice refers to a field of nursing that extends and expands the boundaries of the scope of practice of nursing, contributes to nursing knowledge and promotes the advancement of the profession. Moreover, Advanced Practice Nursing refers to advanced nursing interventions that influence clinical healthcare outcomes for individuals, families and diverse populations (WHO, 2020).

Globally, and also in the Nordic and Baltic countries, the development of the role of Advanced Practice Nurses (APNs) and their education has been supported by the International Council of Nurses' (ICN) definition of an APN. According to the International Council of Nurses (2008; 2020) all APNs are practitioners of nursing; provide safe and competent patient care; have their foundation in nursing education; have roles or levels of practice that require formal education beyond the preparation of registered nurses; have roles or levels of practice with increased levels of competency and capability that are measurable, beyond that of a generalist registered nurse; have acquired the ability to explain and apply the theoretical, empirical, ethical, legal, caregiving, and professional development required for Advanced Practice Nursing; have defined APN competencies and standards which are periodically reviewed for maintaining currency in practice, and are influenced by the global, social, political, economic and technological milieu (ICN, 2020). APN roles do not stand apart from nursing. Rather, the nursing core is what distinguishes them from those of non-nursing providers (Tracy & O'Grady, 2019). This chapter gives a brief overview of key Advanced Practice Nursing concepts and roles.

Key definitions

There is much variability in the use of Advanced Practice Nursing roles globally. A more precise understanding of the roles in place across the globe, how they are used and the outcomes being assessed would support greater role harmonisation and inform global priorities for Advanced Practice Nursing education, research and policy reform (Schumann et al., 2019; Ladd et al., 2020; Sastre-Fullana et al., 2020; WHO, 2020).

Advanced Nursing Practice (ANP) refers to the field of nursing that extends and expands the boundaries of nursing's scope of practice, contributes to nursing knowledge and promotes the advancement of the profession. It is characterised by the integration and application of a broad range of theoretical and evidence-based knowledge (ICN, 2020.) The umbrella term describes an advanced level of clinical nursing practice and expertise in meeting the health needs of individuals, families, groups, communities and populations (Canadian Nursing Association, 2019).

Advanced Practice Nursing (APN) can be defined as a career pathway for registered nurses who are committed to continuing professional development and clinical supervision to practice at a higher level of capability as independent, autonomous and expert practitioners. The Advanced Practice Nurse role requires the application of relevant research and management of knowledge and skills to provide high-quality care, improve patient outcomes and ensure implementation of evidence-based practice (ICN, 2020; Casey & Connor, 2022). Advanced Practice Nursing promotes consistency in practice, achieving value-added patient outcomes and improving the healthcare delivery process (Tracy & O'Grady, 2019).

An Advanced Practice Nurse (APN) is a generalist or specialised nurse who has acquired, through post-graduate education (minimum of a master's degree), the expert knowledge base, complex decision-making skills and clinical competencies needed for Advanced Nursing Practice. The role is shaped by the context in which the APN is credentialed to practice. (ICN, 2020.)

A Clinical Nurse Specialist (CNS) is an Advanced Practice Nurse who provides expert clinical advice and care based on established diagnoses in specialised clinical fields of practice, along with a systems approach to practicing as a healthcare team member. CNSs function as expert clinicians in a specialty and are leaders in advancing nursing

practice by teaching, mentoring, consulting and ensuring nursing practice is evidence-based/evidence-informed. (ICN, 2020.)

A Nurse Practitioner (NP) is an Advanced Practice Nurse who integrates clinical skills associated with nursing and medicine to assess, diagnose and manage patients in primary healthcare (PHC) settings and acute care populations as well as ongoing care for populations with chronic illness (ICN, 2020).

Current roles

According to the ICN (2020), the two most common APN roles are Clinical Nurse Specialist (CNS) and Nurse Practitioner (NP). Both roles have been identified in Nordic and Baltic countries; however, only the NP or CNS role exists in some countries, and the two roles can be mixed (Sulosaari et al., 2023). For both roles, the education requirements are the same; APNs are prepared through master's level academic studies and supervised practice to perform various complex tasks in patient care and the broader healthcare system (European Nursing Research Foundation, 2022). APNs have designated nursing roles that focus on providing care, illness prevention, and cures based on direct and indirect healthcare services at an advanced level, including rehabilitative care and chronic disease management. Their role is beyond the scope of practice of a generalist or specialised nurse. They can integrate research (evidence-based practice), education, leadership and clinical management (ICN, 2020). Bryant-Lukosius (2004, 2008) has clarified the essential distinctions between the CNS and NP roles, finding that the CNS focuses more on indirect care and supporting clinical excellence with a systems approach while the NP focuses more on direct patient care within diverse clinical settings.

The ICN (2020) has defined the key characteristics of CNSs and NPs as follows:

Clinical Nurse Specialist

- **Defined scope of practice in an identified specialty.**
- **Provides direct and indirect care to patients with an established diagnosis.**
- **Works within a specialist field of practice.**
- **Works in defined practice populations (e.g., oncology, pain management, cardiology).**
- **Works autonomously and collaboratively in a team, using a systems approach, with nursing personnel or other healthcare providers and healthcare organisations.**

- Frequently shared clinical responsibility with other healthcare professionals.
- Works as a consultant to nurses and other health care professionals in managing complex patient care problems.
- Provides clinical care related to an established differentiated diagnosis.
- Influences specialist clinical and nursing practice through leadership, education and research.
- Provides evidence-based care and supports nurses and other healthcare professionals to provide evidence-based care.
- Evaluate patient outcomes to identify and influence system clinical improvements.
- May or may not have some prescribing authority in a specialty. (ICN, 2020.)

Nurse Practitioner

- Comprehensive scope of practice specific to the NP with activities that include prescribing, diagnosis and treatment management.
- Commonly provides direct clinical care to patients with un-diagnosed conditions and ongoing care for those with an already established diagnosis.
- Works generically within a variety of fields of practice and settings.
- Works with multiple diverse practice populations.
- Works autonomously and in collaboration with other healthcare professionals.
- Assumes full clinical responsibility and management of their patient population.
- Conducts comprehensive, advanced health assessments and investigations to make differential diagnoses.
- Initiates and evaluates a treatment management plan following an advanced health assessment and investigation based on the conduct of differential diagnoses.
- Engages in clinical leadership, education and research.
- Provides evidence-based care.
- Frequently has the authority to refer and admit patients.
- Commonly has prescribing authority. (ICN, 2020.)

Trends

The position of Advanced Practice Nurse has evolved in many countries around the world in response to changing and more complex patient needs, inequitable access and provider shortages (Maier & Aiken, 2016). Thus, the development of Advanced Practice Nursing has faced

external challenges from other disciplines, such as medicine, and internal challenges within the domain of nursing. However, Advanced Practice Nursing roles are growing in many new areas (Poghosyan et al., 2022) and continue to answer the challenges of rapidly changing health care. Over the past several decades, research has shown that Advanced Practice Nurse-provided care is associated with positive patient outcomes and that these nurses add critical value across various healthcare settings (e.g., Swan et al., 2015; Aiken et al., 2021). Thus, although APNs can provide effective and high-quality care, they need enabling policy and work environments to ensure they can practice effectively (Poghosyan et al., 2022).

