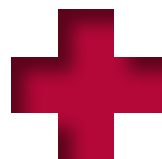


NP



Nurse Practitioners

A Healthy Future for New Zealand



NZ NURSING
At the heart of health care

ACKNOWLEDGEMENTS

This publication has been produced in a partnership between the Ministry of Health, the Nursing Council, the Future Workforce (FW) NP Facilitation Programme and the Nurse Practitioner Advisory Committee of New Zealand (NPAC-NZ).



Citation: Ministry of Health, Nursing Council of New Zealand, DHBNZ, NPAC-NZ. 2009. Nurse Practitioners: A healthy future for New Zealand. Wellington: Ministry of Health.

Published in December 2009 by the Ministry of Health, PO Box 5013, Wellington 6145, New Zealand

ISBN: 978-0-478-33933-8 (print)
ISBN: 978-0-478-33934-5 (online)
HP4966

This document is available on the Ministry of Health website: www.moh.govt.nz/nursing

The first 50 New Zealand Nurse Practitioners

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Introduction

The Nurse Practitioner (NP) was a new scope of practice launched by the Ministry of Health and the Nursing Council of New Zealand in May 2001. Since then, steady progress has been made in the education and training of NPs. The 50th NP was registered in 2009 and numbers are steadily increasing.

This publication shows the vital contribution NPs can, and are already, making to the health of New Zealanders and their communities around the country. It also demonstrates how well NPs are working with other health professionals.

Most of all, these stories capture what it is to be an NP. The role is definitive of advanced nursing practice – a unique blend of nursing and medical knowledge, clinical leadership, scholarship, research, planning and advocacy. It is a demanding, new and advanced role with plenty of responsibilities, and it is clear from these stories that people love the job. All our NPs demonstrate excellence in their work and as such, it was difficult to select just a few examples.

This publication salutes the pioneering energy of New Zealand's first NPs. We hope it serves as an inspiration to those who follow.



Dr Mark Jones, Chief Nurse, Ministry of Health



Interview with Dr Mark Jones, Chief Nurse, Ministry of Health

Why does New Zealand need Nurse Practitioners (NPs)?

An NP combines the best of nursing with some skills from medicine. NPs can deliver a large proportion of the services the average person needs in terms of minor, acute illness and long-term conditions such as asthma and diabetes. Through NPs, we are able to offer the public a whole new access arrangement into healthcare.

How will GPs and NPs work together?

A key notion of NP services is that they free up doctors to get on and do what they do best. Our GPs have the skills to work on complex diagnoses and pathologies, and we need them to be concentrating on that. We can't expect them to do everything. Having more primary healthcare NPs will mean they can take over a lot of the work that is tying up GPs. I am totally convinced that primary healthcare NPs working in partnership with GPs can deliver the sort of primary healthcare we've not seen before in New Zealand.

What difference will NPs make for the average patient?

International evidence shows that NPs do really well in terms of service delivery. People believe they get at least the same outcomes as they would going to other practitioners and in many cases they receive a service that suits them better. They manage their health and illness states better than they did when they just accessed one professional group.

What will be the impact of NPs on our population health targets?

In primary healthcare, NPs are very good at sitting down with people and helping them understand what is wrong with them and how they can manage their condition. This applies to all the long-term or chronic conditions like asthma, diabetes, high blood pressure and heart problems. If we do this, we will stop people getting ill in the first place and that will release the pressure on our hospital system.

The stories in this publication show it's a demanding journey to become an NP. Have we got the balance right between rigorous standards and encouraging people?

At the end of the day, if we can't guarantee safety and quality care then NPs will never develop further than they have now. I think the balance is right between the education programme and being able to demonstrate that these people are competent.

How do you see the development of NPs evolving?

We need to achieve a more common NP educational pathway, test people, both academically and clinically, as part of that preparation and have more supervised practice as part of NP education. That's something the Nursing Council is keen to work on with us.

What is the significance of this publication?

I think this publication celebrates a significant milestone in nursing history – the first 50 NPs. You can see in these vivid stories that these are people who are making a significant difference to people's lives and we should be investing more in this role.

How would you characterise the efforts of our NPs to reach this point?

These are courageous people who are at the vanguard of a whole area of professional development. They are under the spotlight from their communities, their profession and other professions. They've shown great tenacity and resilience to reach this point and should be commended for that.

NP Q+A



What is a Nurse Practitioner (NP)?

NPs are Registered Nurses with advanced education and experience. They have an important role to play in improving the health of New Zealanders and reducing inequalities in access to healthcare.

NPs are authorised to practise in an expanded nursing role in clinical settings. The NP role includes things that traditionally have been performed by other health professionals, such as prescribing medicines and ordering diagnostic tests.

NPs work within a specific area of practice, using advanced knowledge and skills. They practise both independently and in collaboration with other healthcare professionals to promote health and prevent disease, and to diagnose, assess and manage people's health needs.

NPs work in a wide range of settings – hospitals, aged care facilities, GP practices and out in New Zealand communities, rural and urban. In some isolated communities they are the front line of our health system, helping to improve access to primary healthcare and address persistent health inequalities.

NPs draw on a wealth of education and experience, and have the ability to make complex decisions on care for individual patients and populations.



The big picture – why are NPs important to our health system?

NPs have a crucial role to play in helping New Zealand meet the challenges facing its health system.

- New Zealand doesn't have enough doctors, so we need fresh thinking in workforce planning and new employment models. NPs provide a sustainable solution to ongoing workforce shortages.
- NPs are a new and smarter way of making the best use of our healthcare resources. NPs free up doctors to work on more complex cases.
- NPs combine the best of nursing with skills from medicine.
- NPs can fit anywhere in the delivery system and span the service continuum – they are a flexible resource.
- NPs are a key component of New Zealand's future health and disability workforce.

What are the benefits of NPs?

- NPs can help to ensure more of our communities can access expert healthcare.
- NPs can respond immediately to a person's health needs – they can prescribe medicines and order diagnostic tests and x-rays.
- NPs can provide a 'one-stop-shop' service – streamlining a patient's journey through the health system and providing better coordination of care.
- NPs help to meet identified gaps in health services.
- NPs work in partnership with other health professionals, strengthening the skills and resources available.
- NPs can provide leadership in clinical development and research.

How do you become an NP?

To become an NP people must have:

- a Master's degree in nursing or health science that involves on-the-job training, and that appears on the list of qualifications approved by the Nursing Council of New Zealand.
- at least four years' experience in a specific area of practice such as emergency health, disease management or primary healthcare.
- NPs also need to be registered with the Nursing Council of New Zealand, and have a current Annual Practising Certificate. To earn this, NPs must meet the Nursing Council's competence requirements. These include:
 - stipulated practice and professional development hours
 - being able to meet the Council's competencies for their scope of practice applied to the area or context in which they practise.

To become an NP with the right to prescribe medicines, applicants must meet additional education and practice requirements, set out by the Nursing Council.

NP Boosts the ED

Frustrated by what he perceived to be “a poor delivery of service to emergency department (ED) patients” because of a lack of resources within his department, Michael Geraghty resolved to become a Nurse Practitioner (NP).

Michael brought a wealth of nursing experience to the role. He trained in the UK and has worked in mental health, paediatric general and orthopaedic surgery, paediatric/cardiac intensive care and then, for the past 15 years, in emergency nursing.

“I knew NPs in America and the UK performed successfully in EDs there and knew the role could be implemented here,” he explains.

Michael says the ED is a great place to work. “Whilst we see our fair share of tragedy, there is also a great deal of satisfaction in treating people, alleviating pain and sending people home satisfied with a good service.”

These days, Michael’s working life is “pretty much all clinical”. He works with another NP, Margaret Colligan, and nurse specialist Liz McIlwain to provide a seven-day-a-week service complementing the work of the medical staff by managing the patients with less severe acute illness. This allows the doctors to concentrate on the sicker patients.

“My role is aimed at managing those patients with low to high acuity, but with low complexity. I will assess, treat and discharge 80 percent of the patients I see independently, and for the other 20 percent, I may need to discuss some aspects of their care with the medical staff. Most of the patients I see can be discharged home, but about 10–15 percent are admitted to hospital.”



“NPs are fast becoming an established part of healthcare delivery.”

Michael Geraghty



The benefits of having NPs in the ED are obvious.

“From a quality point of view, I consistently meet the targets set by the Ministry of Health for ED triage times and length of stay, but, more importantly to me, the patients I see are generally seen in a timely manner, are given great care and leave satisfied with the care and education they have received. We’re dealing with the less complicated and sick people but they are often, by definition, a large volume of people, so without NPs the medical staff get caught up in trying to manage too much at one time.”

The role has numerous challenges too. “Keeping up to date with new evidence-based practice, keeping on top of a busy workload, balancing work and life, trying to be a role model for other ED nurses and always looking at how to improve and expand the service we provide are a few that come to mind,” he says.

Michael believes NPs bring real strengths. “In the hospital environment, I think NPs work well to bridge the gap between nurses and medical staff.”

A recent example of the difference they can make is a patient who presented with a urinary tract infection. “It became apparent that the infection was sexually transmitted and the patient was incredibly naive about safe sex practices. I was able to spend a good length of time with her talking through



NAME:

Michael Geraghty

PRACTICE AREA:

Emergency

REGION:

Auckland



those things, clearing up her misbeliefs and getting her referred appropriately for a full screening. When she left she really made an effort to thank me. I like to think that episodes like that do make an impact on people's lives. Medical staff are often so busy, people are just given the basic information without exploring an individual's health situation. Making the time for education and information is an essential part of healthcare delivery."

Michael still proudly remembers "getting the phone call from the Nursing Council to say I had successfully interviewed and would be registered as an NP. I knew that once I had this endorsement, I could really start to develop my career."

The feedback since from nursing colleagues, medical staff and family has all been positive, he reports. However, he points out that the NP role is still evolving.

"The NP role is new to New Zealand and so you really start almost as a novice when you become an NP but as you become more experienced your role develops with you. I think there is huge potential both clinically and academically. I would like to see a Master's degree available specifically for NPs and would also like to see more ED nurses taking up the role.

