

NPAPN 2025 Bulletin



Image 1: Members of the ICN NP/APN network at the ICN booth - ICN Congress Montreal 2023

Save the date!

We hope to see many colleagues at the ICN NP/APN Network Conference Congress in Nashville, Tennessee, USA in September 2026. Visit the website to find out more about this event: <https://icn-npapn-2026.com/>

Work is underway to develop the ICN NP/APN Network conference and full details about the developments including the programme and details about abstract submission can be found on the website. We look forward to welcoming you to the USA!

Global APn Research

the gap between education and practice: the experience of Nurse Practitioners in China

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Background

Nurse practitioners (NP) have become an important part of Global Healthcare System and in November 2022 there were more than 355,000 nurse practitioners in the USA. Previous studies showed that an NP presented similar outcomes and was more economical relative to medical doctors. Peking University introduced the first NP master's degree programme in 2017 in

response to the lack of general practitioners (GP) in primary care settings of China. The first NP graduates from this programme have practiced for nearly three years now.

Objectives

To explore the gap between the education and practice of NP's and identify methods to reduce variance.

Methodology

This is a case report study of the first NP graduates from Peking University.

Findings

The three-year Master level education programme was designed mainly according to the international standards of NP education and the Master level training programme of GP of Peking University, including theoretical courses and clinical practice. Theoretical courses included general courses and NP-related courses. And clinical practice was a 24-month training programme consisting of nursing practice and medical practice with a time ratio of 1:1. The purpose of nursing practice and medical practice is to teach students regular nursing care skills through nursing rotation, the diagnostic and therapeutic skills through residency-like clinical rotations, respectively.

However, up to now in China the diagnosing and prescribing rights are just given to physicians, which means NPs cannot practice as they expected and trained. Therefore, as a matter of fact, NP graduates had to play the roles similar as clinical nurse specialists. Given the insufficient clinical practice experience of the new NP graduates, they received one year training in a specialized nursing practice. After that they started their attempt to build new service modes of NP practice. One NP has been working at a tertiary hospital. She implemented inpatient consultations, conducted whole-hospital blood glucose management and provided diabetes case management at outpatient clinic with the function of assessing patients' diabetes management behaviors and the levels of glycemic control, administering lifestyle interventions, and referral those who needs to endocrinologist. Another NP has been working at a community hospital affiliated to the tertiary hospital, conducting patients' assessment, patients' managements, lifestyle intervention and transfer treatment to GP via diabetes case management clinics. Meanwhile, she made health records and followed the patients with chronic diseases living in the community.



Image 1: NP providing case management



Image 2: NP providing inpatient consultation.

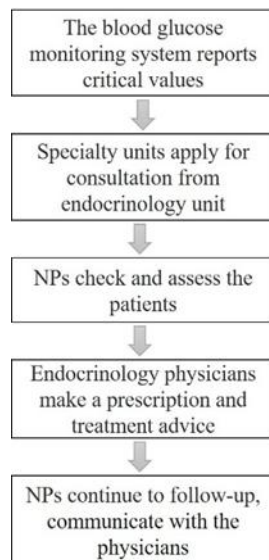


Figure 1: The workflow for an NP conducting whole-hospital blood glucose management.

Conclusion and recommendations

The main gap between education and practice of NP in the first master's degree programme may be that too much emphasis was paid to diagnosis and treatment ability education while in the practice setting the NP role is more like a CNS. The specialized nursing training in the NP programme needs to be strengthened.

The significance of the study specifically for advanced practice nursing

Relevant laws and regulation rules relating to APN practice are crucial not only to practice, but also education. At the infant stage of NP education and practice, clinical needs and practice feasibility should be particularly considered to obey the running laws and regulation rules.

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Implementation strategies for safer administration of look- alike, sound-alike medication at the University Teaching Hospital of Kigali, Rwanda

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Background

Patient safety is a serious global public health concern. The cost of medication error is estimated at 42 billion USD annually worldwide. Adverse drug events appear to be a leading cause of injury in high-, middle- and low-income countries. Confusions involving look-alike/sound-alike (LASA) drug names continue to threaten patient safety. The **aim** of the project was to implement strategies to prevent medication errors and promote patient safety at Kigali University Teaching Hospital in the pharmacy department.

