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ADVANCING AND PROMOTING NURSING RESEARCH AND PRACTICE

PROFESSOR
LISA WHITEHEAD FACN

INTEGRATED CARE – A NOVEL MODEL OF CARE DELIVERY

PROFESSOR JEROEN M HENDRICKS MACN

MENTORING THE NEXT GENERATION OF NURSE RESEARCHERS

DR GORDANA DERMODY MACN;
DR ANNE MCMURRAY FACN;
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INTEGRATED CARE
A NOVEL MODEL OF CARE DELIVERY

CARDIAC ARRHYTHMIAS

Atrial Fibrillation (AF) is the world's most prevalent cardiac arrhythmia with approximately 44 million people affected globally in 2016, and a significant rise in prevalence is to be expected in the next decades. AF is associated with an increased risk of ischaemic stroke and co-morbidities such as heart failure and cardiomyopathy. Also, evidence has demonstrated that lifetime risk of AF increases with a rising risk factor burden. Risk factors such as sleep apnoea and hypertension, and modifiable lifestyle factors such as obesity, sedentary lifestyle, poor diet, alcohol use and smoking, can contribute to the development and worsening of AF, and potentially lead to hospitalisation.

TAILORED MODEL OF CARE

Together with my team, I have established the first Australian Integrated Care AF-Clinic at the Royal Adelaide Hospital. This novel model of outpatient care is based on the concept of Integrated Care, which has been identified as a suitable approach to providing comprehensive care and treatment to patients with chronic conditions such as AF. This approach is supported by international and Australian guidelines which recommend using this approach in all patients with AF to improve clinical outcomes (National Heart Foundation of Australia and CSANZ Atrial Fibrillation Guideline Working Group et al., 2018, Hindricks et al., 2021). The integrated care approach (Figure 1) is built on the fusion of four indispensable fundamentals outlined below.

1. **Patient-centred care:** defined as care that is respectful and responsive to individual needs, values and preferences, and ensures that these guide evidence-based clinical decisions. This requires active patient involvement in their care process and related decision-making. Moreover, patients are educated and empowered to self-manage their condition, with a focus on the risk factor and lifestyle modification, and treatment adherence.
2. **Multidisciplinary teams:** due to the multifaceted nature of AF, guidelines recommend a multidisciplinary team approach rather than one health care professional covering the potential complex treatment alone. Nurses have a crucial role in such a collaborative practice model and work intensively with the patient and their carers, as well as with cardiologists, allied professionals, general practitioners, and other specialists. This requires clear communication and coordination of care to prevent fragmentation.
3. **Comprehensive treatment:** AF treatment requires a comprehensive approach including:
    - symptom control and treatment of AF with a rate and/or rhythm control strategy
    - optimised stroke prevention by providing appropriate oral anticoagulation therapy
    - management of co-morbidities, cardiovascular risk factors and lifestyle modification.
4. **Technology:** the use of smart technology incorporating guideline recommendations to support decision-making, as well as applications to support patients in their self-management are examples of technology to support the integrated approach.

CLINICAL INNOVATION SUPPORTED BY SCIENTIFIC RESEARCH

During my PhD at Maastricht University Medical Centre (MUMC+) in Maastricht, the Netherlands, I developed the first nurse-led AF-clinic, based on the concept of integrated care. In a randomised controlled trial that recruited 712 patients with newly diagnosed AF, I evaluated the effectiveness of this approach and compared it with usual care by a cardiologist. The trial demonstrated a significant reduction in the primary combined endpoint of cardiovascular hospitalisation and mortality in favour of the nurse-led approach. In fact, this was