"There is likely to be an increased shortage of medical staff in the future and I see NPs being used more to 'fill some of these gaps'. Their value lies in the fact that they are holistic in their care.

They don't just focus in on the medical model, they look from a holistic point of view and a family point of view at the patient's needs and take in the greater picture as to the patient's care."

Michael's journey to NP status took about 18 months, but that was after having already completed a Master's of Nursing, the culmination of years of study.

What he finds most rewarding about the role is its autonomy. "You can deliver a total package to a patient and know your input has made some difference to the patient and other staff you work with. Personally I hope to stay working clinically until I retire, but there are other opportunities in education, research and policy development."

To budding NPs, Michael offers the following advice: "You need the academic background, a Master's or equivalent, so start your study early, work in an area of nursing you truly have an interest in and in an area where you feel an NP can make a sustainable difference to patient care. You need to have a passion for that area and an aspiration for what can be different and how you will achieve that. It takes drive and enthusiasm."

The healthcare system itself also needs to get on board. "NPs are fast becoming an established part of healthcare delivery. I hope that this will mean it will become easier for these roles to be developed and that DHBs and PHOs will be less risk-averse to employing NPs." +

A Rural Solution

A concern that she was working outside her scope of practice as a rural nurse inspired Anne Fitzwater to extend her formal learning and skills as a Nurse Practitioner (NP).



“For my own satisfaction, I felt that I had to be accredited by my professional organisation to confirm that I was fully trained to do the range of work that was presenting itself to me.”

Anne Fitzwater

“For my own satisfaction, I felt that I had to be accredited by my professional organisation to confirm that I was fully trained to do the range of work that was presenting itself to me.”

Anne works in rural primary care in remote Fox Glacier, South Westland. It's a sole responsibility position, hectic in the tourist season and a 'quiet little rural community' in winter. Her scope of care is very broad.

“I do everything, across the board. Emergency care, palliative care, everyday general practice care, district nursing, public healthcare.”

The GP for South Westland comes through one half-day a week, providing the opportunity for peer review. There are also the facilities and resources of the West Coast DHB to draw on, but day-to-day it is an autonomous position, requiring a high degree of knowledge and confidence.

“It's extraordinarily rewarding,” says Anne. “I can offer the community a more complete package. I can see a patient, make the assessment, order the diagnostics, prescribe the appropriate treatment and do the appropriate follow-up. Previously, when I was a nurse, I would make an assessment and they would have to come back when the doctor visited for a prescription, which in an isolated area could be days or even a week away.”

Anne believes NPs are particularly well suited to rural isolated practices, and that training to be an NP is an obvious development of the rural nursing role. “It's a lot of work and it's not easy but neither should it be. It's very satisfying. I see myself now making a bigger contribution because of the study and effort I have put into becoming an NP.”

Anne acknowledges that there are some challenges to deal with, due to the newness of NPs. Many people in the health sector, including those in technician and clerical positions, know little about the NP role.

“You have to be prepared to stand up for what you can do, you have to be persistent. But if you are, the rewards are great.”

Anne believes that NPs bring a quality of care that is greatly appreciated by clients.

“For a start, we make it easier for people to get to see a health practitioner in general practice. And we come with a different perspective and a different background. Most people really like it because they see a nurse as someone they can easily talk to, someone with more time to listen. They see a nurse as someone alongside them, and that's great.” +

NAME:

Anne Fitzwater

PRACTICE AREA:

Rural Primary Care

REGION:

South Westland



'Little Feet' Make Their Mark

Nurse Practitioner (NP) Camille Davis runs the Little Feet paediatric clinic, an innovative and successful part of the Pukekohe Family Medical Clinic.

NAME:

Camille Davis

PRACTICE AREA:

Family Health

REGION:

South Auckland

Camille moved to New Zealand from Amarillo, Texas in 2005 and hasn't looked back since. She was already working as an NP in America – one of 180,000 in that country.

Camille relocated here with her daughter – “for an adventure” – and took the first nursing position she was offered, at Pukekohe Family Medical Clinic on the rural outskirts of Auckland. (She's a keen horse rider so the location is perfect.) Camille has been there ever since, completing the portfolio requirements to become New Zealand's 50th NP.

Camille says the NP's role in New Zealand needs to be more widely promoted so there is a greater understanding of how much they can contribute.

“There are so few of us that even fellow nurses don't always know what we do. It's going to take time.”

Earning the trust and acceptance of fellow health workers is vital. “I was at an advantage because I had worked here as a practice nurse. The nurses and doctors knew me and what I could do, so when I stepped into the role of NP, they trusted me. I can't say enough nice things about the people here. We've got 15 GPs and they have all been really supportive.

Camille helped to set up the Pukekohe practice's Little Feet paediatric clinic, which she now oversees.

“The clinic saw that I had been an NP in America and they had the vision to think, ‘We want that too’. Up until then, I was working here as a practice nurse. Then our CEO said, ‘Why don't we start a paediatric clinic?’” she remembers.

The clinic was launched in October 2007 with immediate success. “We started Little Feet four hours a day for a couple of days and it just took off. It now runs five days a week, eight hours a day. I have built up a patient base and I see patients every 15 minutes just like a GP,” says Camille.

“It's an acute clinic – people can only make appointments on the day. I see kids 11 years and under, and it's all acute illnesses like earaches and pneumonia. It takes a load off the doctors, because I can see these kids and diagnose them and prescribe what they need.”

Camille says parents respond well to the NP approach and like having a choice. They often ask her why she didn't become a doctor. Her reply is, “I loved the philosophy of nursing – the caring, nurturing bit. It's a different approach to the same goal.

“The reality is that there is a place for all of us. We all have our strengths to bring. I think New Zealand needs to get behind the NP concept and grow it. Educating people about the role is the main challenge.”

Camille says NPs must stay on top of best practice and changes in healthcare through ongoing learning. “You also need to be flexible, open-minded and willing to ask for help to be a good NP,” she notes.

Camille says she is proud of her work as an NP, especially working with kids with ‘failure to thrive,’ a condition where they don't gain weight.

"NPs have more responsibility, greater autonomy and earn better pay. Those are all good reasons to become an NP."



Giving Women Greater Choice

Improving access for women to health services has been the main driver and key benefit of Georgina (Georgie) McPherson's decision to become a Nurse Practitioner (NP).

"I enjoyed working in a clinical role and wanted more challenge. Also, I could see there would be a lot of benefits for women patients in developing this role. So, for me, it was really about having a patient focus," remembers Georgie.

The move has paid off. Georgie is able to reel off a host of improvements to the service since she became an NP.

"Having the NP role meant there was more flexibility in offering clinics. It actually reduced our waiting times for women and also meant that if a consultant was away I could cover a clinic so we were reducing the number of clinics that were cancelled. My 'did not attend' rates were also lower than the doctors' clinics, so again it was improving access for women."

Georgie says many women welcomed a different care option.

"As a nurse, I offer a different approach to doctors. We use some of the same clinical skills, but our approach is different because NPs have a different model of care. A nursing approach covers a whole lot of other issues that I don't think are necessarily

"That's been a strong interest of mine, educating parents and checking for links to child abuse. Teaching parents that there's a line not to cross in terms of losing their temper. That work is really rewarding. I've worked with a lot of families like that and had good success."

Camille says the step up to NP from being a Registered Nurse is a big one, but a career move that's well worth the effort.

"The biggest difference is that nurses are provided with diagnoses by doctors, whereas as an NP you are making the diagnoses. It's a whole new way of thinking, but you can be trained to do it. At first, the hardest thing is feeling confident because it's a big shift in roles. It's a huge responsibility to be prescribing medicine. But I love it.

"Now I have a patient base, I can see the children change and grow, and I really feel like I am making a difference. I can make a diagnosis and catch things early, and that's always a good feeling."

Camille is mentoring other nurses at Little Feet and hopes they will follow her lead. There's no shying away from the fact that they face a lot of work to become an NP, but Camille is an ideal motivator.

"I say to them, keep telling yourself how much you know and don't give up, you'll get there. Hang in there, because it's worth it. NPs have more responsibility, greater autonomy and earn better pay. Those are all good reasons to become an NP. It's a neat job." +



“The most rewarding aspect of being an NP for me has been improving the access to service for women. For me that is the best part about the job.”

done by all our medical colleagues. They have an illness model which is, ‘You’ve got a problem and we’re going to deal with it’. As an NP, you tend to take a wider view of things. For me it really is about a holistic nursing model and looking at the wider issues for women. What’s going on in their life, in their family, psychological issues.”

This model of care appeals to women, she says.

“I work in colposcopy, which is quite an invasive procedure, and I also work in the community, providing a Well Women’s clinic, where sexual and reproductive health can raise sensitive and difficult issues for women. It’s been a really good opportunity from their perspective to talk about wider issues and not just come for their smear test. They come and talk about other things.”

Reflecting on her career to date, Georgie says, “To me, being an NP is about good nursing skills. I think every nurse has those qualities, but being an NP is about doing it in an expanded role.”

She is grateful for the support she has had along the way.

“I worked at Auckland DHB for about 10 years and that’s where I really developed my NP role. They were extremely supportive. I had two medical colleagues, who were great, and also nursing mentors. It’s fine to learn the clinical skills but you’ve also got to develop the nursing aspect as

well. It is a two-pronged approach. To be a good NP you need perseverance, because it is not an easy pathway. I’ve been really well supported by medical colleagues.”

About a year ago, Georgie shifted to her current position at the Waitemata DHB, and her NP role has changed accordingly. “I moved from an area where my role was to reduce waiting times, to a DHB that doesn’t have a waiting list. I am still working clinically and improving access to clinics for women, but my role is also about clinical leadership. That’s the other aspect of being an NP.

“I always wanted to extend myself, but I never wanted to become a manager. By following the NP path, I get to have my clinical focus, but also have the opportunity to project manage and employ all those other skills.”

Georgie sees a lot of potential in the NP role helping to address gaps in New Zealand’s healthcare system.