There are current and future opportunities for developing Advanced Practice Nursing into a new era of nursing. According to the ICN (2020), in order to support future potential for Clinical Nurse Specialists and Nurse Practitioners there is a need to continue to:

- Promote clarity of CNS and NP practice.
- Identify how these nurses contribute to the delivery of healthcare services.
- Guide the development of educational curricula specific to the CNS and NP.
- Support these nurses in establishing advanced practice (CNS or NP) roles and levels of practice.
- Offer guidance to employers, organisations and healthcare systems implementing the CNS and NP.
- Promote appropriate governance in terms of policy, legislation and credentialing. (ICN, 2020.)

The European Nursing Research Foundation (2022) recently published its recommendations for policymakers and nurse leaders.

Policymakers:

- Support APNs in establishing roles and advanced levels of practice, identifying and aligning guidelines for employers, organisations and health systems implementing Advanced Practice Nursing.
- Carry out more research into the opportunities of Advanced Practice Nursing, its impact and implementation strategies within countries.

Nurse leaders:

- Facilitate master's level education.
- Intensively guide the development of educational programmes specific to APNs (including CNSs and NPs) and support all countries in developing this professional pathway.

- Promote transparency, increase recognition with regulation within country regulatory systems and reduce variation.
- Demonstrate how APNs are leading and improving the quality of care. (European Nursing Research Foundation, 2022.)

Tools and Resources:

Organisations and networks:

ICN NP/APN network <https://www.icn.ch/who-we-are/npapn-network>

NHS England <https://www.hee.nhs.uk/our-work/advanced-clinical-practice/advanced-clinical-practice-toolkit>

Canadian Nurses Association <https://www.cna-aiic.ca/en/nursing/advanced-nursing-practice>

American Nurses Association <https://www.nursingworld.org/practice-policy/workforce/what-is-nursing/aprn/>

NACNS <https://nacns.org/>

AANP <https://www.aanp.org/>

APRN Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Committee Consensus Model for APRN Regulation.

https://www.bon.texas.gov/pdfs/forms_pdfs/applications_pdfs/aprn_pdfs/aprnmodel.pdf

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Chapter 3: APNs Core Competences

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Introduction

There are different models which describe competencies, and one of the standard APN competency models is Hamric's Integrative Model (Tracy et al., 2023). Hamric's Integrative Model of Advanced Practice Nursing (APN) is a comprehensive framework that describes the core competencies of Advanced Practice Nurses and the elements affecting advanced practice nursing.

In the Hamric model (Tracy et al., 2023), as well as in the agreement of the APN-EDU network member states (Sulosaari et al., 2023), the central competence of the Advanced Practice Nurse is direct clinical practice. According to Hamric's model (Tracy et al. 2023), five core competencies that support clinical practice are (1) guidance and coaching, (2) evidence-based practice, (3) leadership, (4) collaboration and (5) ethical practice.

This chapter provides an overview of the core competencies for Advanced Practice Nurses based on the Tracy et al. (2023) competency framework, the ICN Guidelines for Advanced Practice Nursing (2020) and the EQF Level 7 competency specification for nurses in clinical practice as described in the Tuning Calohee project (Gobbi & Kaunonen, 2023).

Key definitions

Competence refers to the combination of knowledge, skills and attitudes necessary for effective and efficient functioning in everyday life and in a work environment. Competencies are categorised as follows:

- General Competencies (also known as transferable or common competencies): These competencies encompass knowledge, skills and

attitudes that have broad applicability and are not confined to any particular profession or industry. Individuals possessing general competencies can adapt to different and evolving environments, regardless of the specific field or context in which they operate.

- **Profession-Specific Competencies** (field-specific or field-functional competencies): These are tailored to a particular profession, industry or field of expertise. They encompass the knowledge, skills and attitudes directly relevant to tasks and requirements within that specific domain.
- **Core Competencies**: Core competencies represent a fusion of general and profession-specific competencies. They are central and indispensable capabilities required for effectively and efficiently performing tasks within a specific profession or area of expertise. Core competencies often serve as the foundation for an individual's professional expertise. These competencies are vital for achieving excellence in one's professional role.

Learning outcomes are measurable knowledge, skills or attitudes achieved due to learning. Competencies are assessed through learning outcomes based on assessment criteria.

Core Competencies of Advanced Practice Nurses (APNs)

Central competence: Direct clinical practice. The characteristics of advanced practice are shaped by the context in which nurses are credentialed to practice. The APN's practice of direct care as an expert in clinical work is characterised, according to Tracy & O'Grady (2023) by six features: (1) use of a holistic perspective, (2) formation of therapeutic partnerships with patients, (3) expert clinical performance, (4) use of reflective practice, (5) use of evidence as a guide to practice and (6) use of diverse approaches to health and illness management. In addition to providing individualised care, APNs promote the patient population's health in their specialty and improve the quality of care (Tracy et al., 2023.)

Competency 1. Guidance and coaching. APNs provide expert advice, guidance and coaching to patients, families and other health professionals, often in complex and specialised care areas, to engage them in changing their behaviour.

Description: This competency requires in-depth knowledge, skills and experience in the field. In addition, it includes both the general theoretical principles of professional communication and specific communication, of coaching and therapeutic techniques. APNs

educate, facilitate, support, promote and encourage the health and well-being of populations, groups, families and individuals. APNs effectively use various communication skills to advocate for and represent patients and colleagues.

Competency 2. Evidence-based practice. APNs are expected to integrate the best current evidence into their practice to ensure the highest quality of care.

Description: Use of quality standards and relevant theories in evidence-based practice for decision-making. APNs demonstrate the impact of and link between research and evidence-based practice in developing holistic patient-centred healthcare. APNs should critically evaluate contemporary evidence-based knowledge and develop and maintain cognitive competencies relevant to their specialty. They critically examine, evaluate, interpret and synthesise complex information and data sources to facilitate nursing practice and clinical decision-making. Their efficient and optimal use of modern medical equipment and technology is noteworthy, as is their ability to assess and critique practices in the use of technological applications, both in communication and in diagnostic and therapeutic procedures.

Competency 3. Leadership. APNs promote and lead development-oriented change and debate developments in their sector in different healthcare and policy areas.

Description: Promotion of quality and evidence-based practices and fostering of change in the working environment to ensure good patient care. APNs contribute to development in the broader health sector and policy arena, including explaining, justifying and advocating for innovations in the field, using appropriate leadership styles and models, and demonstrating proficiency in strategic planning and change management to facilitate effective transitions. APNs can act as consultants and mentors, offering their expertise to other health professionals to improve patient care and outcomes. They can communicate and debate unambiguously and empoweringly on complex professional and academic nursing and nursing science issues with professionals and colleagues from other disciplines and the general public.

Competency 4. Collaboration. APNs work collaboratively with patients, families, other healthcare professionals and healthcare providers, ensuring comprehensive and integrated patient care.

Description: APNs plan, deliver and evaluate patient-centred care with patients, carers, families and other health and social care professionals, communicating unambiguously about complex professional and academic nursing and nursing science issues with other professionals and colleagues from other disciplines. This includes thorough documentation to report and refer for treatment in an interdisciplinary context. It is essential to understand organisational structures, communication processes, conflict resolution and negotiation skills.

Competency 5. Ethical practice. APNs act as role models in making ethical decisions in complex practice situations, which requires solid ethical principles and decision-making skills.

Description: APNs face complex ethical decisions in their practice, so it is essential that they receive orientation in professional, ethical, regulatory and legal standards to enable them to resolve moral and ethical dilemmas both in daily practice and in the public space. They act professionally in a holistic, tolerant, non-judgmental, caring and sensitive manner, ensuring that different individuals' and groups' rights, beliefs and wishes are not harmed. They demonstrate leadership in ethical deliberation and decision-making processes. APNs take responsibility for their own professional development and support the development of colleagues to improve quality of care and patient outcomes.

