

## **One Nurse's Journey on the Nurse Practitioner™ Registration Highway**

The process that the Nursing Council of New Zealand (NCNZ) utilize to register Nurse Practitioners™ (NP) is currently being reviewed by NCNZ, after having been implemented since the beginning of this century. Anecdotally, there has been dialogue by current nurse practitioners, educators and NP applicants of how to apply more effective and objective means of assessing competency of advanced practice nurses wishing to be recognized for their advanced skills and knowledge. The following story is my effort to add to that dialogue, by describing how I found the process and how it found me.

The decision to complete a clinical Master's degree was not a conscious one for me at the beginning of my studies. I signed up for a post graduate certificate in advanced nursing practice and was hooked. It felt inevitable that I continue once I had completed this postgraduate certificate. After all, now I knew what I didn't know, which was an entire ocean's worth in terms of primary health care knowledge and I needed more. So after travelling down the post graduate education road for five inspiring, frantic years and receiving a Nursing Council of New Zealand accredited clinical Master's degree, I then found myself embarking on the next stage, working towards a nurse practitioner registration. This part of the journey was a conscious one, partly fuelled by the vision I had of being able to provide a nursing service to people that was not yet available in my region, one that I could see was much needed. And partly by my assumption, and others, that it was the natural next step to take. Otherwise why else complete a clinical Master's degree?

The next six months was an interesting journey as I grappled with actually describing my scope of practice, as well as bemoaning the fact that this was yet another hoop to jump through. Despite having completed the required Nursing Council approved Masters, there was another artificial barrier in my way; a barrier that seemed to my mind to be there for the benefit of relieving other professions' anxiety and to over manage risk. Did Nursing Council not trust their own processes for accrediting education providers enough to leave it to an objective examination process to finish the job? From my perspective what was needed was a more robust internship process for student NPs (Minto 2003), not a gate at the end of the road to have to clamber over (at the completion of a Masters you only have the energy to clamber!). But toil I did. And for most of it it proved to be a very rewarding toil, as it helped me clarify what direction I wanted to be registered to work in and which patient population I wanted to work with. I questioned much along the way. What was I doing that was different from a clinical nurse specialist? Did I really know what I was doing? How can I prove that I know what I am doing?

Finally I birthed my portfolio. A last minute scurry at midnight to add page numbers - very non technical and tedious so I won't bore you with the method description- and it was done. My anxiety level as I walked with my portfolio up Willis St to submit it to Nursing Council was a surprise to me. Handing in my portfolio was the next hardest thing to watching my newborn being carted off to the newborn unit with a low blood sugar. My portfolio baby was disappearing into the bowels of the nursing council engine and I had

very little control over what happened to it from there. The reality of having peers examine my work, ideals and philosophies was perhaps fuelling my fears of inadequacy and of being revealed as a fraud. These anxieties I had been reassured by tutors is natural with any new role.

Then the wait, first to hear if my portfolio had stood the test of the “desk audit”, and then the slowly increasing panic as the interview date drew near and I was NOT READY. Regardless of the fact that I had spent the last two years working at the level to which I was aspiring to be recognized, that I had been taught by the best at Auckland University of Technology, and was endorsed by my peers and colleagues mattered not a jot.

My next anxiety was over what to put in my presentation. What else could they possible want when I had given them all of my past five years clinical practice, my *life* for the last five years, in my portfolio? Why should I jump through another hoop- the stress was talking now- and do more work that would be just be repeating myself? Once I got over that private tantrum I decided to look at what I may have missed out, by examining the competencies and my portfolio again. The presentation evolved into a brief expose of where I work, a brief précis of my leadership roles and some population data I had not included in the portfolio. I wrote up a case study to have if they felt needed to see it.

Of course I had the distraction of packing up my house and pets and be ready to fly to the Falkland Islands for two years, four days after my interview. But it did not prove a foil for my anxious ponderings of the process and potential outcome of the interview. So I hunkered down with my tomes of clinical guidelines, clinical decision making practice case studies and old notes and buried myself in congestive heart failure, benign prostatic hypertrophy and any other long term condition I could think of that may be presented for me to diagnose and treat, all the while berating myself for putting myself through this when I could have slunk off to the Falklands and disappeared to contemplate the lifecycle of rock hopper penguins and the merits of kerosene fuelled panel heaters. This was of course between packing, clearing accounts, sole parenting and entertaining my three year old boy who couldn't understand where his bed and T.V had disappeared to!

The interview day dawned rainy and cold and I had a slight glitch at the airport as I discovered I had booked myself a flight in May not April. That was ok though, because the airport staff are my friends and fixed it for me. It was an indication of the level of my stress that this did not even register on my adrenaline scale, it being already overloaded with nerves about the panel's possible decision making options over my future. So after I made it to the capital city I got myself a coffee and hunkered down for another hour's cramming. I can't say that it did much good but I felt better for trying to absorb as much as I could.

The actual panel interview passed in a blur of nervous sweating and moments of mind blanking nervousness. But pass it did. The case study I had to work up for the panel was made more bearable for having an excellent support person who steadied me and reminded me of my differential decision making teachings. The panel was very gentle and kind, and even if I had not been granted my registration status as NP, it would have

not been such a bad experience. But I have heard of experiences, particularly at the panel interview stage, that have not been so kind on applicants. With this in mind I have some suggestions that I would like to share with stakeholders:

**To NP applicants:**

- Don't wait until you have finished your Masters before starting the portfolio- the road is long and enthusiasm wanes easily.
- Be ready to apply to Nursing Council as soon as you have completed your Masters particularly if you are in a potential NP clinical position- the process is long, enthusiasm wanes quickly and the "why should I bother" syndrome sets in as stress levels rise.
- Talk to as many nurses as you can about the Nursing Council process- the less uncertainty you have about the interview the better.
- Take a support person who is experienced clinically in your area of practice; it is not enough to hold your hand, they need to be able to help you think as neurons are stressed and tired by the time you get to the case study work up.
- Know your differential diagnosis' process back to front and show your ability for clinical reasoning in your case studies- be ready to answer questions about that reasoning and other possible clinical scenarios.

**To Nursing Council:**

Please reconsider the NP registration panel interview process as it seems unnecessarily stressful and not the most consistently objective way to measure competency.

A possible alternative process example may be to have a suitably qualified peer to complete a site competency check over and above the Masters clinical practicum or during this time, and then applicants could sit a written examination. The portfolio process is valuable for the applicant so this could be submitted, with the examination results, to complete the process.

In conclusion, the nurse practitioner <sup>TM</sup> process is relatively new to New Zealand and whilst there are positive experiences to be gained from completing a portfolio, the inconsistencies that cause negative, stressful unnecessary experiences for NP applicants may outweigh any benefits gained. I have trudged the highway and scrambled over the hurdles. But I would hope that future NP applicants completing this registration process have a much less arduous but more consistently measured road to travel.

***References:***

Minto, R. (2003). Practice makes perfect. *New Zealand Nursing Review*. Sept 2003. p17-19

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