“That’s where NPs fit in really nicely. It’s about looking at where we are needed, what can we do to improve the issues we have around health inequalities in primary care,” she notes. “For example, my clinic is very much about improving access for Māori and Pacific women to cervical screening in Well Women’s care. We’ve had a really good uptake of Māori and Pacific women attending and also really positive feedback from them.” +

NAME:

Georgina McPherson

PRACTICE AREA:

Women’s Health

REGION:

Auckland



Fascinated by Difference

Nurse Practitioner (NP) Bernadette Forde-Paus works with people who have a dual diagnosis of a mental health problem and a developmental disability. She finds the area fascinating and brings loads of energy and style to what can be challenging, but rewarding work.

NAME:

Bernadette Forde-Paus

PRACTICE AREA:

Mental Health and Intellectual Disability

REGION:

Otago



“I love working in mental health. I’m not afraid of difference. I enjoy people and I enjoy difference,” says Bernadette.

She acknowledges that society itself is not always so accepting. “As a society we don’t value people with intellectual disabilities, and the health sector parallels the attitudes of society. All the health professional training programmes in New Zealand have little time dedicated to understanding people with intellectual disability,” she notes.

“People with disabilities in our society are often marginalised and out of view. The patients I support are doubly stigmatised, because they have a mental health problem and a disability.

“In mental health, the area of intellectual disability has never been attractive. The needs of people with dual diagnosis can be complex, incorporating elements of behavioural problems, psychosocial issues and often medical concerns. This makes diagnosis and treatment more complex and time-consuming. Nationally, this area struggles to attract staff. Few clinicians have the skills to work in this area. So, it was easy for my role to develop into a clinical nurse specialist and then, once I became registered, an NP.”

Becoming an NP was a natural evolution of her existing work. “I was a clinical nurse specialist working with a psychiatrist

“I can offer people responsive, continuous care, so they come with a problem and leave with it resolved, and the skills of their support network increase too.”

who had limited time to work with this dual diagnosis group. We did joint assessments and I would follow up, triaging complex presentations back to the psychiatrist. I was also covering the Southland area and people couldn’t keep coming back to Dunedin. When the NP qualification came out, it seemed like an opportunity to expand my skills and the service I could offer.”

Now Bernadette runs an outpatient clinic three days a week, working with local community mental health teams. She sees three-quarters of her patients at the clinic and the rest are home visits.

“If people get referred to the mental health service, and they have a developmental disability, they get referred directly to me and I have clinical responsibility for them.”

Bernadette says that one of her most important roles is working alongside non-governmental agencies.

“They employ a lot of untrained caregivers and support staff. I educate these agencies about increasing their capability and capacity to meet their clients’ mental health needs. It’s about increasing people’s understanding and awareness.”

Bernadette’s work can have a transformational impact on people’s lives.



Bernadette Forde-Paus

“I see people who have been living an unnecessarily miserable and unhappy life because of unrecognised mental illness. Other people have decided that this mood state is just normal for this person. Turning that around is satisfying.”

“People come in distressed, their mental health problem having significantly interfered with their ability to function. They go out with a stabilised mental state, being able to function.”

Bernadette is the only NP currently working in this area and does what she can to promote the role nationally, working on various steering committees with DHBs and other decision-makers.

“In New Zealand people still don’t really realise the potential of incorporating expanded skills, which have traditionally belonged to our medical colleagues, into the NP role. This can allow for substitution between the roles to occur, particularly where gaps in services exist. This overlap in skills should promote efficiency and flexibility in the use of valuable health resources.”

She says doctors who have worked with NPs soon appreciate what the latter can offer.

“I’ve had really good and supportive feedback from my medical colleagues. I work with a psychiatrist with whom I meet once a week, and I triage to him if a presentation becomes very complex. Otherwise I work independently, seeking advice as necessary.”

“Becoming an NP was about extending my skills so that I could offer an expanded service to the group I work with. I can offer a ‘one-stop-shop,’ incorporating psychological and medical skills into my nursing role.”

Because achieving NP status is a challenge, Bernadette is concerned that a mythology is building that becoming an NP is only for an elite few.



Leading by Example

For Alison Pirret, becoming a Nurse Practitioner (NP) was a logical development of the work she was already doing at Middlemore Hospital in intensive care and high dependency care. She is now a prescribing NP in both areas of practice.

“Becoming an NP takes time and is rigorous. It needs to be that way because there is a huge leap from being a good practice or community nurse to being an NP who is clinically responsible for the decisions they make and prescribing medications. If you’ve got the energy and commitment to do the academic work, and you enjoy autonomous, advanced practice, then go for it.”

Bernadette says because she looks after a relatively small population group of around 100 people (2.2 percent of the population have an intellectual disability and about 6 percent of those people will have a major mental health-related problem) she has the luxury of spending up to an hour on each appointment. This allows ample opportunity to get to the heart of an issue.

“I offer an extensive therapeutic package. I can offer people responsive, continuous care, so they come with a problem and leave with it resolved, and the skills of their support network increase too. It’s a great role – whilst challenging, it is also enormously rewarding.” +



“As an NP, you can improve the process for patients by helping them to clinical recovery a lot quicker.”

Alison has always been clinically focused, being involved for many years in critical care and education. “I got to the stage where I wanted a change career-wise,” she says. “I wanted more of a clinical challenge and I thought there was a service delivery gap in our organisation.”

Before Alison even chased the position, she discussed it with senior medical specialists and got their support for where they thought the NP role would fit best.

“They were very influential in saying, ‘This is our biggest problem, where we cannot cover this group of patients’,” she remembers.

At first, Alison’s NP role was set up as an intensive care outreach service. “When we first started, we only had a very small number of intensive care beds and no high dependency beds. So we had a huge patient population who couldn’t get into the intensive care unit (ICU).”

As the ICU has changed, so too has Alison’s role. “Last June, we opened a 12-bed ICU and this year we opened a six-bed high dependency unit, so we are now able to admit that sick ward patient population. Now I spend my day looking after physiologically unstable patients in the wards. We keep an eye on them to make sure they are heading in the right direction and if they are not, we get them into the ICU or high dependency unit (critical care complex) smartly.

“We also have a Patient-at-Risk team, which responds to an early-warning scoring system. My role is to support and guide them clinically and professionally. I have a huge role around professional development and advancing practice within the critical care complex. It’s quite varied.”

Alison is clear about the distinctive contribution an NP can make.

“As a Registered Nurse you have a limited ability to use all your clinical expertise. As an NP, you can improve the process for patients by helping them to clinical recovery a lot quicker. The most rewarding thing for me as an NP is to be able to go into the patient care environment and, using my knowledge and clinical experience, zone in on a problem, diagnose it quickly and put the right treatment plan in place very quickly. It’s more rewarding if you can make that difference.”

Alison says the other staff in the ICU have been very supportive of the new role. “I was lucky because I have been around a while and a lot of the consultants knew me. I’d earned their trust and had clinical credibility on the floor.”

She says NPs do more than simply fill service gaps.

“Most NPs are very experienced; they’ve been in leadership positions before. They know how to manage people, they know how to coordinate care. I think what an NP brings is that coordination of the care for patients. Not only are you making a difference by early diagnosis and intervention, you have the ability to coordinate care with other disciplines, whether it be a doctor, dietician, physiotherapist or a nurse. NPs can bring it all together so it works well.”

Alison has some advice for anyone considering an NP career. “You need good specialty knowledge and to be able to combine your clinical expertise and knowledge base. You also need superb people skills. Being an NP is all about relationships – with patients, medical staff and other nursing staff.

“Most of all, you need to have a passion for nursing and want to make a difference to people. People become NPs because they want to improve a service and make things better for patients.” +

NAME:

Alison Pirret

PRACTICE AREA:

Intensive and High
Dependency Care (Adults)

REGION:

Auckland



‘Nothing Is Solved Alone’

Nurse Practitioner (NP) Helen Topia works for iwi health provider Te Ha O Te Oranga O Ngati Whātua, based in Dargaville in the Far North.

NAME:

Helen Topia

PRACTICE AREA:

Adult and Chronic Disease Management

REGION:

Northland

The service is situated near the medical centre and hospital. “It is an avenue for people in the low socio-economic group to enter mainstream services in a culturally appropriate way,” says Helen.

The team at Te Ha comprises Helen, several nurses working with families and young children, and three community health workers. Helen’s area of practice is adult and chronic disease management within primary healthcare. She also acts as day-to-day operational manager at Te Ha, which has contracts with the DHB and the local PHO.

Helen’s professional focus is on helping a wide range of clients manage chronic conditions – cardiovascular, respiratory, diabetes and mental health. Many cases are complex, requiring a broad knowledge to maintain people in community environments.

“We run a low-cost or free service, which is really important. We can meet client needs and help them access what they need. The partnerships we have set up through this organisation make that possible.

“In these difficult economic times, the people who come to see us are very needy. This population group often cannot afford mainstream medical services. We might hand out 20 food parcels a month.”

Te Ha runs a mobile nursing service, with six outreach clinics in isolated areas of the north Kaipara. Once a month, a doctor attends the clinic, and nurses provide the follow-up in between.

Helen came back from Australia four years ago when her mother was not well, having worked as an NP in chronic disease management for four years in Sydney. Before that, she was a coordinator of the heart/lung transplant unit at St Vincent’s Hospital and had worked in a number of intensive care environments.

“The work I did at St Vincent’s was complex and challenging. Looking back, you think to yourself, ‘If we can keep these people alive, who have one foot on a banana skin and the other in the grave with grade four heart failure, if we can maintain these people for two or three years waiting for a heart transplant, why can’t we do this for others with chronic and complex disease?’”

Helen is Māori herself and has family roots in the Kaipara area going back to 1890. When she returned there, remarkably there was a vacancy for an NP right on her doorstep.

“There was a little bit of destiny there,” she says.



Helen Topia

“As an NP, my focus is on the community, on making a difference for ordinary people. That’s why the outreach/mobile nursing services are so important.”

Her role developed from the Kaupapa Māori Advanced Nurse Service, which was initiated in 2005 by a group of innovative policy-makers in Northland, says Helen.

“A key aim of the role was to improve healthcare delivery and reduce inequality to Māori and disadvantaged groups in the area.”

Helen has relished the opportunity to work on the front line and help fill the huge gaps that exist in primary healthcare for people in the region. She is committed to maintaining a clinical role and not getting diverted into administration.