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Chapter 4: Curriculum Design in APN Education

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Introduction

The position of Advanced Practice Nursing (APN) educator involves blending expertise in nursing science with effective teaching skills, similar to traditional nurse educators. Although a specific competency framework for APN educators is still in development, key elements include proficiency in curriculum development and the ability to integrate global knowledge with local needs. APN educators also need to show innovation skills, research capacity and leadership in order to continually enhance nursing education.

Responding to this need, the APN-EDU network has produced a comprehensive curriculum for APN educators. This curriculum aims to enhance APN educators' capacity to build, implement and evaluate degree programmes tailored to master's level Advanced Nursing Practice. By aligning with international standards and involving local stakeholders, the curriculum aims to develop educators capable of shaping the future of Advanced Practice Nursing education.

Competencies of APN educators, curriculum and programme

The specific competencies needed by APN educators have not been investigated, but they doubtless include both a solid theoretical knowledge foundation in nursing science and the practical teaching skills to apply theoretical information, similar to other nurse educators. Competency in curriculum development is also required, as is the capacity to analyse worldwide knowledge, nursing standards and guidelines, and national and local needs as foundations for the curriculum. Even though mastery of these competencies should be a basic requirement for APN educators, there are more features to consider. APN educators may be required to demonstrate innovation and research skills and be leaders and champions of continuous improvement in the nursing education field. After all, teachers must be

able to educate and guide APN students at an advanced level in order for them to truly attain the competencies targeted by the curriculum. (Nurse Educator..., 2016; Fitzgerald et al., 2020; The Essentials..., 2021; Ye et al., 2022.)

In terms of health science teachers' and nurse educators' self-assessment of their competencies, a number of studies have found that they rate their level as excellent (Mikkonen et al., 2018; Vauhkonen et al., 2024). In the study by Vauhkonen et al. (2024) for example, nurse educators from four European nations typically rated their total competency level as excellent, with evidence-based practice ranked highest. In addition, they evaluated their pedagogical competency as high, and believed that they act according to ethical principles and can integrate theoretical knowledge into teaching practice. Despite good results, the educators thought their cultural competence needed to be strengthened. Similarly, in the review by Mikkonen et al. (2018), health science teachers evaluated themselves as highly competent in almost all areas of teaching competence. However, according to the review results it seems nursing students evaluated their teachers' competence significantly less positively than did the teachers themselves. Although APN teachers were not the target group of either investigation per se, the results can be applied to them as well. However, in order to strengthen APN educators' abilities, knowledge and attitudes, it is critical to obtain frequent feedback from students and colleagues in the quest for excellence.

Educators who teach future Advanced Practice Nurses are the driving force behind the development of qualified and capable APNs. Qualified educators are thus required to prepare nurses for challenging advanced clinical positions. For this reason, the APN-EDU network designed and delivered an intensive course for APN educators from the Nordic and Baltic countries (excluding Latvia) in 2023. At the beginning of the course, the network based its descriptions and definitions of core competencies for APN educators on the WHO's list of nursing educator competencies (Nurse Educator..., 2016). Later, the structure and implementation of the curriculum of the intensive course for educators was designed by highly experienced educators from the network. As a result, three different core competency areas, learning outcomes and sets of contents for the APN educator intensive course curriculum were documented. These are shown in Table 1.

Table 1. APN educator curriculum

Core Competency Areas	Learning Outcomes	Content (evidence-based practice and health promotion are embedded in curriculum)
<p>APN Curriculum</p> <p>WHO Nurse Educator Core Competencies numbers 1 and 2 (Nurse Educator..., 2016)</p>	<p>The APN educator</p> <ol style="list-style-type: none"> 1) identifies and analyses current trends in Advanced Practice Nursing (e.g., e-health, variation of job descriptions, APN education) 2) identifies different attributes related to clinical decision making (CDM) and implements different strategies in the teaching process 3) composes/constructs systematic evidence-based tools to evaluate APN competency development during education 	<ol style="list-style-type: none"> 1) current trends in Advanced Practice Nursing at local, national and international level 2) contemporary theories of clinical decision making and clinical judgement and consultation <p>CDM teaching strategies</p> <ol style="list-style-type: none"> 3) different evidence-based competence assessment tools
<p>APN Clinical Nursing Practice</p> <p>WHO Nurse Educator Core Competency number 3 (Nurse Educator..., 2016)</p>	<p>The APN educator</p> <ol style="list-style-type: none"> 1) possesses profound understanding of professional ethics and the scope of practice of APN in an international context 2) has mastered the contents and teaching methods related to health assessment and diagnosis and health promotion 3) comprehends the organisation of autonomous APN practice and independent appointment including planning, delivering and assessment of care in different health care settings 4) applies contemporary 	<ol style="list-style-type: none"> 1) professional ethics (marketing, pharmaceutical companies), collegiality, advocacy, accountability, boundaries, legal issues, ICN scope of practice 2) health assessment and diagnosis (health promotion at advanced level) 3) frameworks/methods of advanced counselling, suggested in-depth counselling content

	theories and methodologies to increase students' understanding of clinical decision making, consultation and advanced counselling	
<p>APN Education Development and Evaluation</p> <p>WHO Nurse Educator Core Competencies numbers 4-8 (Nurse Educator..., 2016)</p>	<p>The APN educator</p> <p>1) possesses profound knowledge of tools, methods and indicators used to evaluate Advanced Practice Nursing</p> <p>2) initiates and engages in discussions on the development of APN in international and national contexts</p> <p>3) leads collaboration among interdisciplinary groups at the local level in in order to develop the scope of practice of APN</p>	<p>1) teaching methods and frameworks based on evidence-based practices</p> <p>2) tools, methods and indicators used in evaluation of Advanced Practice Nursing</p> <p>3) argumentation theories, reasoning and critical thinking in Advanced Practice Nursing, advanced teamwork and collaboration, different platforms for effective discussion in society and interdisciplinary groups</p>

The intensive course, which was aimed at APN educators, was worth five ECTS credits and consisted of online learning and a contact week at Turku University of Applied Sciences in 2023. The pedagogical approach was based on adult learning principles and evidence-based teaching practices. The trainers (faculty) included experienced APN educators, preferably experienced researchers with doctoral degrees. As for the participants, the admission criteria included being a registered nurse with a master's (minimum 60 ECTS) or doctoral degree, possessing teaching qualifications/education and teaching experience, being involved in or intending to start teaching on a master's level APN programme and having clinical experience. In total, the one-week in-person intensive course consisted of ten expert lectures and five workshops, and participants were required to successfully complete both pre- and post-assigned tasks.

APN programme curriculum design

Developing competence-based curricula in APN nursing education is critical in order to guarantee that graduates have the skills and knowledge to provide high-quality care. As such, designing curricula for

APN programmes involves reviewing the best evidence from international research on APN master's level education, analysing professional nursing standards and involving local stakeholders to guarantee alignment with evolving healthcare needs. (Arends, 2024.) In addition, European programmes must correspond to the master's level of the European Qualifications Framework, indicating the high level of knowledge and skills acquired by graduates (Descriptions of..., N.d.). Specifically, nurse educators should understand the role that international and national professional standards and guidelines have in curriculum development. The ICN, for example, published its Guidelines on Advanced Practice Nursing in 2020, in which the scope of practice, competency descriptions and professional standards for APN and APN education are described (Guidelines on... 2020).