Methodology

A checklist was developed in order to evaluate the implementation of LASA policy. The project monitoring was done day to day and the evaluation was performed after 3 months.

Results

The project was implemented at 88%. The interventions implemented were: 1) update LASA policy with current evidence, 2) creation of a list of confusing LASA medication names using tall man lettering, 3) store LASA medication by using uniform warning labels throughout the respective facility to facilitate identification (blue color labels), 4) create an inter-professional collaboration pathway between units and pharmacy team 5) build capacity regarding medication error prevention at the pharmacy department by putting strategies in place. The project constraints was to obtain enough labels hospital; the procurements process will be used and are beyond the timeline.

Conclusion

This study is on implementation strategies for safer administration of LASA medication. These will prevent patients harm from medication error and will result in service delivery improvement.

What is already known on this topic in advanced practice nursing?

A study at Kigali University Teaching Hospital in 2017 found that 39% and 45% of nurses do not report medical error if they are only the one who discovered the errors.

Proposed solutions for overcoming medication errors are: Reducing interruptions and distractions, storage strategies, typographic intervention, e.g., tall man lettering, barcoding, computerized physician order entry.

What does this project add to advanced practice nursing?

The key activities from the project were to update LASA medication policy with current evidence, elaborate a list of LASA medication using tall man lettering, store LASA medication by using uniform warning labels throughout the respective facility to facilitate identification, create an inter-professional collaboration pathway between units and pharmacy team, build capacity regarding medication error prevention at the pharmacy department.

The specific significance of the project to advanced practice nursing

- Implementation strategies for safer administration of look-alike/sound-alike medication at the University Teaching Hospital of Kigali reduced medication errors. The project put in practice the strategies that improved patient safety and decreasing patient harming from LASA medication. Also, the hospital leadership may be aware of the medication errors, and can develop, implement and sustain appropriate policies and strategies to improve

patient safety. The clinicians can better identify the potential for errors by staying alert to the specific medications that cause the most confusion in individual practice settings.

- In nursing/midwifery, this quality improvement project contributed to the existing strategies improving patient safety.

Finland – Promoting advanced practice nursing through national collaboration.

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Introduction

In 2023, Finland implemented one of the largest reforms in the social and healthcare system in its history. The changes also brought an opportunity to advance advanced practice nursing integration in the new social and healthcare structure and new job opportunities for healthcare professionals. However, due to slow changes in the career perspectives of nurses and in the healthcare system, the know-how and potential of APNs has not been utilized to the full extent. The growing shortage of nursing professionals forces the government to add more emphasis on clinical career path opportunities for registered nurses.

Background

In Finland, the education for advanced practice nurses (APN) began in universities and universities of applied sciences at the beginning of the 21st century. The first APN posts were established in the university hospitals at the same time. advanced practice nursing (APN) roles are country specific. Therefore, in 2016, the first Finnish Nurses Association APN expert working group was appointed to clarify and describe advanced practice nursing roles in the country-specific context in Finland. Currently two APN roles are recognized: clinical nurse specialist (CNS) and nurse practitioner (NP). In addition, the role of specialist in clinical nursing science exists in one university hospital. The role of nurse informatic (NI) has been established in the healthcare sector. However, there is still no national consensus or regulation on these roles in social and healthcare. In Finland, special authority for limited prescribing for registered nurses is a separate education and a regulated extended role. This role is mainly implemented in primary health care.

In 2016, the first expert group recommended

1. The job descriptions of APNs have to be defined, titles unified, and legislative changes examined.
2. Nursing education must be developed to meet the needed competencies.

3. The number of APNs must meet the health requirements of the Finnish population.
4. The specialist job description must be seen in the salary of the nurse.
5. The effectiveness of APN job descriptions must be evaluated and followed.

Some of the recommendations have progressed but there is still no national consensus or regulation for APN roles and education. Moreover, information on the state of APNs was somewhat scattered and it was seen as important to identify the progress since 2016.

Methods

A new APN expert group for the Finnish Nursing Association was established in 2021.