“I have fought hard to stay out of a management role because it consumes you. As an NP, my focus is on the community, on making a difference for ordinary people. That’s why the outreach/mobile nursing services are so important.”

Helen believes there is a lot of scope for NPs to make a big contribution in primary healthcare.

“I have one person in NP training and I’ve got my eye on another!”

To be an effective NP, you need a clear plan of action and a way to make it work, says Helen. Being an NP in New Zealand is still a new thing and at times you have to stick your neck out.

“First and foremost, you have to be committed to making a difference. You must figure out a model of care that suits you, or you and your team, and will benefit your clients. And you need the capacity to lead others and make them feel they are making a difference too. Nothing is solved alone. In isolation, you can do nothing. If you are trying to make a wave, you’ve got to have the people work with you.”

Being an NP can be difficult and working for an iwi provider brings its challenges. There is, however, growing recognition by other health providers of the value of what they are doing, says Helen.

“That’s a big plus for me. But I think the most rewarding thing about this job is the people – the clients and the people you work with. I work with some fantastic people who have nothing but they give and give and give.” +

A Winning Combination

Mary Jane Gilmer has been a Nurse Practitioner (NP) since 1990. She began in America, working in emergency departments and later worked as an NP in a family practice with a GP.

NAME:

Mary Jane Gilmer

PRACTICE AREA:

Primary Health Lifespan
(Teaching at Auckland
University of Technology,
NP work at Auckland City
Mission)

REGION:

Auckland

After moving to New Zealand with her husband to be “close to the ocean,” Mary Jane met the registration requirements here and became an NP again. Now she combines teaching nursing at Auckland University of Technology with NP work at the Auckland City Mission. She loves the mix of roles.

“I couldn’t go back to just working clinically or just teaching, because they work off each other. To me, that synergy is meaningful.

“The Mission runs a clinic, open five days a week. So, I’m there two days a week working in primary healthcare – one in the CBD and one at the foodbank in Otahuhu.”

Mary Jane is clear about what value the NP role adds to the clinic.

“Life is so complicated, with so many complex diseases, that it’s often too hard for just one professional to sort through it all. I think we need everybody on the team. The advantage in having an NP is that you are more likely to identify the gaps, because you have a mix of skill sets and you can be more comprehensive in your care.”

Mary Jane has never forgotten one patient’s experience, which crystallised for her the worth of the NP role.

“I was referred a patient who had repetitive bronchitis. The GP said, ‘You got to get her to quit smoking!’ So I said to her, let’s look at what smoking means to you. She described it as

‘her best friend’. So we talked about what was going on her life. It turned out she was almost homeless, her husband had lost his job, one of her kids was leaving for the military, one child was losing hair and she was worried about losing their home because then she would lose her dog. She had major depression. She didn’t trust counselling.

“So I saw her regularly and we sorted out all these different issues. *Then* we could talk about smoking cessation. That was patient-centred care; finding out what was going on in her life was driving the care. That was hugely rewarding and taught me a lot about being an NP.”

Mary Jane says NPs must be open to what people really need to improve access to healthcare and provide them with a ‘voice’ in the system.

“Often patients return from seeing a specialist and express their dissatisfaction with the encounter. They may well have received the best of care, but if they believe they were not heard or do not understand the reason behind the plan or treatment, they can still feel shortchanged. An NP can turn this experience around by addressing questions and reinforcing the big picture.”

She believes it is too early to assess the impact of NPs in New Zealand, but feels there is definitely a positive contribution to be made.

"Life is so complicated, with so many complex diseases, that it's often too hard for just one professional to sort through it all. I think we need everybody on the team."



“We know that traditional medicine isn’t cracking through some of the big issues in chronic care too easily. So I think that we have to look at some new ways of working – not just work harder, but work differently.

“Most of us got into it because we realised that the clients needed access to more skill sets. My advice to any aspiring NP would be to make sure you are passionate about the area you wish to practise in, because it takes a lot of persistence to become qualified.

“A turning point for me was when the GP I was working with was recuperating after a heart attack. I could cover for him, so that patients didn’t have to travel. That gave me the confidence that NPs in general can manage primary health. It validated the role.

“Being an NP simply gives you more tools and skills. Not having that training and authority to help patients would be like being a mechanic without tools. It’s really frustrating if you’re a nurse working out there. That’s how I saw it.”

In her teaching role, Mary Jane is helping to groom the next generation of NPs. She says more needs to be done to reduce barriers to nurses becoming NPs. This means more funding for the NP role in GP clinics and more time off for Registered Nurses so they can study.

“You really have to change to move from registered nursing to the role of an NP. You just can’t continue to work as usual in your regular role. It has to be a different type of experience, where you are constantly challenged and have a prescriber working with you asking questions. That’s what I’m teaching here – the prescribing practicum and clinical decision-making for being an NP. I’m trying to do my part to encourage the next generation and I’m hopeful that it’s building.” +

Working Across the Divide

Diana Hart is a Nurse Practitioner (NP) working in respiratory care across ‘the primary and secondary divide’. She looks after patients with complex respiratory conditions. The patients are seen at Auckland’s Middlemore Hospital and out in the community.

“In quite a few instances, many of these people in the community would have ended up in hospital,” says Diana. “In conjunction with the primary healthcare team, I try to ensure they can be looked after safely at home. Most patients want to be at home. Many of these patients are severely breathless, which may cause them to seek help – and it is part of my role to assist them and their family to know when admission is really important and when it can be avoided. Breathlessness is scary for family members as well as the patient.

“Much of my role involves working with the family to support the patient, convincing them that the patient does not necessarily need admission. I teach the family how to look after this patient and not be scared of their condition and what to do when they get breathless attacks.”

Diana’s specialist advanced assessment skills as an NP makes this service possible.

“The greatest reward for me in the NP role is being able to practise at an advanced level, which I wouldn’t have been able to do before becoming an NP. Being able to define my own advanced scope of practice has been very rewarding.

“I have the skills to know when it’s a crisis and when it’s not. That comes from the training I have undertaken. I am supported in my role by the respiratory team at Counties Manukau DHB. Respiratory not a very glamorous area, but it is incredibly rewarding, and there are so many patients with respiratory problems.



“I am absolutely adamant that I am not taking the place of a doctor. I am adding the value and quality to patients’ care that only nurses can bring.”

“Before I became an NP, a number of patients had frequent episodes in and out of hospital. However, for many patients there isn’t a lot more the hospital can offer because they have severe chronic lung disease. The extra time, effort and skill that I can put into to them means they can now spend 95 percent of the time at home.

“It’s part of keeping the family together – as well as treating their underlying condition as far as possible.”

Diana also looks after 40 patients with obesity hypoventilation syndrome as part of the hospital’s community outreach bi-level ventilation clinic.

“These are very large people, many of whom the medical fraternity have almost given up on. Many of them have multiple co-morbidities caused in part by obesity. One of my biggest rewards is seeing quite a number of these patients develop a different outlook on life, teaching them how to exercise and eat sensibly and change their lifestyle. Even small changes can make a big difference. My greatest success has been a young Māori guy who has lost 100kg.”

One of the most gratifying aspects of Diana’s NP journey to date has been feedback from fellow health professionals.

“A GP recently said to me that when I first became an NP he was very nervous about the whole thing. He thought, here was somebody who was going to take patients away from his care, not look after them properly and then hand back all the problems. Now he wants to see more people doing the same job! He really appreciates the value I add to patient care and he has referred quite a number of patients to me.

“Some people have tended to think of us as ‘mini’ doctors, but I am absolutely adamant that I am not taking the place of a doctor. I am adding the value and quality to patients’ care that only nurses can bring.”

Diana originally trained in the UK and has been working as a nurse at Middlemore Hospital since 1981, with a five-year break in the mid-1990s to work in primary care. She decided to become an NP in 2001 and was granted NP status with prescribing rights in 2006. +

NAME:

Diana Hart

PRACTICE AREA:

Respiratory

REGION:

Auckland



NP QUOTES

"It's a new direction and it's helping us to address the bigger picture of medical management, because NPs can do more."

Ana Kennedy, NP neonatal paediatric cardiac



"We know that traditional medicine isn't cracking through some of the big issues in chronic care too easily. I think that we have to look at some new ways of working – not just work harder, but work differently."

Mary Jane Gilmer, NP primary health lifespan



"Being an NP is about collaborating to improve clinical practice and outcomes. It's about making it better for people."

Deborah Harris, NP neonatology



“Being an NP is more than being an expert clinician. It’s also about your clinical leadership, your scholarship and being able to articulate that.”

Helen Snell, NP diabetes



“Becoming an NP was about extending my skills so that I could offer an expanded service to the group I work with. I can offer a ‘one-stop-shop’.”

Bernadette Forde-Paus, NP mental health and intellectual disability



“Patients can ring me and I can help them deal with any problems without them having to attend the emergency department.”

Trish White, NP urology



NURSE



Making Waves

A postgraduate paper in child and family health opened Lou Roebuck's eyes to the value of holistic healthcare, and inspired her to become a Nurse Practitioner (NP) in youth health.

Lou works with 10–25-year olds, mainly at the WAVES Youth Health Service in New Plymouth. She also takes clinics at Family Planning, two local high schools and the Western Institute of Technology (WIT). Her interest in youth health developed through years of work with local GPs, but it was her time as a public health nurse in schools that drew her attention to a specific need within the community for an NP in this area.

“Young people are often considered the healthy ones,” she says. “But with the drug and alcohol issues affecting them, and the unhealthy habits they develop, they can grow into really unhealthy adults. This costs them and the system highly. It’s best to get in early before the long-term effects are there.”

Lou completed a Master’s in nursing with a prescribing component, then crammed five postgraduate papers into one year, three on youth health and two on sexual health.

“Getting the right academic papers and supervision behind you is important if you want to be an NP,” she says. “So is looking for a need in the community. Is there a position for you there?”

Becoming an NP and getting WAVES up and running has been a peak in her career, Lou says. “It took a while for some people to come on board, but now the DHB sees

the value of it and funds the salaries of one nurse, an NP, a GP and a clinical psychologist here.”

