In day-to-day practice nephrology nurses are faced with many situations that require complex decision-making, skilful practice, and holistic health care. It seems apparent that some nurses are able to perform at a higher level of nursing practice and stand out from other nurses. Such nurses are frequently referred to as expert nurses and, whilst their education and training may be similar to that of their counterparts, their performance is superior.

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Since the mid-1970s a great deal of research interest has generated data about expertise in a variety of areas (e.g. chess, mathematics, medicine, music, & sport). This research has revealed typical aspects associated with experts and expert practice. Experts: excel mainly in their own domain due to the acquisition of highly specialised knowledge and skills relevant to that specific domain; perceive broad meaningful patterns in their particular domains; are fast; they are faster than novices at performing the domain skills; they recognise and correct problems with little error; have superior short-term and long-term memory; see and represent a problem in their domain at a deeper (i.e., more principled) level than novices; novices tend to represent a problem at a superficial level; spend time analysing a problem qualitatively; and have strong self-monitoring abilities.
While there are several models associated with expertise acquisition, in nursing Benner’s novice to expert model is widely known and used (Benner, 1984). However, Benner’s model is problematic for two important reasons. First, Benner ignores the role of prior learning. Novices do bring some knowledge to a situation before any further learning takes place (e.g., undergraduate nursing classes, first-aid certificate). For instance, novice haemodialysis nurses will bring knowledge of intravenous therapy and priming giving sets to the new situation when they are learning to prime a dialysis circuit. Prior knowledge is aggregated when learning a new procedure. For example, novice haemodialysis nurses have already learnt the principles of maintaining asepsis and principles of preventing air embolism. Prior learning, therefore, is an important aspect for the development of expertise. Second, Benner does not explain how the nurse moves from one stage to the next. Her model suggests only that more experience (i.e. time spent) in a specific area assists with this transition process. Experience does not result in the development of expertise, and learning from that experience is required to enhance future practice. In my own research in nephrology nursing, I found that there are three stages to expertise acquisition (non-expert, experienced non-expert & expert), and that each stage has four distinguishing characteristics (knowledge, experience, skill & focus). As a nephrology nurse progresses from one stage to the next, each of the characteristics will change. Non-expert nurses demonstrated superficial nephrology nursing knowledge and limited experience; they were acquiring basic nephrology nursing skills and possessed a narrow focus of practice. Experienced non-expert stage revealed that these nurses had sufficient nephrology nursing knowledge and adequate experience while they exercised routine nephrology nursing skills and their focus of practice was changing. The third and final stage of the acquisition and exercise of nephrology nursing expertise was the expert stage in which nurses demonstrated extensive nephrology nursing knowledge and vast experience; they exercised advanced nephrology nursing skills, were recognised by others as having expertise, and were patient focused. Of importance, is that this research identified and described for the first time the nature of expert nephrology nursing knowledge. This knowledge is very specific to the domain in which the expert practices, that is, it is context- or content-specific and that having both domain knowledge and relevant experience is essential for any expert. Domain knowledge informs practice and practice, in turn, shapes knowledge. This knowledge is acquired from both formal nephrology nursing courses as well as on-the-job learning.
In addition, ‘knowing the patient’ was central to the practice of expert nephrology nurses; it was used as a strategy by them to access, elaborate and apply domain-specific knowledge. For instance, haemodialysis nursing care can be provided to the same patient for four to six hours, three times per week for as long as the patient remains on haemodialysis. For some nephrology nurses and patients, this can be for many years and, in some cases, greater than twenty years. While nephrologists would also provide medical care for patients for similarly long periods, it is nephrology nurses who have much more frequent ( thrice weekly versus monthly, quarterly or annually) and prolonged contact with the same patient. In many instances, expert nurses in this study had provided nursing interventions to the same patients for long periods of time, even over two decades. This allowed them to know the patients’ responses to particular situations such as the ability to cope with ultrafiltration of fluid during dialysis treatment. It also helped them to interpret subtle cues or recognise problems patients were experiencing. The extended period of contact between a nephrology nurse and patient is only seen in a few clinical specialties (e.g. developmental disability nursing, mental health nursing and long-term residential care).

Clearly a lot more research is required to uncover what it is to be an expert nephrology nurse. One aspect which warrants further attention is the relationship between knowing the patient and its link with and importance in developing domain-specific (i.e. nephrology) knowledge.

References