In addition to the abovementioned elements, curriculum development also specifically took into account the competencies of Nurse Practitioners as specified by the International Council of Nurses (Guidelines on..., 2020 pp 19). These are the following:

1. Demonstrates safe and accountable Nurse Practitioner practice incorporating strategies to maintain currency and competence.
2. Conducts comprehensive assessments and applies diagnostic reasoning to identify health needs/problems and diagnoses.
3. Develops, plans, implements and evaluates therapeutic interventions when managing episodes of care.
4. Consistently involves the health consumer to enable their full partnership in decision making and active participation in care.
5. Works collaboratively to optimise health outcomes for health consumers/population groups.
6. Initiates and participates in activities that support safe care, community partnership and population improvements.

In addition, the core competencies, areas of autonomy and extended roles included in Nordic and Baltic countries' (excluding Latvia) APN programmes were evaluated by APN-EDU network participants (Sulosaari et al., 2023), and the results were taken into consideration when building the curriculum for APN educators. Table 2 presents the recommended core competencies included on the six different countries' APN programmes (Sulosaari et al., 2023).

Table 2. Comparison of APN programmes in Nordic-Baltic countries (Sulosaari et al., 2023)

Core competencies (Gobbi & Kaunonen, 2018; Guidelines on..., 2020)	Areas of autonomy and extended roles	Denmark, Estonia, Finland, Lithuania, Norway, Iceland
Quality management and safety	1) quality improvement 2) clinical audit and/or other quality assessment method	All All
Leadership	3) leadership to facilitate and manage change 4) change management models and theories	All All
Education	5) teaching others 6) mentorship, supervision, coaching 7) self-development, scholarship	All All All
Research	8) research and development of evidence-based practice	All
Advocacy	9) advocacy of health and social services 10) development of health care policies 11) role of the APN	All All All
Communication and collaboration	12) interdisciplinarity and multiprofessionality within and outside the health sector	All
Direct holistic evidence-based care	13) comprehensive health assessment 14) complex care (case) management, care coordination	All All
Case management	15) chronic disease management 16) care monitoring and evaluation	All All
Health promotion	17) improvement of physical, functional and psychological well-being of patients with acute or chronic conditions	All
Ethical decision making	18) improvement of health promotion practices 19) rehabilitative care 20) specialty-specific procedures 21) education, guidance of patients, families 22) admission and discharge planning (health care settings and other services)	All All All All All
Clinical diagnostic, therapeutic treatment	23) ordering diagnostic tests 24) making medical diagnoses	All Only in Lithuania

	<p>25) prescribing (therapeutic) treatments</p> <p>26) prescribing medication</p>	<p>and in ambulance programmes in Estonia.</p> <p>All, excluding Estonia where this is included only in theoretical studies and to a limited, nationally regulated extent.</p> <p>All, excluding Estonia where this is included only to a limited, nationally regulated extent.</p>
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More detailed information on the prerequisites, differences and similarities in APN education in the various countries can be found in a recent study of Advanced Practice Nursing in Europe, which presented the results of studies in 35 European countries and discussed the current state of the field in Canada, the United States and Australia. The study showed significant variance in how European nations define APN and regulate academic and practice levels. (De Raeve et al., 2024.)

Prescribing as part of APN

Prescribing medicines within one's own competence area is a central part of a Nurse Practitioners' scope of practice and full practice potential (Guidelines on..., 2020, pp 18). Prescriptive authority is always governed by country specific regulation. Nurse Practitioners commonly have prescriptive rights, while Clinical Nurse Specialists may or may not have some rights to prescribe within their specialty (Guidelines on..., 2020, pp 24).

Prescribing is defined in the Guidelines on Prescriptive Authority for Nurses (2021) as "An evolving process involving the steps of information gathering, clinical decision-making, communication and evaluation which results in the initiation, continuation or cessation of a medication. Prescribing is a complex process that requires in-depth understanding of clinical pharmacology and disease, clinical judgement to weigh the risks and benefits of a treatment and attention to detail, all within an unpredictable environment. Prescribing is clearly differentiated from the supply of medication or its administration to patients."

The ICN (2021) recommends that education curricula should be designed to the appropriate level and include the elements of the six competency areas described below to help nurses achieve the required knowledge, skills and behaviours. Competencies are also broken down into sub-competencies.

Competency Area 1: People-centredness in care

Competency Area 2: Evidence-based and informed practice

Competency Area 3: Communication and collaboration

Competency Area 4: Pharmacological essentials

Competency Area 5: Monitoring and review of a person's response to treatment

Competency Area 6: Professional practice.

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Chapter 5. Teaching Methods and Techniques in APN Education

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Introduction

Modern learning-centred methods in higher education represent an innovative approach to teaching and learning that aims to actively engage learners and develop practical skills and knowledge. Teaching methods should support and encourage the understanding that learning can occur in many different ways; traditional lectures and seminars may be only one part of the learning process. Active learning must include various learning activities that engage learners in learning beyond listening and memorising. Effective methods support learners' active participation. Standard active learning methods include problem-based learning, simulation-based learning and integrating technology into learning. These methods promote learner engagement, critical thinking, problem-solving and decision-making, preparing learners for future academic and professional challenges.

Key definitions

Learner-centredness is a teaching approach focused on keeping learners' needs, interests and experiences central, and ensuring learners are active participants in the learning process. Learner-centred methods include interactive activities that allow learners to independently discover, construct and synthesise knowledge. The role of the teacher is to find ways to enable students to take responsibility for their own learning, support independent learning and assess learning outcomes. This approach encourages active participation, deeper understanding

and meaningful and tailored learning that is relevant to the individual needs of learners. (Weimer, 2013; Oyelana et al., 2018.)

Active learning is a learning process in which learners take an active role and responsibility in shaping their own learning and acquiring knowledge. Rather than passively listening to lectures or reading materials, learners engage in interactive activities such as group discussions, problem-based tasks and practical projects. Active learning aims to foster deeper understanding, critical thinking, creativity and the development of practical skills by enabling learners to apply what they have learned in different contexts. Active learning helps learners to make connections and evaluate, understand and use what they have learned. (Biggs & Tang, 2011.)

A selection of evidence-based methods to promote active learning and the development of practical skills in APN education

Simulation-Based Learning (SBL) offers opportunities to develop clinical skills and knowledge. The method involves replicating real-world clinical situations, allowing students to apply theoretical knowledge practically. It can enhance students' confidence, improve their clinical skills and enrich their knowledge. The role of the teacher is to find ways to enable students to take responsibility for their own learning, support independent learning and assess learning outcomes. Historically, simulation-based learning has predominantly emulated acute care settings. However, its scope can extend to various contexts, including primary and mental healthcare/psychiatric settings. High-Fidelity Simulation (HFS) has long been recommended to enhance patient safety in healthcare. HFS involves replicating clinical experiences using computer-driven, full-bodied mannequin simulators with physiologic responses to interventions. Simulation can be seamlessly integrated into teaching methodologies and curricula in various ways, serving as a valuable tool to facilitate learning. Optimising SBL, incorporating realistic scenarios, ensuring equipment fidelity and integrating debriefing sessions are recommended. These practices encourage reflection and contribute to a more comprehensive educational experience. (Onello & Regan, 2013; Warren et al., 2016; Hussein & Favell, 2022.) Simulation-based learning can be combined with OSCE (Objective Structured Clinical Examination) assessment.

Practical example of combining simulation-based learning and OSCE to teach and assess physical assessment and clinical decision-making skills.