At WAVES, a holistic, multidisciplinary approach to healthcare is at the core of practice. And it’s working.

“We don’t just deal with the presenting problem, we’re proactive,” says Lou. “We do a full psycho-social assessment, asking about home situations, education, activities, sexual activity, drug and alcohol use. It’s not in and out in 15 minutes about a sore throat, it’s a 30–45-minute conversation about where people are at. Training GPs and medical students who sit in on our clinics are amazed at the broad scope we cover.”

The approach is vital for getting to the source of many health problems that Lou sees.

“We’re identifying people that are really depressed, who’ve got bad things going on at home, who have past sexual abuse and trauma, and these things are affecting their physical health. Some have no food, nowhere to live, they’re couch-hopping from mate to mate.

“If you’re not going to look after the basics in life, there’s no way young people will engage in education or employment,” says Lou. “There is more to health than just the physical – that is where GPs and nurses can work more closely together. We work closely with Taranaki GPs to achieve this.”

“If you’re not going to look after the basics in life, such as food and shelter, there’s no way young people will engage in education or employment. There is more to health than just the physical – that is where GPs and nurses can work more closely together.”

NAME:

Lou Roebuck

PRACTICE AREA:

Youth Health

REGION:

Taranaki



Identifying underlying issues and getting people the help they need is a huge part of what Lou does – into counselling and onto courses and positive youth development programmes. She also makes them aware of benefit entitlements and helps source emergency help, such as food parcels.

“I love my job,” says Lou. “We see a huge difference being made to young people’s lives. Seeing them – fresh out of jail, doing nothing, getting drunk every day, beating up their girlfriends – move forward, feel better about themselves, get work, change their whole lifestyle and outlook on life, is awesome. They start to feel good about themselves because somebody cares.”

WAVES has also made a big impact in improving contraception and sexual health practices among the under-20s.

“We used to organise terminations for these young women every week,” says Lou. “But this year, we’ve organised just two in eight months. That’s a huge drop.”

Lou says the value of being an NP lies not only in having diagnostic skills but also in the time she spends with people.


“I work really well alongside the GP that comes here two afternoons a week,” she says. “Because I deal with a lot of the minor presenting problems, this leaves him free to handle the more difficult cases. I also handle women’s sexual and

reproductive health, which avoids the need for extra staff time spent chaperoning. It works really well for both of us.”

Lou says that, like any nurse, her practice is evolving as she gains more experience. As a result, she wants to broaden the scope of her practice to include full primary healthcare. This will involve further postgraduate papers and an application to the Nursing Council.

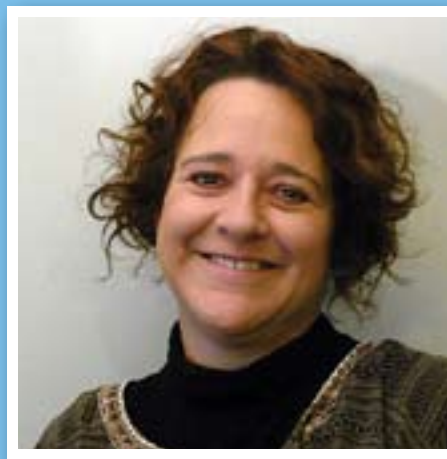
“I’m finding that, although my scope is 10–25-year-olds, younger children are regularly coming into the picture,” she says. “For example, I have a 21-year-old on my books, who has five children under five. She comes in with all of them because she can’t afford to go to a GP. Our GP will usually see them, but I’m part of the assessment too. I’ve evolved as an NP and want to be able to cover the full range of people who come through the door.”

Lou says she’s beaten a few sceptics to prove her worth in the NP role.

“Being an NP has become more acceptable now. When WIT had a shortage of GPs, the next best thing was me. It has been more cost effective for them and there hasn’t really been anything I can’t handle. My involvement has been good for the community – they can retain an important health service and keep costs down. People see the benefits of it. My role has filled a large gap in the provision of healthcare to this population group.” 

An Exciting Mix

Jackie Robinson is the only Nurse Practitioner (NP) working in palliative care in New Zealand. She is employed by the Auckland DHB, where she has clinical and leadership responsibilities.



“I really like the fact that I can be sitting on a patient’s bed talking to a grieving family in the morning and in the afternoon I can be down at the Ministry of Health talking about policy and development.”

Jackie Robinson

Jackie worked as a specialist nurse in the palliative care sector before deciding several years ago to extend her role as an NP.

“My reading about the role inspired me to look at how an NP might contribute to patient care in my field. I felt that my practice as a nurse specialist was already moving towards an extended role, so becoming an NP was in many ways a validation of my practice.”

As an NP, Jackie is able to prescribe and provide patients with an all-round service.

“I find it really satisfying that I can work with patients and families throughout the process. I can see people from first assessment right through, mostly on my own but within an interdisciplinary team network as well.”

As well as more advanced clinical responsibilities, the NP role has also meant leadership responsibilities for Jackie.

“An exciting part of my job now is workforce development. I am involved in supporting the development of nurse specialists within the team, and I work with other palliative care providers to see how they can utilise the skills and experience of nurses to the full.

“Professional development for nurses, so they can take on more advanced practice roles, is quite new in the palliative care field in New Zealand. Palliative care nursing has grown

out of a hospice environment, which, as a non-governmental organisation (NGO), hasn’t had the same level of investment around professional development as the DHBs have had. It’s very satisfying to share what I am learning at a wider level and see how it can apply across sectors.”

The mix of clinical, leadership and policy responsibilities is what Jackie enjoys most about being an NP.

“I really like the fact that I can be sitting on a patient’s bed talking to a grieving family in the morning and in the afternoon I can be down at the Ministry of Health talking about policy and development. The perspective I bring is real and current.”

Jackie believes the potential for NPs is endless. There is so much to get involved in.

“In the palliative care sector there is a need for more NPs so the work can be shared and a quality service can be offered to people across the NGO/DHB sectors. It’s where the role needs to go. We need to be able to follow patients into the community wherever they are, and not just be limited to the hospital.”

Jackie says that she has been well supported in her role as an NP at Auckland Hospital.

“I’ve been encouraged and supported to work at this level. But I already had a role in the hospital for several years, so that really helps. I wasn’t coming in fresh.” +

NAME:

Jackie Robinson

PRACTICE AREA:

Palliative Care

REGION:

Auckland



The Trail Blazer

It is no surprise to learn that Deborah Harris was New Zealand's first Nurse Practitioner (NP). It is hard to imagine meeting someone more passionate about either their job or furthering their knowledge.

NAME:

Deborah Harris

PRACTICE AREA:

Neonatology

REGION:

Waikato



Deborah chose nursing many years ago after weighing up seven careers. It's a decision she's never regretted. "Once I completed my nursing training at Wellington Polytechnic, I became increasingly passionate about nursing. I had found what I wanted to do and I have loved it ever since," she says.

After periods abroad, nursing in the UK and Australia, Deborah returned to New Zealand and took up a position at Waikato Hospital 15 years ago, working with babies in intensive care.

Her thirst for knowledge led to further study in advanced nursing practice at Massey University and in December 2001 she became New Zealand's first ever NP. Now she's an NP in neonatology at Waikato Hospital, specialising in care for newborn babies in the first month of life.

"One of the things that excited me about becoming an NP was that it was an opportunity for nursing to recognise advanced practice. I was really pleased to stand up for nursing and achieve those competencies," she remembers proudly.

"People said it was the pinnacle of clinical excellence in nursing, so I was very humbled and honoured to have been the first person to achieve that title."

Deborah is equally elated that New Zealand has achieved the milestone of 50 NPs. She thinks they have a huge contribution to make to healthcare.

"An NP has a foundational philosophy of nursing, but assimilates into their practice aspects of medicine and science. An NP is very patient-centred and that's slightly different to other health professionals. They move with patients along their journey through the health system, managing and creating clinical pathways for people, wherever they are in the community or in a hospital. That autonomy and variety of scope is one of the great things about being an NP."

For all the autonomy she enjoys, Deborah adds that being an effective NP involves a lot of collaboration too. "You hardly ever do anything in isolation. You work autonomously with the patient, but you are frequently in collaboration with other health professionals. Being an NP is about collaborating to improve clinical practice and outcomes. It's about making it better for people."

That difference is evident in the following story Deborah relates.

"We had triplets born here at 25 weeks. They were very, very fragile and were in the newborn unit for a long time. They all ended up at home on respiratory support. That was really hard for the parents. They needed support in the home and so I would go and visit them in the home and review the babies, their oxygen and medicine. I could take on that responsibility and alternate visits with the doctor."

Deborah's skills and positive influence are evident in the hospital too. "As an NP in an intensive care environment you take on a lot of skills. Nurses identify with me and see me operationalising advanced practice all the time. For the doctors, we have registrars come through the newborn intensive care unit and I'm involved in teaching them how to practise there.

“For me, being an NP is about clinical practice.”

Deborah Harris



“We could benefit as a country from having more NPs. It would improve access, particularly to primary healthcare, and shorten waiting lists in secondary healthcare. The NP model isn’t going to answer all of our problems, but I think having more would be good.”

Deborah describes the journey to NP as a robust process: “It needs to be, I’m pleased it is.” She would like to see a number of barriers to practice addressed, such as making funding streams more accessible to nursing, making NPs ‘authorised prescribers’ and developing a clinically focused Master’s degree in New Zealand.

Despite her busy working life, and being a mum to three boys, Deborah’s learning continues apace – she is currently completing a PhD on hypoglycaemia (blood sugar levels), a common clinical problem for babies in neonatology.

“It’s really exciting to be working clinically with babies and doing my PhD studying that. The hardest thing for me is time, finding the time to do it all,” she laughs.

All that study and experience is now paying off for Deborah and her colleagues. “You often find yourself as an NP being the sole practitioner on duty. At those times, you draw on every single minute of your experience. For example, at 5pm I will be the sole person responsible for neonats in hospital. I will attend high-risk deliveries and manage the newborn intensive care unit. If I need help, the consultant is available by phone, but sometimes that’s 20 minutes away. So the buck stops with you.”

It’s a testament to her skills that Deborah thrives on this type of pressure.