The members of the 2nd APN expert group represented nursing practice, education, research, nursing leadership, and trade union. The collaborative work included a scoping review of scientific literature to capture the current state of APN research in Finland, focus group interviews (N=31) on APNs', nurse leaders', and educators' perspectives on the current state of APN, and the development of fact sheets on the APN roles for communication actions and recommendations for future role development. In addition, the expert group participated in the Nursing Research Foundation Sr (NRF) development process of updating the Action Model of Expertise for Evidence-Based Health Care (EBHC).

Results

The scoping review of the literature revealed moderate research (n=19) on the APN roles within Finland. One of the challenges is that the titles used in the APN roles vary. Based on the interviews, the role of APNs varies according to the organization's capability and resources to utilize the full potential of the APN role. In best case, the role was well-established and independent and thus improved the quality of patient care. However, APNs were often used as a substitute for nursing staff which in turn limited the full use of their expertise or their role was not acknowledged within the organization. The updated Action Model of Expertise, including five different types of experts and their core competencies, was introduced as a means of facilitating EBHC in Finland.

In addition, the expert group made the following recommendations:

- 1. APN roles and education should be established by a national advisory board.

Initiatives relating to the regulation of tasks, skills recognition, and the harmonization of qualifications should be coordinated at the national level. During the 2023-2027 government term, a nursing division of the Advisory Board of Health Care Professionals, established by the Ministry of Social Affairs and Health, should be set up. We recommend that this section, in its upcoming period of operation, review and make recommendations on APN roles that require a Master's level degree (University of Applied Sciences/University). A national model and systematic implementation and monitoring will contribute to the optimal allocation of resources.

- 2. There needs to be close collaboration between the educational system and working life

Collaboration and networks between the education system and working life should be strengthened for developing APN roles. Collaboration must be implemented across the board,

from the highest national level to individual organizations. This will ensure that the education system produces the skills needed by working life, including in terms of continuous education. Close collaboration between the education system and working life must reflect the health needs of the population and take account of future challenges, such as population aging.

3. Wellbeing Services Counties should systematically use and increase APN job roles

There is a need to increase the number of APN roles in Wellbeing Services Counties, both at primary and specialized levels and in services for the elderly, both in service housing with 24-hour assistance, and in-home care. Making full and optimal use of the skills of advanced practice nurses is important for prevention, access to care, health promotion ensuring evidence-based care, and developing technology and digitalization. APN roles are an essential part of nurses' clinical career paths, the development of nursing and clinical support structures, thus playing an important role in the sector's professionals' retention and attractiveness as an employer.

- 4. APNs should be involved in development working groups on health and social services.
- APNs have expertise in wellbeing, health, nursing development and research, and evidence-based practice. This expertise should be used in nursing and multi-professional development teams to develop the functions of the social care system and crisis preparedness.
- 5. Organizations need to produce and analyze data for evaluating the effectiveness of APNs

More information is needed on the effectiveness and cost-effectiveness of APNs in different areas of nursing. Uniform nurse-sensitive indicators should also be introduced in the area of advanced practice nursing. Consistent data on effectiveness produced by organizations will enable the study of tasks and support future decision-making and the development of task profiles and training.

Conclusion

Harmonization of APN roles is needed as it promotes the understanding and utilization of full APN potential. The social and healthcare system in Finland is under transformation and it is restructured to meet the changing population needs. It is a critical time to continue the systematic implementation as well as influencing and policy work of APN roles to secure patients' access to high-quality social and healthcare services and retention of expert workforce.

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Report of the first APN expert group (2016): <https://sairaanhoitajat.fi/wp-content/uploads/2020/01/new-roles-for-nurses.pdf>

Report of the second APN expert group (2023, in Finnish) to be published in English: https://sairaanhoitajat.fi/wp-content/uploads/2023/04/APN-raportti-2023_final.pdf

Video clips on APN work in Finland: <https://www.youtube.com/watch?v=Z6n2MsEx-DQ&t=7s>

Nursing Research Foundation (NRF) Action Model of Expertise for Evidence-Based Health Care (EBHC): <https://www.hotus.fi/wp-content/uploads/2023/04/finame-en-final.pdf>

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