- ✓ Educators determine the essential assessment and decision-making skills and craft scenarios. E.g., "The Advanced Practice Nurse (APN) is conducting a home visit and discovers an unconscious patient with a minor head wound, breathing but emitting a strong scent of alcohol. The accompanying nursing assistant suggests leaving the patient to recover independently, asserting that the situation is typical of a drunk patient."
- ✓ Educators construct assessment checklists grounded in literature known to students, emphasising the physical assessment and general professional skills needed, e.g., leadership, teamwork and pedagogical aspects of relevance.
- ✓ Students receive the defined assessment checklists in advance for preparation, along with literature.
- ✓ Prior to the Objective Structured Clinical Examination (OSCE), students are allowed to practice predefined physical assessments at a simulation centre.
- ✓ During the OSCE, educators present the scenario to the APN student, allowing a specific amount of time (e.g., 10 minutes) for reading and reflection. Subsequently, the student articulates their clinical decisions and assessments to the educator.
- ✓ Students enter the simulation room, where they perform the assessments for the educator, who uses the pre-established protocol to check the procedure and skills demonstrated.
- ✓ When the allocated time is up, the teacher carries out a debriefing session with the student. The student conducts a comprehensive self-assessment, evaluating both their clinical decisions and the assessments performed. The reflection extends to aspects of decision-making, leadership and team communication.
- ✓ The teacher provides an overall assessment, highlighting commendable aspects and areas where the student could have acted differently or fell short of the requirements. The feedback is given in a constructive manner.
- ✓ If a student does not meet the passing criteria, specific feedback is provided, emphasising areas for improvement. A follow-up Objective Structured Clinical Examination (OSCE) is offered within a reasonable timeframe for re-evaluation.

Virtual reflection groups (VRGs) in clinical practice are a form of collaborative learning in which students meet their educator and clinical supervisors to reflect on their clinical experiences with different patient cases and connect them to theory and research (Solberg et al., 2022; 2023). VRGs are an effective way to stimulate critical thinking (Høybak

et al., 2022). In VRGs, students, supervisors and educators thoroughly discuss selected patient cases from clinical practice. A learning outcome of clinical practice on the master's programme is the integration of theory and practice and the development of students' competence in assessing and analysing complex patient situations. VRGs can be ideal for discussing and analysing such complex situations (Solberg et al., 2022). Therefore, this pedagogical method is helpful on the APN programme. The practical training included on the programme also focuses on exercising the role of advanced clinical nurse, including professional leadership, coordination of healthcare, health education and health services development. These topics are very suitable for reflection groups.

According to Solberg et al. (2022; 2023), the objectives of VRGs are:

- To ensure active participation by all students
- To strengthen cooperation between students and supervisors
- To facilitate focused reflection and discussion
- To prepare students to take responsibility for leading professional discussions and reflecting on the relationship between theory and practice
- To prepare students to take on professional leadership roles as advanced clinical nurses

In addition, a key objective of reflection groups is to contribute to creating and maintaining a safe learning environment where everybody can express their professional reflections. The activity steps include:

- Before the reflection group, one responsible student and one respondent are appointed for each meeting.
- The responsible student chooses a clinical case with the clinical supervisor and presents it to the group. The data must be anonymised.
- The student then formulates a problem as a starting point for critical analysis and reflects on the handling of the complex patient situation.
- In addition, the student searches for a relevant research article to shed light on the problem and presents the article and its findings to the group.
- The appointed respondent gives constructive feedback, asks questions and critically examines the research article. However, the other students are also expected to contribute to the discussion.

The flow of reflection group:

- ✓ *Students are given increasing responsibility with regard to leading the reflection group, and the learning design addresses the learning outcomes for each clinical period.*

- ✓ *In the first practice period, the educator actively leads the group meeting, and students volunteer to share a clinical case they want to reflect on. The student who shares a case is responsible for summarising suggestions about the clinical case. All students are encouraged to participate actively in the clinical reflection, and are given the chance to share their reflections in turn.*
- ✓ *In the second practice period, the responsible students lead the reflection and share experiences by leading the discussion from the perspective of their professional role. Again, all students are encouraged to participate actively in the clinical reflection.*
- ✓ *In the third practice period, the learning outcomes are achieved when students lead the clinical reflection based on their professional role, and reflect on their collaboration with colleagues and the development of the profession.*

Solberg et al. (2022; 2023) have demonstrated how well-structured teaching methods generate positive consequences. In their study, the VRG design inspired well-prepared participants. Students took more initiative and responsibility for diverse learning activities and learning environments and perceived increased competencies related to interpersonal and professional skills. Clinical supervisors found that the VRG collaboration provided new insight into how the students actually studied.

APN educators who adopt self-reflection as a teaching method with students should consider the following points:

- Emery et al. (2022) argue that reflection is a novel idea for many graduates, with the majority defining their previous studies as more science-oriented. Not all graduates have had the opportunity to reflect throughout their prior education, which may cause issues. As a result, APN educators should be aware of students' experiences with various learning techniques and consider students' history with new teaching methods and individual requirements to the greatest extent feasible. Only in this way can self-reflection be considered a realistic and justifiable teaching approach.
- Lim et al. (2022) observed that most higher education students do not think deeply. They further state that while there are many good results for different reflection styles, there are few recorded negative consequences, particularly for the portfolio format. As a result, APN educators should seek out types of self-reflection with solid research evidence which will enhance students' life-long learning attitudes and, ultimately, increase their employability.

Overall, students require educators who value reflection and are ready to share their experiences with various forms of self-reflection and their benefits in APN education with colleagues. (Lim et al., 2022).

Peer assessment is a self-reflection strategy that can help students stimulate the development of their critical thinking (Høybakk et al., 2022), and can be seen as both a learning method and a formative assessment method.

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Chapter 6: Assessment and Evaluation Methods in APN Education

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Introduction

Assessing nursing skills, whether in the first term of a bachelor's programme or the final term of an APN programme, is, from our experience, a topic frequently discussed among colleagues. This collaborative discussion occurs irrespective of whether the assessment or evaluation targets more solitary theoretical course activities or theoretical knowledge manifested as clinical skills. In all courses – and in broader perspective educational programmes – it is pivotal that teachers and educators, together with students, ensure that learning activities allow students to achieve the expected learning outcomes. All components, from the curriculum to course content and activities, intended outcomes, and evaluation and assessment methods and tools, should be aligned.

Since these are fundamentally based on theoretical knowledge, it is seldom meaningful or purposeful to differentiate between theoretical and clinical nursing skills in clinical skill evaluation and assessments. Hence, assessing clinical skills will also always include theoretical knowledge and reasoning.

This chapter will comprehensively summarise formative and summative evaluation and assessment tools and guidelines relevant to APN education, highlighting best practices for evaluating educational outcomes and competencies which are essential in Advanced Practice Nursing. Numerous methods and tools in this chapter may apply to education at both bachelor's and master's level and to other healthcare professions. In this chapter, we emphasise that assessment and evaluation are closely related concepts, where formative methods are related to an evaluation approach, and summative methods are

related to an assessment approach. We hope that the reader by the end of this chapter, will feel well-informed and prepared to implement these tools and guidelines in their educational practices.

Key definitions

Formative assessment and evaluation. Formative assessment and evaluation aims to continuously track students' learning progress and offer consistent feedback to educators and learners. It aids learning, guiding students in recognising their strengths and areas needing improvement. When effectively designed, it empowers students to enhance their self-regulatory skills, promoting a more structured approach to their education. Additionally, it equips faculty members with valuable insights into the challenges students face, allowing them to provide targeted support where needed.

Summative assessment and evaluation. Summative assessment and evaluation aims to assess students' learning after an instructional unit by measuring it against a predetermined standard or benchmark. Summative assessments typically carry significant weight. Relying excessively on summative assessment at the culmination of a study element results in assigning students a grade without offering substantial feedback to aid their development and improvement before they complete the module/programme.