“I love the responsibility, because I’ve got the education and I’ve got the experience. I’m very pleased to be an NP caring for mums and babies. I love it. For me, being an NP is about clinical practice.” +

Pain Management – the Fifth Vital Sign

Judy Leader is passionate about pain management – ‘the Fifth Vital Sign’ – an area she says has been a neglected aspect of our healthcare system.

“Do you have pain? Can you imagine living with pain every day?” Judy asks. “Currently there are no national standards for pain management in New Zealand and, in many healthcare organisations, patients will not even have their pain assessed. Part of my practice has been introducing pain as ‘the Fifth Vital Sign’. Creating a baseline, common language and some agreed tools to help patients discuss their pain.”

Judy is based at Palmerston North Hospital and works as an NP in pain management, helping those with acute or persistent pain. She is active on a host of fronts. She is developing multidisciplinary teams to manage pain and recently became head of the New Zealand Pain Society, a 630-member, multidisciplinary organisation. She has also developed resources to enable patients to measure and communicate the amount of pain they are in.

“My role is helping to raise awareness of pain. I am a portal for information nationally and internationally. I have access to lots of contemporary evidence and I enjoy promoting pain management as a key component of healthcare in New Zealand.”

Judy brings a raft of experience to the role. She previously worked as a theatre nurse, anaesthetic nurse and recovery nurse, and helped establish a nurse-led acute pain team in Palmerston North Hospital.

Her current role gives her the freedom to work with doctors, occupational therapists, physiotherapists and mental health workers, and also to provide an outreach service working with GPs and community health teams. She works with referred patients and leads the hospital’s acute pain nursing team. She also has education, research and leadership responsibilities and is mentoring half a dozen nurses nationally to become NPs in pain management.



“I enjoy promoting pain management as a key component of healthcare in New Zealand.”

Judy Leader

Judy wants to achieve system-wide change. “It’s no good just having a tiny group of specialists. What we really need is to have everyone identifying and managing what they can do at their level, so we don’t end up with patients in huge levels of pain and distress.”

She says pain is defined as both a sensory and emotional experience and that addressing the needs of the whole person lies at the core of getting pain management right. She says there are a multitude of factors to take into account.

“I listen to patients’ stories, hear what’s really going on for them and understand what it is that has led them to that point. It may have nothing to do with the fractured arm. It might have been something that happened a long time ago or their perception of that pain; their fear of the pain or the potential for disability.”

The right approach, she says, can lead to real breakthroughs, especially for those whose pain has been misunderstood.

“For example, a person in a high acuity mental health ward who has a pain problem that makes absolute sense to me, but it hasn’t been identified and may have been perceived as a mental health issue. I can go in and, following careful assessment, translate what the person is trying to say, identifying clear physiological evidence for what is going on. I have seen that person turn their life around.”

Judy says that being an NP has been a privilege and allowed her to make a real contribution in the area. “Science is so far ahead of practice. I am aware of the potential in this area and I find that inspiring – knowing that pains can be different and working in an environment where we have nursing leadership that enables us to grow and be autonomous, and take the opportunities that are provided to us has been great.”

She concludes by outlining the scale of the challenge with a few key facts.

“We know that muscular skeletal pain is one of the commonest reasons for people not being at work. We know that people with pain present to healthcare providers five times more than the general public. We know that many people self-harm because they can’t cope with the pain any more. The stats also show that pain will increase as you age, yet many DHBs do not have pain services. If all health professionals understood pain and validated the individual’s experience we wouldn’t end up with the level of disability and distress we have.

“Many people say don’t open the floodgates. I say, the floodgates are open already and that’s why we really need to do something.” +

NAME:

Judy Leader

PRACTICE AREA:

Pain Management

REGION:

Manawatu



Looking at the Big Picture

A passion for the clinical side of nursing has sustained Trish White through a long and varied nursing career. She trained at Napier Hospital, worked abroad and returned to New Zealand in the 1990s.



NAME:

Trish White

PRACTICE AREA:

Urology

REGION:

Hawkes Bay

When the possibility of becoming an NP came about, Trish knew it was for her. “Previously, if you wanted to advance in nursing you had to follow either the management path or the educational path. I didn’t want to manage a ward or teach so becoming an NP was a brilliant option.”

Trish helps to run urology clinics at Hawkes Bay Hospital. She enjoys having greater autonomy while working in a team environment with the hospital’s urology team, who provide excellent support for her role.

“As an NP, I see patients who come into the clinic or are referred by a GP. My patients are lower-priority patients with more of an expected outcome, which allows the urologists to focus on the higher-acuity patients that require his specialist skills. I assess them and order all of the blood and urine tests, then come up with a diagnosis. I prescribe drugs and decide whether people will benefit from surgery. I am making those sort of treatment decisions right through to when people are discharged from the system. If I find anything out of my scope of practice, I shift them to the urologist.”

After four years of hard work and planning, Trish became an NP specialising in urology in 2005. She juggled study with work commitments, prepared and submitted her portfolio and successfully completed her interview, which she admits was a nerve-wracking experience.

“They really test you,” she remembers. “It is a very rigorous system. You need confidence in your ability and a bit of tenacity,” she adds.

Trish has analysed her work to date and quantified her contribution.

“Of the patients I have seen in clinic, I have managed 56 percent of them independently. They don’t have to see the urologist. The rest may need an operation of some sort, but even then they are assessed before the urologist sees them, which speeds things up.”

The bottom line is that people are seen more quickly. “We are meant to see people within six months, but are blowing out those figures. I’ve helped to bring them back under control.”

Speed of service brings other gains too. “In the past, you may have been referred by your GP about your bladder problem, when you may have had a more serious problem. You could potentially sit on that waiting list for up to six months without us finding out. As I’m seeing patients faster, we can treat any unexpected finds such as cancers in a more timely fashion. This is good news because men are being seen a lot more quickly than before. There are real benefits.”

Trish also has case management responsibilities for those who have undergone surgery, and carries out home visits. This is where the true benefits of the NP role come to light, she says.

“You need confidence in your ability and a bit of tenacity.”

She will see a patient when they are referred for surgery, in the ward following surgery, during follow-up visits at home following discharge and also in clinics for check-ups. “It’s great to have that continuity with them. I believe it makes a difference to their care. These patients can ring me and I can help them deal with any problems without them having to attend the emergency department. This saves admissions to hospital and means we can care for them in the most appropriate environment, which is their own home.”

Trish already has some fond memories of her time in the role. “A patient of mine had bladder cancer and was pretty close to death. I visited him at home and when I first met him, he was really monosyllabic; he didn’t chat to me and I couldn’t get very far. But over the weeks I drew him into conversation. One day I asked him if he was watching the rugby and he launched into it. He loved the rugby. And it turned out my dad played in his team in 1953! He died eventually, but I got this lovely card from his family. Out of all of the clinical things that I did to make him physically comfortable, what they remembered most was that I took the time to sit with him, chat and have a lemonade.

“How do you put your finger on what’s nursing? What’s different in what I’m doing to what a doctor does? It’s that caring part, that tying everything together that exemplifies what nursing is.

Someone will come into my clinic with a prostate problem and I’ll fix them in the same way, but I have the luxury of having extra time for health education and promotion.

“If an 85-year-old comes to me with bladder problems, I look at the whole picture. I put a plan into place that might not just be about their bladder. For example, if they have a dodgy knee, are they safe getting to the toilet at night?”

Trish has also been involved in a research project exploring how urology nurses have acquired their skills.

“The research told us that, as a nursing profession, we need an agreed standard of practice for urology. In one skill area, we found that 19 percent of nurses were self-taught. That’s not good enough.”

This strengthens the case for training more NPs, she says.

“Becoming an NP is providing a formal framework for gaining those skills.”

It also makes sense when you take demographic realities into account.

“Hawkes Bay has an ageing population and we’ve only got two urologists. You’ve just got to do the maths. All those people aren’t going to fit through this system unless we look at inventive ways of looking after and caring for them.” +

Strengthening the Voice of Nursing

“I’ve been very lucky in my career. I wanted to be a nurse since I was six and I’ve never changed my mind,” says Ana Kennedy.

NAME:

Ana Kennedy

PRACTICE AREA:

Neonatal Care and
Paediatric Cardiac Care

REGION:

Auckland

Ana Kennedy grew up in Ireland and moved to America to study nursing then spent 17 years working as a nurse and Nurse Practitioner (NP) before coming to New Zealand in 2002.

“I knew that New Zealand had NPs and was starting to formalise the process of registration so I came to look for a job. I think you’ll find that the first 50 NPs in New Zealand share a spirit of adventure.”

Ana already had many years’ NP experience working in newborn intensive care units (ICUs) in America.

“That first nursery inspired me to become an NP because the team ran a huge nursery, with 74 babies, which was nurse-led. The doctors trained advanced practice nurses to attend high-risk deliveries, to intubate and put in central lines and chest tubes. Since there were no junior doctors, they had to rely on the senior nursing team and it was very successful. That’s what inspired me to become an NP.”

Working in another newborn ICU with 23 neonatal NPs in Salt Lake City also left a lasting impression of the value of NPs.

“Once again it was a nurse-led unit, with consultants working much more closely with the nursing staff. You have a much more collaborative team and can build on each other’s strengths.”

Coming to New Zealand meant ‘starting over’ in terms of credentialing, but Ana was undeterred and now works at Starship Children’s Hospital in Auckland, in paediatric cardiac care.

“Most of our patients are surgical. They come in to have their heart operation and, in some cases, four or five days post-op they go home. Having the consistency of the NP on the ward is a huge benefit to families. We have six cardiologists and two paediatric cardiac surgeons, who are both women, in our team. It’s a great service to work for.”

She says the NP role is unique in the way that it spans nursing and medicine, but feels that the role often goes unrecognised.

“The patients’ families often assume that we are doctors because we say the same things and do the same things. However it is important that we identify ourselves as NPs so we raise the profile of the role in New Zealand.”

She says NPs provide a continuity of medical care that patients and families find reassuring.

“In a hospital setting, I think having NPs and junior doctors working together is a great combination, enabling continuity of care. I had a patient who had surgery as a newborn, at three months and then again when he was three. And I’ve been there each time. The parents are really grateful to see a face they know.”