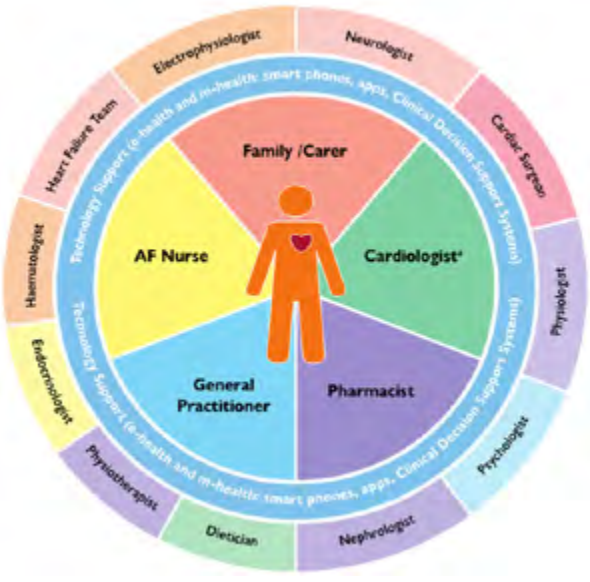

Figure 1: Integrated AF Care as suggested by the 2020 ESC Guidelines for the diagnosis and management of atrial fibrillation (Hindricks et. al., 2021)

a 35% relative risk reduction compared to usual care (Hendriks et al., 2012). Moreover, a cost-effective analysis demonstrated this approach to be cost-effective with a reduction in the mean cost per patient of €735 (~1100 AUD) (Hendriks et al., 2013).

Data from research at the Centre for Heart Rhythm Disorders, with which I am affiliated, has shown that in a period of 21 years, the number of AF-related hospital admissions has risen to the point of outnumbering hospital admissions for important cardiac conditions such as heart failure and myocardial infarction (Gallagher et al., 2019). Knowing that hospital admission is the main cost driver in the treatment of AF, this will put a high burden on the health care system.

Taking into account the ageing population of Australia, the iCARE-AF trial (Integrated Care in AF) is being conducted alongside the AF-Clinic, to demonstrate the effectiveness of this novel model of care in the Australian setting. This multicentre trial is tracking the treatment journey of approximately 1400 patients with AF during a follow-up of two years, to understand the benefits of this approach. Given the currently stretched health care system, this model of care could lead to a paradigm shift in providing care and treatment to patients with chronic conditions whilst improving quality of life. At the same time, this model of care has the potential to reduce hospital admissions and mortality rates, and reduce the burden on the health care system whilst creating clinical-academic career opportunities for nurses working in the system.

M-HEALTH FOR PATIENTS THROUGH AN INTEGRATED APPROACH

During the COVID-19 pandemic, I collaborated with colleagues from the cardiology department at the MUMC+ and developed an integrated mHealth approach to provide remote care for patients with AF. To protect patients from the pandemic, outpatient services were closed and face-to-face consultations were converted to teleconsultations. The TeleCheck-AF approach was developed to provide this mHealth care delivery. This incorporates three crucial components:

- a structured teleconsultation (Tele)
- an app-based on-demand heart rate and rhythm monitoring infrastructure (Check): patients were instructed to download an app on their smart phone that makes use of the build-in camera and photoplethysmography technology, which is able to measure heart rate and rhythm through the blood flow in human tissue. Patients then performed measures by putting their finger in front of the camera (see image), and completed measures were then automatically sent to a secured cloud, where the data was available for the health care team
- comprehensive AF care and treatment (Linz et al., 2020). This approach was rapidly disseminated to >40 centres in Europe and embedded in daily AF care, and demonstrated positive experiences for patients as well as for health care professionals (Gawalko et al., 2021). Recently TeleCheck-AF was approved for reimbursement by a health care insurer in the Netherlands.

RESEARCH HALL OF FAME

In recognition for his research endeavours in the field of integrated care, Professor Hendriks recently received the prestigious SIGMA International Nurse Researcher Hall of Fame award at the SIGMA Conference in Edinburgh, Scotland in July this year, where he presented his program of research on integrated care and associated topics to an international audience.

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AUTHOR

PROFESSOR JEROEN M HENDRIKS MACN

BIG CITY HOSPITALS SUPPORTING REGIONAL COLLEAGUES

Queensland Children's Hospital nurses travel to support their patients

The Queensland Children's Hospital Stomal Therapy team has completed a type of roadshow in which they visited five regional health care services to provide education and training to local nursing teams. The aim was to strengthen existing networks, make new professional connections, and support local nursing teams to provide evidence-based care to complex paediatric patients.

The ability for patients to travel to big cities to receive medical and surgical treatment has continued to expand over the years. However, what happens to those patients when they return home? Do they have access to local nursing care and support for their ongoing needs?