General Guidelines and Best Practices for Assessment and Evaluation Methods and Tools in APN Education

No consensus has yet been built regarding the ideal method for competence assessment because of concerns regarding objectivity and comprehensiveness with respect to evaluations of competence in clinical practice. Studies have demonstrated that competencies vary in different nursing environments, which emphasises the need for different assessments to enhance the accuracy of the measurement. The various methods recommended for assessing competence fall into three areas: self-assessment, peer assessment and supervisor assessment (Briggs et al., 2005; Bahrain et al., 2011).

'Best practices' encompass contemporary and pertinent nursing practices, methods, interventions, procedures and/or techniques grounded in robust evidence (Nelson, 2014; Ten Ham-Baloyi et al., 2020;

Gray & Sims, 2023). Adopting the concept can enhance the health outcomes of individual patients, elevate the overall quality of healthcare delivery and fortify the broader health system.

As such, best practices may be directive, evidence-based and quality-focused (Nelson, 2014; Clarke et al., 2021). Therefore, best practices are more than simply practices based on scientific evidence. They also represent quality care that is deemed optimal based on a prevailing standard or point of view, such as national guidelines or local recommendations. Thus, descriptions of best practices in nursing have significance as they direct nurses regarding solutions to identified problems/needs in person-centred nursing care. Furthermore, best practices and guidelines can serve as important elements in nursing practice education from novice to expert level (Nelson, 2014; Clarke et al., 2021; Gray & Sims, 2023). Best practices and guidelines play a crucial role in competency development in nursing by serving as clear goals for professional growth and development.

Best practices can serve as goals in nursing competency development through the following:

- *Setting Standards:* Best practices and guidelines establish standards for nursing care based on evidence-based research, expert consensus and industry standards. Incorporating these standards into competency development gives nurses clear benchmarks to strive towards in their practice.
- *Promoting Evidence-Based Practice:* Best practices and guidelines are often rooted in evidence-based practice, which emphasises the integration of the best available evidence with clinical expertise and patient preferences. By aligning competency development goals with evidence-based guidelines, nurses can ensure their practice is grounded in the latest research and knowledge.
- *Improving Patient Outcomes:* The ultimate goal of nursing practice is to improve patient outcomes and quality of experience. Best practices and guidelines can help outline effective strategies for delivering high-quality care that may lead to positive patient outcomes. By making guidelines explicit goals in competency development, nurses can focus on acquiring the skills, knowledge and competencies necessary to achieve quality in person-centred nursing care.
- *Ensuring Quality and Safety:* Best practices and guidelines are designed to promote patient safety and quality of care. By incorporating these standards into competency development, nurses can enhance their ability to deliver safe, effective, and high-quality care.
- *Supporting Professional Growth:* Competency development is an ongoing process that supports nurses' professional growth and

development throughout their careers. By setting goals which align with, best practices and guidelines, nurses may be able to identify areas for improvement, acquire new skills and stay up to date with the latest advancements in nursing practice.

Overall, best practices and guidelines serve as invaluable goals in competency development in nursing by providing a framework for excellence, promoting evidence-based practice, improving patient outcomes, ensuring quality and safety and supporting professional growth and development (Clarke et al., 2021; Gray & Sims, 2023). However, according to the CALOHEE Project Group (2023) report "Measuring and Comparing Achievements of Learning Outcomes in Higher Education in Europe" it is crucial for preceptors and all kinds of nurse educators to implement a strategic approach using best practice and guidelines for nursing education. As such, the report stresses the importance of focusing on the assessment of theoretical competencies and practice-based competencies, and interrelationships between the two. Furthermore, they stress that assessments should be aligned to competencies and programme or module learning outcomes, and not just select narrow aspects of professional practice. Therefore, assessment should align with learning objectives (CALOHEE Project Group, 2023).

The CALOHEE Project Group (2023) lists several questions for reflection when assessment in education is at stake:

- Is it possible to assess learning objectives with the chosen method?
- Are clear assessment criteria established, and do they correspond to the learning objectives you want to assess?
- Do the assessment criteria measure all the desired learning objectives?
- Is the method practical, equitable, reliable, feasible, professionally relevant and defensible?
- Can the assessment be reliable across nations and institutions?
- Is the assessment in simple and clear language that can easily be translated?
- Is the assessment evidence-based in method and content?
- Is the assessment based on fair, transparent, well-constructed, valid and reliable rubrics?
- Is it resource-efficient, effective and sustainable?

In addition, the CALOHEE project recommends a focus on the validity and reliability of assessment, feedback and debriefing, and fairness and equity in assessments. It includes the following guidelines:

Validity and reliability

- Use valid and reliable assessments, ensuring they consistently measure what they are intended to measure.

- The basis of assessment should be a theory-based model or taxonomy from which the grading rubrics are derived.
Feedback and Debriefing
- Provide timely and constructive feedback to enhance learning and promote continuous improvement.
- Make sure feedback is constructive and motivating, not demotivating. Encourage students to self-assess and reflect on their learning to encourage self-directed learning.
- Create conditions for peer assessment and integrate peer assessment into the learning process.

Fairness and Equity

- Ensure assessments are fair and free from bias, and consider the diverse backgrounds and experiences of students.
- Ensure that assessment criteria are clear and understandable to students to reduce potential disparities in understanding.
- Involve students in the process by asking for their feedback on possible unfairness in the evaluation and assessment system.
- Explain clearly to students how the assessment will take place, what the criteria will be and how the assessments will be made.
- Train the teachers so that they know how to use assessment methods in a uniform manner based on the principles of fair assessment.

Continuous Quality Improvement

- Regularly review and update assessment tools and practices based on feedback, research and changes in educational standards.
- Ensure that the updating of learning objectives takes place together with the updating of assessment methods and criteria. (CALOHEE Project Group, 2023.)

Formative and Summative Methods

Formative and summative assessments are essential in evaluating educational outcomes and competencies in Advanced Practice Nursing. These assessments help gauge students' progress, identify areas for improvement, and measure overall achievement. There are several scientifically proven tools and guidelines for evaluation and assessment in Advanced Practice Nursing education. Incorporating a combination of formative and summative assessments, using diverse and reliable tools, is recommended to maintain the focus on students' continuous improvement. Using formative and summative assessments will contribute to effectively evaluating educational outcomes and competencies in Advanced Practice Nursing education.

Formative methods

There is no one pedagogical method or formative assessment which is suitable on its own for assessing or evaluating all theoretical or clinical competencies simultaneously. This chapter focuses on clinical assessment and evaluation where theoretical knowledge is integrated into clinical competencies. Examples of pedagogical methods that can be used for formative clinical assessments are OSCE, student self-assessment and reflection, and peer assessment.

Objective Structured Clinical Examination (OSCE) has been used in medicine for decades to assess and evaluate clinical skills and competence in a controlled environment. The method is built on defined clinical scenario stations, with checklists associated with goal achievements connected to each station. In contrast to traditional methods of assessment of clinical skills, which are often problematic in their use of unfair scenarios and the influence of coincidence as they are based on only real patient case situations, OSCE represents an attempt to develop settings that allow standardised conditions for student skills assessment. OSCEs can be performed in different ways, such as with multiple stations where the student focuses on a specific skill or task, limited to one or two scenario stations, or as so-called head-to-toe examinations. OSCEs can be used at all levels of nursing education to assess several aspects of the profession, such as physical and mental health examinations, communication techniques and clinical and diagnostic decision-making. Best practices in OSCE include using various scenarios and standardised patients and providing immediate feedback to enhance learning. (Rushforth, 2007; Harden, 2016; Aronowitz et al., 2017; Goh et al., 2019; Taylor, 2019; Lavery, 2022; Taylor, 2023.)