Ana Kennedy

She says that NPs provide a fuller medical picture to inform decision-making.

“A lot of things in medicine are as much an art as a science. You don’t have many things in this job where you can say, ‘This has been researched well and this is the only way to do it’. A lot of the time it is an amalgamation of information, expert opinion and experience. The junior doctors have a broad knowledge across all areas of medicine and NPs have a great depth of knowledge in one area, so it’s a great combination. It keeps everybody safe.

“What I like about my job is that I’ll still be in the unit six months or six years from now. I can build on my knowledge year after year. That all adds up, so over time things work better, smoother and faster in the unit.

“For example, this week we had a patient with acute rheumatic fever on bed and chair rest. I saw her inflammatory markers had come down low enough that we could consider sending her home for a night and I knew she had a supportive family. So I said, ‘What about sending her home for Saturday night?’ It’s a minor thing for us, but for the family it’s huge. As an NP you’re the one who is there every day so you see the big picture and get the opportunity to suggest this family could cope at home.

“The best part of my job is that I get to highlight the role of nurses and make visible nursing’s part in the excellent care provided to New Zealand families.”

Ana is looking forward to seeing more NPs in the hospital and thinks the role will keep evolving. She is currently undertaking research to assess post-surgical quality of life for patients in her unit. Her Master’s-level training and clinical experience make this possible.

“I think there are endless possibilities for what NPs can contribute, even just looking at this children’s hospital. We have one NP in cardiology at Starship. Why don’t we have one in neurology, in general surgery, in oncology, in respiratory?” +

Pushing the Waka

Offering a more complete and holistic health service to the isolated, rural communities of the Far North brings huge satisfaction to Nurse Practitioner (NP) Adrienne Murray.

As a young Māori woman, she was brought up with kaupapa Māori practices on the marae. “With that background, it makes perfect sense to me to view the client in a holistic way, where the physical disease or condition is treated in the context of a person’s overall wellbeing.”

This world view fits perfectly with the vocation of being a nurse and an NP, says Adrienne.

“An NP brings a distinctive model of care based on the caring, nurturing role. The broader, more holistic approach has always been there in nursing, and it’s there with NPs. All that’s different is that we have raised the bar with our clinical and prescriptive skills.”

Adrienne took on the challenge of being an NP in response to the difficulties in attracting and retaining qualified medical staff in the Kaitaia region.

“Like most rural communities around New Zealand, we were having a problem getting qualified staff – locum GPs, as well as nurses experienced in primary care. That situation is very challenging for chronic care patients who need continuity of care.

“I saw the NP role as a way of helping to address that need. It was the right time and the right place.



“That’s my normal week and I love it. It’s not so much a job for me. It’s a lifetime commitment that I love.”

“Becoming an NP has given me the ability to offer a more complete service and a fullness of care. That’s not to say I don’t make referrals to my colleagues – we are a tightly integrated service – but now I can be more of a one-stop-shop.

“The benefit for people here is a more accessible medical service at a higher level. It offers immediate care, a faster response. No longer do they have to wait two or three days to have their health needs met. And it delivers a continuity of care.”

Adrienne is a primary healthcare Whānau Ora NP working as a full-time clinician. Four days of the week she operates NP services from two general practice clinics and one day a week she runs an NP mobile outreach clinic in the community. She is a regular treatment provider for clients with chronic multiple conditions (including diabetes, heart disease, cardiovascular, respiratory, renal, gout and arthritis) and provides primary care triage for upper respiratory tract infections, ear conditions, chest infections and accidents. She also provides health screening such as cardiovascular risk assessments and cervical screening.

“That’s my normal week and I love it. It’s not so much a job for me. It’s a lifetime commitment that I love. I know that in a community like this, it is making a big difference. As someone with extended family iwi connections in the area, I have a personal interest in my community’s wellbeing. I too, and my

own family, will experience front-line care in times of need and I want that care to be expert and exceptional.

“I have been back in the Far North for 15 years – that’s well over a decade of watching a generation being born, seeing young teenagers becoming parents and older people passing on. It is humbling to share in their lives in a most intimate way. It doesn’t get more serious or rewarding than this.”

Adrienne sees the NP role having great potential for rural areas. The reality is that qualified primary care people are few and far between in high-need rural communities throughout New Zealand.

Work as an NP is immensely rewarding but it’s also challenging, says Adrienne.

“It’s a huge amount of work. If you don’t have the energy, if you don’t have the passion or the innovation, don’t go there. You need to be robust and you need to be a leader because you are at the forefront.

“It’s still early days for NPs and the role is not fully established in the DHB system. You are the person that has to drive it.

“You have to be good at jumping through hoops but I’d do it again anytime. It’s fine if you are motivated. You are pushing this waka yourself, all the way.” +

NAME:

Adrienne Murray

PRACTICE AREA:

Primary Healthcare
Whānau Ora

REGION:

Northland



The Best of Both Worlds

Helen Snell works as a Nurse Practitioner (NP) in an area of growing challenge – diabetes and its related conditions. An obesity epidemic means New Zealand’s health system is seeing more lifestyle-related Type 2 diabetes patients. Meanwhile, says Helen, the number of people being diagnosed with Type 1 diabetes, which is not related to lifestyle factors, is also increasing.

NAME:

Helen Snell

PRACTICE AREA:

Diabetes and Related Conditions

REGION:

Manawatu



“My focus is on people with diabetes and any condition they have as a consequence of it – essentially anywhere you have a blood vessel or nerve. It’s a significant area of challenge for our health system.”

Helen has been working in diabetes since 1989. “As my knowledge and skills grew, I could see I could offer so much more to people who were being referred to our service. That was a key driver to become an NP.”

She says she received a lot of encouragement from the nursing leadership at Mid-Central DHB. “There was an expectation that I would be an NP. I had strong support.”

Helen became New Zealand’s tenth NP in 2003.

Her clinical work spans primary, acute and specialist services. “People with diabetes will have varying degrees of complexity. We need NPs for those with more general health needs but also in specialty areas for those who have more complex needs,” explains Helen.

Nurse
Practitioner
New
Zealand



The advent of the NP role has brought tangible improvements for patients, she says. At present, Palmerston North Hospital runs an outpatients clinic with a sole endocrinologist.

“The waiting list for new patients to see him is quite long and so is the follow-up waiting list. We now share the workload in terms of the specialist referrals that come through. It means we can get through the waiting list more quickly.

“I believe patients get the best of both worlds – the endocrinologist has skills that I don’t have and I have skills he doesn’t have. Medicine tends to focus more on diagnostics – what is the presenting disease and how to fix it? My primary focus as an NP is how is this person living with diabetes and how is that impacting on their life? Can they still work and function? Then I move through to the assessment, diagnostics and prescribing of therapies.”

In addition to the 28 hours a week Helen spends running clinics and doing follow-ups, she also attends high-risk, ante-natal clinics and is the nurse leader for the diabetes service, which includes managing and mentoring a team of clinical nurse specialists.

Helen devotes a lot of energy to promoting the role of NPs. She is the chairperson of the Nurse Practitioners’ Advisory Committee of New Zealand, which is looking at the implementation of the NP role in New Zealand and addressing legislative and systemic barriers.

“As early NPs, we need to talk about our practice as much as we can. We need NP candidate programmes to be funded so that nurses can be released from their everyday jobs to do the things they need to develop the competencies and leadership to become NPs.” Helen believes that developing more NPs is vital when one considers the demographics of the health workforce across all health services.

She jokes that her Virgo star sign qualities – a fastidious attention to detail – have stood her in good stead as an NP. These qualities are evident in the way she has led development of a National Diabetes Nursing Knowledge and Skills Framework. This defines the skills required and the education pathway for four levels of nursing, from general through to specialist nurses working in diabetes in all healthcare settings.

“I’ve always been passionate about having standards in place. I know this is going to help people with diabetes. I loved the process of learning to be an NP and I love seeing other nurses grow and develop.”

Helen is mentoring one diabetes NP candidate in Palmerston North and another from another DHB, and is encouraging others to follow her path. She is also studying towards her PhD and hopes to graduate next year.

She enjoys the inherent variety of the NP role. “Being an NP is more than being an expert clinician. It’s also about your clinical leadership, your scholarship and being able to articulate that. It’s about influencing policy at a local and potentially national level to improve health services and/or the way they are delivered.”

She says her patients have been very positive in their feedback.

“When people enter the health system with a problem it can be really confusing. We help them to navigate their way through systems. As NPs we have well-established networks and can facilitate referrals with ease. It’s very much about providing comprehensive, high quality, direct clinical care.

“I love being able to combine the art and science of nursing and medicine. I can put a package of care around a person that meets their needs much more comprehensively than I could as a Registered Nurse. As NPs, we blend those worlds together and provide something that is quite special, I think, and that ultimately helps to meet the needs of the people we serve.” +

Transforming Older Adult Care

Dr Michal Boyd is a Nurse Practitioner (NP) in aged care primary health. She's also a clinical leader for community services for older adults at Waitemata DHB and a senior lecturer at the University of Auckland.

NAME:

Dr Michal Boyd

PRACTICE AREA:

Community Services for Older Adults, Senior Lecturer
Department of Geriatric Medicine, University of Auckland

REGION:

Auckland

Michal is also a pioneer of New Zealand's NP scene and has played a significant leadership role in its evolution.

She came here in 2002 from America, where she worked as an NP at the University of Colorado. She heard of an opportunity at Auckland University of Technology to teach in the new clinical Master's programme, and needed a challenge. She took the role, then became New Zealand's first gerontology NP in 2003.

She has worked at Waitemata DHB since 2004, where she is a clinical leader for community services for older adults as well as being an NP working in older adult care. This makes her working week a hectic one. Two days a week, as clinical leader, she does clinical strategic planning and programme development. One day a week, she works with Professor Martin Connolly, running an outpatient clinic for home and older adult services. This involves completing assessments of older people at high risk of residential aged care and doing follow-up visits.