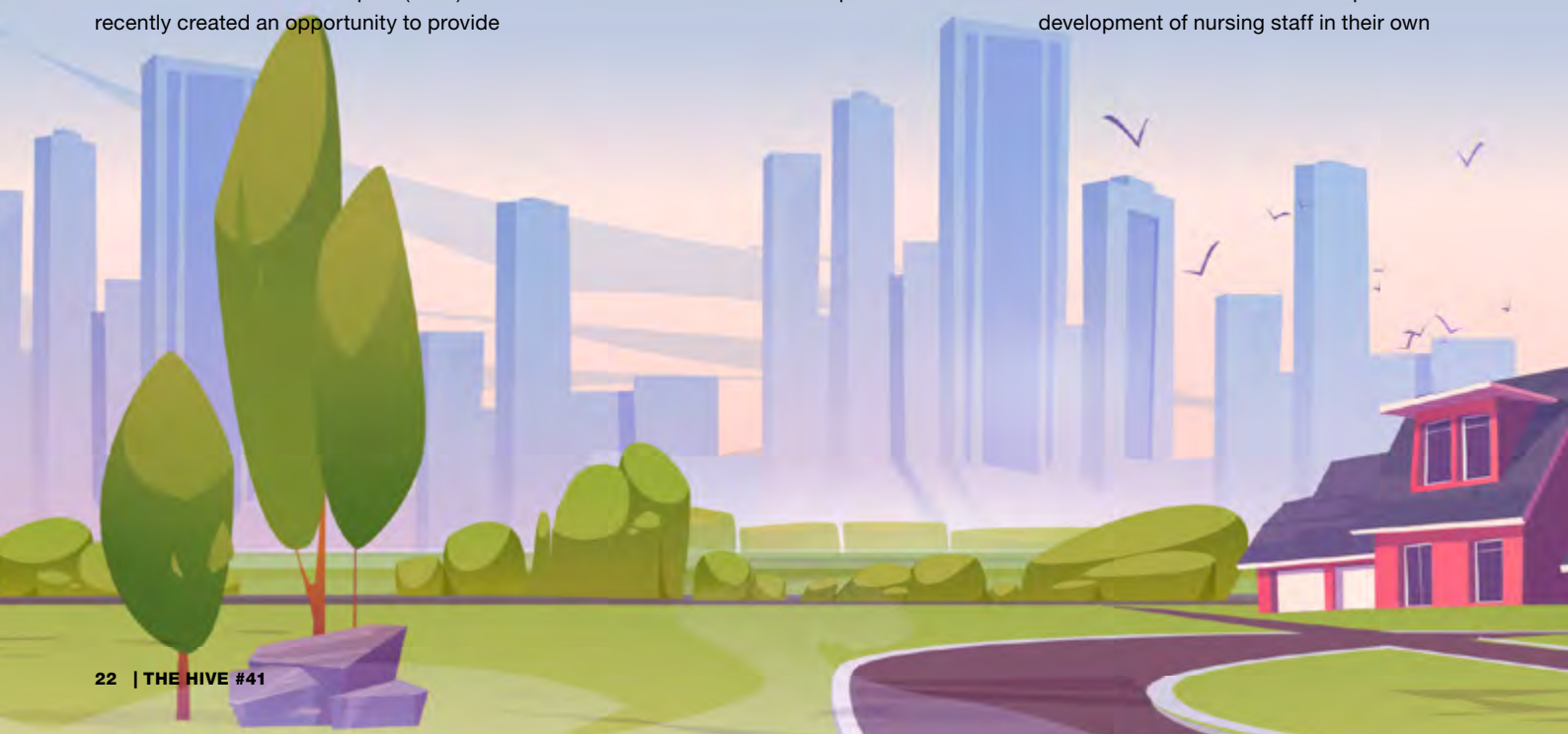
The key to supporting patients in their own community is having local support which negates the need for unnecessary travel to bigger cities for care that can be safely provided close to home.

The Stomal Therapy Nursing team at Queensland Children's Hospital (QCH) recently created an opportunity to provide education and support to those regional facilities that support their patients closer to home. The team from Brisbane was also keen to learn from their regional colleagues, with a focus on how best to support each other and share clinical skills across different facilities.