Practical examples of OSCE

Educators must remember that the overarching objective is to cultivate an environment where students feel empowered within a positive and supportive atmosphere throughout, and follow the steps of the Objective Structured Clinical Examination (OSCE) irrespective of goal accomplishment. Experience shows that OSCEs can be perceived as challenging and emotionally tough for students, underscoring the importance of educators maintaining a supportive and collegial approach.

Example: Assessing Therapeutic Communication Techniques using OSCE

- ✓ *Educators design patient cases in advance where skills in therapeutic communication are pivotal, each with a predetermined "solution" (e.g., a patient who is suicidal but is, at the same time, reserved and hesitant to open up to the Advanced Practice Nursing (APN) student).*

- ✓ *Skilled actors, professional or semi-professional, play a pivotal role in these scenarios.*
- ✓ *The examination is structured to encompass 2-3 case stations, ensuring a diverse range of situations for the student to navigate.*
- ✓ *Each scenario station is allocated a set time, typically 15-20 minutes.*
- ✓ *Educators create checklists derived from literature, specifying criteria such as using a minimum of four out of eight predefined techniques and demonstrating general nursing skills, such as a person-centred approach, in professional conversations.*
- ✓ *Before the examination, students are briefed on its format, the overall structure of the cases, the literature to use and the checklists. The goal for each scenario/case should be clear to the student e.g., "the task is to build a professional relationship with this first-time visit patient, and to perform a first clinical assessment".*
- ✓ *During the examination, the teacher discreetly observes and takes notes from behind a folding wall, allowing students to engage with scenarios independently.*
- ✓ *When the allotted time is up, the teacher carries out a debriefing session with the student and actor. The student conducts a self-assessment, reflecting on what could have been done differently. The actor shares insights into the patient's experience, evaluating the therapeutic atmosphere and identifying strengths and areas for improvement.*
- ✓ *The teacher provides an overall assessment, highlighting commendable aspects and areas where the student could have acted differently or fell short of the requirements. The feedback is given in a constructive manner.*
- ✓ *If a student does not meet the passing criteria, specific feedback is provided, emphasising areas for improvement. A follow-up Objective Structured Clinical Examination (OSCE) is offered within a reasonable timeframe for re-evaluation.*

Self-reflection is defined as a conscious mental activity that requires students to think, reason and examine their feelings, thoughts and ideas (Young, 2018; Lim et al., 2022; Chen, 2023). The goal is for students to reflect on their experiences, which might lead to new or different ways of thinking. This method can help students increase their inner motivation, leading to better satisfaction with learning. Furthermore, self-reflection can increase students' awareness, allowing them to learn new competencies or improve those they already have. It is also worth noting that self-reflection can help students develop their self-efficacy by identifying their strengths and flaws. Self-reflection in education allows students to not only grasp the assumptions behind their thoughts and behaviours but also to challenge their meaning and discover alternative ways of acting. Chen (2023) emphasises that self-reflection throughout education may help students

make sense of not just what they have learned but also why they are studying it.

Methods for self-reflection include learning journals, debates, oral discussions, reflective writing, peer review exercises, peer coaching/mentoring, personal development planning and portfolios (Lim et al., 2022; Chen, 2023.) Furthermore, evidence has shown that simulation training contributes to postgraduate nursing students' reflection skills, particularly in end-of-life communication with patients and family members (Lindberg & Fridh, 2021).

Peer assessment or peer review is a method that involves students giving and receiving feedback on each other's assignments, tasks or other work, and usually involves explicit criteria. Peer assessment can enhance understanding of the work involved and thus improve the quality of the final product. Peer assessment helps APN students successfully give and receive feedback, as a clear and effective plan is needed. (Burgess et al., 2021; Serrano-Aguilera et al., 2021; Wu & Schunn, 2021).

Educators should thoroughly brief students on how to take responsibility for giving and receiving feedback. This helps everyone understand the goals. Proper training on the peer assessment tool and the feedback process can enhance the academic and professional benefits of peer assessment. It should be noted that the goal of the peer assessment process is to improve student learning as it happens so they understand the work better and can improve the (end) result. It promotes thinking about the work and is mainly used for feedback as the work progresses, as in the context of providing formative feedback. However, peer assessment also provides students with the opportunity to give final, summative feedback.

Summative methods

Summative evaluation assesses a learning journey's final performance or outcomes (Bin Mubayrik, 2020). This evaluation approach concentrates on summarising and evaluating a student's overall understanding and skills after a specific period, typically marking the end of a teaching unit or course (Bullock et al., 2018; Vinall & Kreys, 2020). The primary objective of summative evaluation is to ascertain the extent to which a student has achieved the desired learning objectives. This process often involves quantification using the taxonomy of learning levels, as indicated by grades or points. Summative evaluation primarily focuses on individual assessment (Bullock et al., 2018; Mohamadi, 2018; Vinall & Kreys, 2020).

In essence, summative evaluation possesses distinct characteristics aimed at measuring and assessing the final outcome of a learning process.

Summative evaluation in education involves employing various methods to assess and measure students' overall learning outcomes. Some of the most common methods used in summative evaluation include:

- **Standardised tests:** formal assessments with predetermined questions and scoring criteria, often used to measure a student's knowledge and skills against established benchmarks. Used to assess level 1 ("knows") and level 2 ("knows how") of Miller's pyramid (1990).
- **Objective Tests, Multiple-choice questions (MCQ):** Multiple-choice, true/false or matching questions designed to measure a student's factual knowledge and understanding of specific concepts. Used to assess levels 1 and 2 of Miller's pyramid (1990).
- **Final exams:** traditional written or practical exams administered at the end of a course or academic period to evaluate a student's comprehension of the entire curriculum.
- **Portfolios:** A collection of a student's work over a specific period, showcasing their achievements, skills and progress in various areas. Portfolios provide a comprehensive view of a student's learning journey. This is a creative and systematic "*collection of a student's work samples, projects, and evaluations over time to provide evidence of achievement of goals. It should be accompanied by student goal setting and frequent faculty feedback on progress*" (Miller, 1990). This method allows the highest level ("does"—performs tasks professionally in an authentic context) of Miller's pyramid (1990) to be assessed.
- **Performance Assessments (Clinical Competency Evaluation CCE):** These assessments measure a student's ability to apply knowledge and skills in real-world situations. They often involve practical tasks or simulations that mimic professional scenarios. Evaluation can be conducted through clinical exams and direct observation in clinical settings. Applied to assess levels 3 and 4 of Miller's pyramid (1990), that is, "*shows how*" (demonstrates how a procedure is performed in an artificial environment) and "*does*" (can perform tasks professionally in an authentic context).
- **Objective Structured Clinical Examination (OSCE):** Common in fields like medicine and nursing, OSCE assesses practical skills and competencies through a series of stations where students encounter simulated clinical scenarios. Applied to assess levels 3 and 4 of Miller's pyramid (1990).
- **Final Grades:** Cumulative grades assigned to students based on their performance throughout a course. These grades may include a combination of exams, assignments and other assessments.
- **End-of-Course Surveys:** While not directly assessing student performance, surveys can gather feedback on the course structure, materials and teaching methods, providing insights for improvement.
- **Self-assessment:** This involves self-reporting by students using the valid and psychometrically reliable Nursing Professional Competence (NPC) Scale

(Meretoja et al., 2004a) or the short version of the NPC Scale (Nilsson et al., 2018). There are a few other generic competence evaluation instruments, but the NPC is the most widely used. However, as a study conducted in Sweden illustrates, students' self-assessed competence might differ from their competence as assessed through examination (Forsman et al., 2020).