Michal is also a senior lecturer at the University of Auckland Freemasons' Department of Geriatric Medicine two days a week. Her area of specialty is aged care and she has been helping to develop new models of healthcare for residential aged care in Auckland. She says Auckland's older population is exploding and those in aged care facilities are older and more dependent than previously.

"The fastest growing segment of the Auckland population is people over 85. This group has grown by 112 percent in the last 20 years.

"Twenty years ago, people assumed that older adults would go into residential aged care; now that's not a given. Rest home bed numbers have remained static, so people are staying at home longer. People who go into residential aged care really need it. It's not a lifestyle thing – they are unable to stay at home."

Michal is one of several gerontology nurse specialists (GNS) working in older adult care. Two of these are on the NP pathway. She says that New Zealand currently only has four NPs in gerontology care, and the country needs more NPs with expertise in this area.

"It's an ideal area for NPs because of the complexity of care for older people. There's the physical diagnosis, but the thing with older people is that it's all about how they function in their daily life. We need to look at medications but we also need to look at caregiver stress and the home environment. Are they depressed or socially isolated? There are so many things to take into account. That's the care coordination role that advanced nursing brings."

Michal says that, in 2004, the DHB started a new gerontology nurse service, then the residential aged care integration programme in 2007. These services work with a GNS team to handle the highest-risk older people. The aim is to coordinate care, watch for symptoms and work more closely to support GPs, geriatricians, district nursing and other allied health professionals to help these older people live as healthily as possible. The GNSs also provide education and clinical coaching for the staff at aged care facilities. There are six GNSs and a wound care specialist working full time for the community gerontology nurse service and residential aged care integration programme.

"Our job is to deal with those really difficult situations in the community where people are hanging on at home, but they are on the edge and going to hospital a lot and have many functional issues.



Dr Michal Boyd

“We also work with and support staff in residential aged care facilities, because they are pretty isolated. We have developed care guides covering the basics of looking after older people. We want to be proactive, so every two months we have an education session with staff and do clinical coaching at the same time. The people in residential facilities have big needs. Everything is under huge pressure so we are trying to look at ways to provide support,” she explains.

Evidence shows that the new model is making a difference – the rate of increase in hospital admissions for those who are part of the programme is roughly half those who are not, and those who are admitted to hospital are not staying as long. There has also been a significant drop in the number of pressure ulcers, leg ulcers and skin tears experienced by this group.

Michal says it has been rewarding to see the NP role evolve in New Zealand, despite frustrations along the way.

“It’s been slower than I thought it would be, but I think we are all now working together better and there are more potential NPs coming through. I can see the population of NPs is really growing.”

Michal enjoys seeing nurses grow into the NP role.

“These are incredible people and they are being given what they need to grow. I’m watching them turn into a group of clinicians that I am proud to be part of. The collegiality that we have in our DHB is very rewarding. We are doing high quality, good work that is making a difference and the data shows that.”

She says it is crucial to create opportunities for nurses to develop NP competencies. “The main thing is getting the clinical practice. We developed an NP intern model and we hired a clinical nurse specialist who has been mentored by the medical team. I needed to have her practise diagnosis and treatment at a higher level over and over again.”

Her advice to aspiring NPs in other parts of the country is to “find people that ‘get’ the NP vision and that can support you, because they are out there.”

Michal says that NPs are not replacing doctors. “We are nurses with different skills. When we interviewed patients they said they appreciated nursing skills as well as advanced skills. They felt they had had an ‘extra bit’ added to their care.” +

Working at the Cliff Top

Liz Langer is a Nurse Practitioner (NP) working with the elderly. Most of her patients have long-term psychiatric disorders, such as depression, bi-polar affective disorder and anxiety.

NAME:

Liz Langer

PRACTICE AREA:

Mental Health and Older Adult

REGION:

Otago

Liz is based at Dunedin Hospital but works mostly out in the community in rest homes. She has a warm sense of humour that transcends the difficult situations she often faces.

“Primarily I get to see anybody who is causing problems in a rest home. These are the most fun patients. I try to figure out why they’re saying what they’re saying and doing what they’re doing and then help to fix the problem,” she says.

One of the goals of Liz’s NP role is to manage patient care so that unnecessary hospital admissions are avoided.

“If I can take care of the residents in the nursing home, that is a lot better for them. They are in a familiar environment, residing with friends and staff who know them and who are familiar with the approaches to residents’ care. If you move them to the hospital, they lose this connection and their status deteriorates, and they frequently don’t return to their previous level of care. Thus it is better for these residents to stay in the rest homes and be treated there.”

Liz has slotted into the NP role easily, bringing a lifetime of experience from NP work in America.

“When I came over here they didn’t have to train me. Once I got my certification and the role was there, I was off and running. I

was already very experienced in this role. I’d been prescribing in America for 15 years. My goal now is to be a role model for others and train someone to take over my role before I retire.”

Liz says the key to making a difference is showing compassion and having plenty of patience.

“It takes time to get to know patients. You have to negotiate through their behaviours. I’ve had people threaten to kill me, but you’ve got to learn that this is the illness talking, it’s not really the person doing that to you. Even unusual reactions can provide an insight into the care they need. A lot of my work is medication management, prescribing the right medications and working with GPs to make sure that patients’ medical conditions are ok.”

Liz says there is a strong link between medical condition and mental state in the elderly.

“In nursing homes, when the elderly get agitated and confused, they are usually physically ill, which shows up as mental deterioration. Elderly people have limited energy stores. They are at the edge of a cliff and all they need is a urinary tract infection to fall off that cliff and get confused. They don’t have enough physical energy left so they just crash.”

Liz spends a lot of time talking through these issues and sharing her insights with families, helping them to cope.

“It’s hard for families. They feel guilty and think they should be able to do more. I set aside time to talk with them and help them understand that the behaviours they are seeing are part of a resident’s illness and not a reflection on the family personally. I also like to reinforce the idea that the resident needs so much care that the family could not safely care for them at home.”

"Twenty-five percent of my patients are dying because they are so old. I can't improve the quantity of their lives, but I can improve the quality."



Liz Langer

Liz has been in the NP role for a year and a half and says it is going well.

“I enjoy my job and I have really good support here at the hospital from psychiatrists and staff. People have been very accepting of this new role. I get direct referrals now.”

After 20 years of working in the area, Liz says she’s still very much a ‘hands-on’ caregiver. At a personal level, she finds the job immensely rewarding, despite the demands of managing complex medical and psychiatric issues and getting medications right.

“I had this patient in a rest home who had a lot of health problems and he ended up in the hospital. He was depressed and wanted to kill himself because his wife was in another rest home. So I got involved and got them moved together in the same room. The guy was so happy. They had about a month living together before he died. To me, that’s the epitome of what I can do as an NP.

“I can help the families and patients be happy in the last few months that they have. Twenty-five percent of my patients are dying because they are so old. I can’t improve the quantity of their lives, but I can improve the quality.”

Liz also spends time educating rest home staff about elder care issues, passing on what she has learned during her career. Her own learning is ongoing.

“I talk to nurses, caregivers and families. There is no one approach for this area. I am always looking at what might work.”

With New Zealand’s ageing population, the needs in this area will only grow. At the moment Liz is the only NP in New Zealand in her role.

“We need education programmes focused on psychiatric nursing for the elderly,” she says. “I think every DHB ought to have an NP in this role.” +

Stepping Up the Service

It took seven years of hard work and study for Carol Slight to become a Nurse Practitioner (NP) but now she is enjoying the rewards. Carol is New Zealand’s only NP in ophthalmology (eye care). She has been an NP for two years and works at Greenlane Clinical Centre Eye Clinic, Auckland.



“It is very much a clinical role,” Carol explains. “I have four half-day clinical sessions a week dealing with new and follow-up patients with glaucoma. This involves a full assessment of the front and back of the eye, prescribing if necessary and collaborating as required with consultants.”

“I love ophthalmology and I love learning. I have real passion for ophthalmic patients and I know I can make a difference.”

Glaucoma is a condition that can cause loss of eyesight. Early intervention is vital. By raising her skill level, Carol has made a positive impact on patient care and waiting times.

“I provide another way for patients to access the service. We had huge waiting lists before. Now I have my own waiting list and we’ve identified a group of referrals that can be put into my clinic. This means the consultant can concentrate the patients who are more complicated.”

Like other NPs, Carol fills a number of roles. She also works in the eye clinic’s emergency department four half-day sessions per week. She has established a clinic within the acute eye clinic for the follow-up of people who have inflammation of the eye.

“They used to come and wait two, three or four hours for a follow-up. Now I can independently manage the patients and start and manage their medications. It really does help with getting patients through. We have streamlined that whole service.”

Carol is quick to point out that she is well supported in her work.

“I’m not out there to do it on my own and I think that’s important for NPs. It’s not a ‘go it alone’ role without any collaboration. We have really supportive ophthalmologists here.”

However, she says, being an NP has given her greater autonomy and made others more likely to seek out her advice and expertise. People have come to appreciate the difference the NP role can make.

“In the beginning, people were interested in how it would go, but by the time I actually became an NP, they could see I was making a difference.


“There is always a huge need for services and follow-ups. I have taken on more workload since becoming an NP. It means we are addressing the challenge more on the scale required.”

The feedback from patients has been positive too. “They are supportive because they can see you know your stuff. I sit and explain things in layman’s language. Patients don’t necessarily have an understanding of why they have been referred here. I think that’s one area in which I make a real difference.”

Such is the need for these services nationwide that Carol and her medical colleagues have even headed to Southland on weekends to run ophthalmic clinics.

Carol’s favourite part of the job remains the contact with patients. “I love ophthalmology and I love learning. I have real passion for ophthalmic patients and I know I can make a difference. I can make decisions, knowing that I have back-up and help.

“We need more NPs doing this work, but becoming an NP takes time, because you have to prove yourself. It took seven years from starting my Master’s to registration. But if you are passionate, you will do it.

“These are lifelong conditions, so I see a lot of patients over and over again. I love the fact that some of them couldn’t see before and you see them after their first operation and they’ve got huge smiles on their faces, because they can see something again. It’s a neat specialty, I love it.” 

NAME:

Carol Slight

PRACTICE AREA:

Ophthalmology

REGION:

Auckland