The Stomal Therapy and Clinical Nursing team from QCH visited hospitals in Rockhampton, Mackay, Mt Isa, Bundaberg, and Townsville to provide education and support to hospital, community, and school-based nurses. The aim of the visits was to provide education, clinical support, hands-on practical training and introduce different products and clinical techniques. Each location welcomed the visiting team and was keen to acquire new skills and refresh their knowledge in paediatric bladder stomas, bowel stomas, complex wounds, surgical gastrostomies, and pressure injury prevention and management. It was also a wonderful opportunity to develop and expand professional relationships to encourage collaborative care of mutual patients.

Several months of planning was put into each regional location prior to the visit going ahead. This included contacting the appropriate teams at each location, pre-visit surveys to establish the relevant educational needs, preparing visual presentations, and sourcing samples, consumables and nursing equipment to take for the sessions. Planning the logistics of travel during COVID restrictions was also a challenge with airline requirements and last-minute flight changes. Each visit required at least one overnight stay to accommodate the full day of face-to-face education. Each session was conducted as a workshop that could run practical sessions to learn new and solidify existing skills, demonstrate available products and clinical consumables, and share information. Some locations also required face-to-face reviews of mutual patients to ensure consistency of care, a process which was extremely well received by the families.

The ability for children to be treated close to home is vital to the holistic care of the patient as a member of their local community. Families welcome the continued professional development of nursing staff in their own



Some of the QCH Stomal Therapy Nursing Team – Marisa, Lisa and Olivia

QCH Stomal Therapy presentation at Mackay Hospital Education Centre

locations as this upholds a sense of confidence in their local hospital and health service without relying on specialists at larger city hospitals. The QCH team appreciated the opportunity to provide education and support to their regional and remote colleagues. This consolidated an already-established relationship with the goal of providing safe and effective care to their patients.

It is hoped that this educational roadshow will be supported in the future and will become an annual event – its worth has already been displayed through positive feedback by the QCH Stomal Therapy and Clinical Nursing team and those who attended at each location.

AUTHOR

LISA GYSELMAN MACN

TESTAMENT FROM ONE ATTENDEE FROM ROCKHAMPTON HOSPITAL- ARIANE WIELAND (PAEDIATRIC INPATIENT CLINICAL NURSE):

We recently had the great opportunity at the Rockhampton hospital to participate in a face-to-face stomal therapy education session presented by Lisa, a Stomal therapy and wound care Clinical Nurse from the Queensland Children's Hospital. As a rural facility, we do not always have the opportunity to see and care for all the different types of stomas seen in children. The more complex stomas are normally managed at Queensland Children's Hospital and all surgery involved will happen there, as well. Therefore, it was very educational and informative to get an overall view of all the different stoma types and how to care for them. Also, it was very helpful to get some advice on wound care and the most useful and recommended wound care products that we can use to improve wound healing. Overall a great support and exchange of experiences for us to intensify and learn more about Stomal Therapy by being able to ask relevant emerging questions and to get the latest updates. A very valuable and important learning experience!

Mentoring the Next Generation of Nurse Researchers

Towards a stronger and more visionary profession

> **“We should be proud of what nurses have achieved in research to date.”**

INTRODUCTION

Among the most important group of future leaders in nursing will be those who take up the challenge of advancing nursing research. We should be proud of what nurses have achieved in research to date. Their contributions have entrenched evidence-based practice, normalised the idea of co-designed studies to promote patient-centred care, led the quality and safety agenda in clinical care, and celebrated the expertise and clinical impact of our most outstanding nurse scientists. These achievements are based on the understanding that complex health care issues require research to generate new knowledge. Nurses are optimally positioned to conduct research because they are knowledgeable about the complexities of care delivery and ‘wicked’ health care problems as committed front-line, patient, family, and community advocates. Their work represents leadership at the point of service. Whilst great strides are being made by clinical nurse researchers in the implementation of research-based evidence into clinical practice, more support and mentorship are needed for emerging nurse scientists who aspire to investigate novel and effective approaches to clinical excellence across all health care settings and to help extend our knowledge base.