The outcomes of this type of evaluation are frequently utilised to inform decisions about a student's progress, grades and overall performance. Additionally, they can serve as an objective basis for comparing students and educational institutions, including universities. (Bullock et al., 2018; Vinall & Kreys, 2020.)

Consequently, summative assessments are almost always formally graded and often carry significant weight. Furthermore, they are frequently employed to fulfil accountability requirements, substantiate claims or make informed judgments regarding the overall quality of an adult evaluation programme. (Mohamadi, 2018; Bin Mubayrik, 2020.)

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Chapter 7: Sustainability of APN Education and Future Recommendations

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Introduction

An important part of developing Advanced Practice Nursing and education programmes preparing nurses for APN roles is aiming for sustainability in APN roles, APN care models and education programmes. Thus, APN roles, models of care and education programmes also need to be adaptable to the changing needs of the population's health and healthcare systems. This chapter investigates sustainability in APN education and offers future recommendations for maintaining relevance and promoting continual growth.

Sustainability of Advanced Practice Nursing Roles and Programmes

The development and implementation of Advanced Practice Nursing roles is intended to provide better coverage and support to users of the health system, take advantage of Advanced Practice Nurses' intellectual capacity and expertise and retain good professionals in the nursing profession. The development of APNs has been seen as crucial for nursing worldwide. (Lopes-Júnior, 2021.) As highlighted in other toolkit chapters, APN roles can offer improved access to care, increased quality and more timely care. However, despite the advantages of APN roles, there are still disparities between European countries when it comes to implementing and sustaining APN roles (Unsworth et al., 2022; De Raeve et al., 2024). Advanced Practice Nursing and APN roles and programmes are already established in many countries across the Nordic and Baltic regions of Europe (Sulosaari et al., 2023). Development is at different stages in different countries with regard to how well APN roles have been integrated into health systems and how well APN education programmes answer the needs of population health and sustainable health care provision.

APN role implementation depends on successful collaboration between health care systems, policymakers, professional bodies, leaders,

managers, practitioners and educators. Roles are developed and implemented through solid stakeholder engagement (De Raeve et al., 2024). Furthermore, education and health care systems are in dynamic development, dependently and independently of each other (Maier & Aiken, 2016). Therefore, the development of regulations, policy and research should go hand in hand with the introduction and implementation of APN roles and education programmes preparing nurses for APN roles. This would also support sustainability in newly implemented APN roles and care models. Thus, the size of the APN workforce depends on several factors, including population health needs, care delivery models and the total number of nurses within each country (Unsworth et al., 2022).

It is important to recognise that the process of integrating APN roles requires time and patience. The implementation process can take 10–20 years (Jokiniemi et al., 2014; Unsworth et al., 2022). This is also the case with introducing new APN programmes; it will take time for programmes to become well-known and attractive and for nurses and their employers to see the potential of the programme to prepare nurses for extended roles in patient care. Recognising the importance of the relationships between nurse directors, service managers and educators is key to the early development of these roles and to establishing sustainability in the newly developed roles and models of care. Moreover, the successful implementation of APN roles requires an extensive and in-depth assessment of the population's health needs and the services required, well-established networks of educators and collaborative bodies composed of practitioners, managers and educators. Nursing leaders, managers and practitioners can work with educators to develop APN roles, implement them, and identify appropriate outcomes to convince hospital management and policymakers of the value of advanced roles (Unsworth et al., 2022).

Future recommendations:

- Ensuring the sustainability of Advanced Practice Nursing and APN programmes requires close cooperation among healthcare systems, policymakers, professional bodies, leaders, managers, practitioners and educators.
- Assessment of health care services and population health needs can provide the foundation for the establishment of new programmes and evaluation of existing programmes.
- Locally advisory groups could be established to ensure APN programmes respond to the health needs of populations and health care services. These groups should include practitioners, manager and educators.

- The Nordic and Baltic countries are in different stages with regard to the development of APN programmes. Therefore, collaboration between higher education institutions and among APN educators is needed.

Ongoing professional development from novice APN to expert APN

For all healthcare practitioners lifelong learning is a binding requirement. Ongoing professional development is needed for safe, ethical and effective evidence-based practice. APN educators should emphasise this during education.

ANP educators should promote the implementation of APN roles in practice (Mackavey & Bryczynski, 2022) by preparing graduates to transition between the orientation, frustration, implementation and integration phases. The gap between what was learned during education and what is needed for successful practice as an ANP may cause a transition shock, described as "disorienting, confusing and doubt-ridden chaos," leading to role dissatisfaction, suboptimal performance and possibly failure in the workplace. (Fitzpatrick and Gripshover, 2016.) Developing strategies to increase competence is a professional responsibility of all APNs.

The following are recommendations for role implementation in each phase:

- Orientation can be supported by a structured orientation plan organised by the employer. APNs can identify a role model or mentor, or network with peers. Joining national and international APN networks and groups is recommended. It is very important to recognise and be aware of one's own expectations and to be self-directed in role implementation.
- Frustration with affective responses may occur in any phase of role implementation. These feelings may arise when moving from expert nurse to novice or advanced beginner ANP. Debriefings with experienced APNs or nurse managers may be helpful. Planning longer patient visit times and time management tips may help solve this problem. Being aware of the gaps between expectations and real-world applications and taking care of one's mental health can support role implementation.
- Role implementation can also be supported by reassessing practice demands and priorities, as well as one's own expectations. This can be achieved in a 6-month evaluation with a supervisor, for example. In addition, collaboration and co-treating patients with colleagues may give an additional boost.

- Integration can be promoted in a 12-month evaluation, which can include planning for role refinement and expansion. Different forms of intra and interprofessional collaboration, debriefing and seeking verification and feedback from colleagues can give added value (Mackavey & Bryczynski, 2022).
- In some countries revalidation of the healthcare practitioner licence is mandatory, most commonly every five years, and ANPs must also demonstrate and provide evidence of continuous development in their area of practice. In some countries the employer might require APNs to undergo a performance evaluation every three to five years to retain their position. If so, the process will be detailed in the career ladder or professional advancement programme. However, lifelong learning is an issue of personal commitment. Below are links to a number of networks APNs should consider joining.

Tools and Resources:

Organisations and networks:

The International Council of Nurses (ICN) Nurse Practitioner/Advanced Practice Nurse Network (NP/APNN)

<https://icnnpapnnetwork.wildapricot.org/>

The Association of Advanced Practice Educators UK.

<https://aape.org.uk/>

Royal College of Nursing Advanced Nurse Practitioner Forum.

<https://www.rcn.org.uk/Get-Involved/Forums/Advanced-Nurse-Practitioner-Forum>

[NordicAPNedu - Developing advanced practice nursing education \(turkuamk.fi\)](https://nordicapnedu.turkuamk.fi/) <https://nordicapnedu.turkuamk.fi/>

[Kliiniset asiantuntijat YAMK-KLIAS ry](https://www.klias.fi/) <https://www.klias.fi/>

[Avansert klinisk allmennsykepleie \(nsf.no\)](https://www.nsf.no/)

<https://www.linkedin.com/company/det-landsd%C3%A6kkende-netv%C3%A6rk-for-apn-sygeplejersker/>

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