THE CHALLENGE

The challenge for the future is to nurture the next generations of nurse researchers so we don’t lose the momentum we have gained over the past few decades. Succession planning strategies are crucial to meeting this challenge. They have been recognised by many senior researchers in the academic environment who mentor junior researchers, and by those planning, supporting, and managing clinical research in clinical settings. The Australian College of Nursing’s commitment to this goal has been reflected in numerous activities, including scholarships, grant support, and the recently established clinical research nurse (CRN) network.

Engaging in mentorship as either a mentor or mentee can be demanding, particularly when nurse researchers are overwhelmed with the expectations and demands of their role. However, the payoff is a stronger and more visionary profession. Our aim is to share with other members of the profession a mentoring program we have instituted at the University of the Sunshine Coast (UniSC) in the spirit of illustrating a pathway to research for the future.

THE MENTOR CIRCLE PROGRAM

The mentoring program at UniSC is eminently collegial, inspired by the idea of participation: ‘*not about us, but with us’*. This is facilitated through a bi-weekly mentor circle, followed by individual discussions as mutually decided by the mentor and mentees. Our goal is to work towards achieving a good relationship with the alignment of research interests, common understandings of career planning, knowledge, aspirations, and strategies. Sometimes the strategies are designed to explore research methodologies, at other times they are discussions of funding opportunities, and often, they are conversations about research roles and skills development. The schedule of meetings is circulated to all staff members, with attendance left to the convenience and needs of the individual, except for the senior mentor, who attends all meetings. As staff members join the circle, there are few requirements. They are asked to be generous with their own knowledge of research and career planning, to be respectful of others’ time and their need to communicate, and to *‘pay it forward’*, or consider transitioning to the role of mentor themselves when this is appropriate. The mentor/leader, in turn, has shared a commitment to listen, to be mindful, engaged, energising, and collaborative. This helps create spaces for conversation, mutual recognition of expertise, and the generation of ideas. Written guidelines

remind participants of the need for honesty, support, building trust, empathy, clarity (with a mix of candour and kindness), and respecting one another's boundaries.

IMPACT OF MENTORING ON RESEARCH

In most types of research, the outcomes and impact are measurable. Mentoring programs create a less well-defined impact, with ongoing appraisals for each individual participant determined by their expectations, stage of knowledge development, and future plans. We would like to think that our research circles improve our mutual understanding of good science, scholarly critique, critical judgment, and social responsiveness that will ultimately prepare participants to develop and extend the base of defensible research evidence to improve health and wellbeing. Self-awareness and synergies are evident in the mentor/mentee relationships. Although the ongoing dialogue is difficult to evaluate at a particular point in time, the circles have shown some powerful indications that we are inspiring one another to continue playing an important role in building the nursing knowledge base. There are also indications of empowerment from sharing persuasive research information, and a re-commitment to holding practice, its knowledge base, and its outcomes up for scrutiny, and where necessary, an optimistic revisioning of the future of the profession. We see our commitment to the mentor circle as one way to fulfill our role as nursing researchers, working with multiple disciplines to improve the health and wellbeing of all members of the populations we serve.

IMPACT OF MENTORING ON EMERGING RESEARCHERS

Feedback by emerging researchers and junior academics indicates that the mentoring circle provides a safe space to ask those 'tricky' questions, hear from experienced nurse researchers, and be encouraged to think about career pathways and goals. Generous sharing of knowledge and experience by the main mentor and other colleagues in the circle has had the biggest impact on combating imposter syndrome in emerging nurse researchers.

IMPLICATIONS FOR THE FUTURE

Universities should consider the benefits of providing part-time contracts to Nursing Professors Emerita to support mentoring the next generation of nurse researchers and academic nursing leaders. Mentor circles like ours could easily be adapted with tangible short- and long-term benefits such as practical research outputs by refining publications and grant applications and by providing guidance on the development of research trajectories to early and mid-career researchers. Using an intergenerational approach to harness the rich legacy of iconic nursing research leaders who have trailblazed pathways and built bridges is the foundation for the emergence of an organic mentor circle to pass on the baton in nursing and nurse-led research.

The authors want to acknowledge Dr Dan Wadsworth PhD SFHEA and the UniSC Early and Mid-Career Academic Network as the instigators of this successful mentorship initiative.

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