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คุณภาพของแบบประเมินการฝึกปฏิบัติการพยาบาลในห้องปฏิบัติการพยาบาล

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CONSULTATION AS A CHALLENGE
FOR ADVANCED PRACTICE NURSING ROLE

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ABSTRACT

Nowadays as both the treatment of disease and health care technology become more complex, the value of nursing care is then required by enhancing clinical knowledge, skills and critical thinking in both providing the best quality of care and cost effectiveness. For these reasons, the clinical nurse specialist (CNS) or the advanced practitioner nurses (APN), who is a registered nurse holding a master or doctoral degree in nursing with expertise in a clinical nursing specialty, will be prepared as an expert practitioner to provide direct care, education and consultation to clients as well as to the health care team. In this regard, consultation becomes a challenging role for the CNS to improve the quality of nursing care and assist the health care team to develop independent nursing care. Consultation work focuses not only on collaboration with clients and the health care team, but also provides advanced nursing knowledge and skills. To achieve the goal of consultation effectively, a consultant must establish good relationships with consultees as well as members of the health care team. Therefore, a consultant must be knowledgeable, skillful, and have a good attitude in order to be able to develop effective nursing care by utilizing research evidence or evidence-based practice.

Key word: Consultation role, Clinical nurse specialist, Advanced practitioner nurse

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INTRODUCTION

The social shifts from the postindustrial age to an information society have brought many changes in society. The increasing challenges and diverse demands of patient care, and more complex health care problems within clinical specialties, have caused a high demand for quality health care services. Nursing as a profession that provides health care services, respond to changes that occur in society. The response is aimed at enhancing and extending quality of care including both high quality and cost effective health care. The nursing profession responds by creating enormous change in the role assumed by nurses. This unprecedented reshaping of health care has enormous implications for the profession of nursing.

The profession of nursing has a proud history with respect to these professional characteristics and responding effectively to changing health care needs. Advanced Practice Nursing is the nursing profession’s response to meet society’s health care needs. The 21st century offers advanced practice nursing the opportunity to develop and mature as a component in the configured and redesigned, integrated, interdisciplinary health care delivery system. To be successful in this mission, Advanced Practice Nurses must commit to ongoing learning and developing new skills and competencies as a means of staying competitive in the healthcare market (Hickey, 2000).

One of four major advanced practice nursing roles is that of clinical nurse specialist. The clinical nurse specialist (CNS) is an expert clinician who practices in a particular specialty or subspecialty area and engages in direct and indirect practice activities. Clinical nurse specialists function in a wide variety of practice settings. Curtis (2002) identified five commonly recognized roles of the CNS as (1) Direct Practice, (2) Education, (3) Consultation, (4) Administration, and (5) Research. The Clinical Nurse Specialist works interdisciplinary with other nurses, physicians, and other health professionals. Within relationships both intradisciplinary and interdisciplinary, consultation occurs as a way of communication offering and receiving advice and information. Consultation is an important aspect of clinical nurse specialist roles. Through consultation, CNS, colleague, and other professionals work together to improve quality patient care as well as clinical knowledge and skills. Fenton studied (as cited in Hamric, 1989) areas of competencies demonstrated by CNSs. She added “the consulting role” as a new area of skilled performance demonstrated by CNSs to the seven areas of skilled performance outlined by Benner.
(1984). As a consultant, the nurse should have enough competencies to help the consultee to resolve work-related problems. In the present paper, the authors attempt to explore the literature perspectives regarding consultation in the context of advanced nursing practice.

LITERATURE REVIEW

Definition of Consultation

Several definitions of consultation have been found in the literature. The word "consultation" is originally from the Latin word "consultare", or to deliberate, it refers to a process in which the help of a specialist is sought to identify ways to handle problems in patient management or in the planning and implementation of health care programs" (Mosby, medical, Nursing & Allied Health Dictionary, 1994 p. 386). In another view, Caplan (as cited in Hamric, 1989) defined consultation as a process of communication between professionals which can be systematically taught, applied, and analyzed. In addition, Hamric (1989) described consultation as a process in which an individual with recognized expertise is invited by another to assist in resolving a problem.

From these definitions, it can be pointed out that communication is an important aspect for sharing ideas, knowledge, and skill between the consultant, who is a specialist, and the consultee. The consultee identifies a work-related problem, such as the problem related to the care and the treatment of the patients. In response, the consultant may offer education, clarification, diagnostic formulation, and additional problem-solving strategies to solve the problems. The activities are directed to resolve the problems faced by the consultee. In this regard, Caplan (as cited in Hamric, 1996) proposed four principles of consultation:

- The problem is always identified by the consultee
- The relationship between consultant and consultee is nonhierarchical
- The professional responsibility for the patient remains with the consultee
- The consultee is free to accept or reject the ideas and recommendations of the consultant

The goals of consultation are directed to improve the consultee's skill in handling a work-related problem and to enhance the consultee's ability to master
future problems of a similar type. Gurka (as cited in Hamric, 1996) identified
outcomes of consultation to include prevention of complications, maintenance and
development of standards of care, and improvement of staff nurses’ clinical judgment
skills.

Types of consultation

Classically, Kohnke (as cited in Spreceme, 1990) divided consultation into three
types:
1. Expert, the expert consultant is assessed by the consultee as processing unique
   skills and is called upon to prescribe approaches or solutions for specific problems
   in specific situations.
2. Resource, the resource consultant provides relevant information to enable the
   consultee to make decisions based on the widest range of alternatives.
3. Process, the process consultant brings about changes in a situation that enables the
   consultee to make a decision in the particular instance and in future situations.

Using a different framework, Caplan as cited in (Hamric, 1989) identified four
models for consultation:

1. Client-centered case consultation
   Client-centered case consultation has as its primary goal assisting the consultee to
develop an effective plan so that the patient can receive the best care. The best
consultee seeks the specialized expertise of the consultant for assistance with
patients who have particularly difficult or complex problems.

2. Consultee-centered case consultation
   In consultee-centered case consultation, improving patient care is also a concern,
but the focus is directly on the consultee’s problem in handling the current
situation, and the goal is to assist the consultee to overcome the deficits. The
problem may be related to lack of knowledge, skill, confidence, or professional
objectivity.

3. Program-centered administrative consultation
   In program-centered administrative consultation, the focus is on the planning and
administration.
4. Consultee-centered administrative consultation

Program-centered administrative consultation considers the consultee's (or group of consultees') problems or difficulties as they interfere with the objectives of the organization.

The process of consultation

Hamric (1989) conceptualized the process of consultation following the nursing process. The process consisted of four steps, including:

1. Assessment

   This initial phase of consultation involves clarifying with the consultee the specific nature of the problem and the major variables contributing to it.

2. Planning the intervention

   Once the consultee and consultant complete the assessment and clearly formulate the problem, they decide on the best approach for planning interventions. At this point, a nursing conference may be organized to increase the staff's understanding of the problem, to provide a forum for collective problem-solving, and to elicit support for the plan from the team.

3. The intervention

   The overall responsibility for carrying out the nursing intervention formulated during consultation remains with the consultee. If the consultant is involved directly in intervention, the responsibility and role should be carefully negotiated and articulated. The consultant should document completed assessment, share this with staff, and help them plan care accordingly.

4. Evaluation and Closure

   The evaluation phase offers the consultant and consultee the opportunity to consider the result of consultation and whether there is a need to modify the intervention plans. When the consultation comes to end, closure of the process should be acknowledged. Recognizing and appreciating are important dimensions of the consultation process.

Functions and qualifications of consultant

   The functions of the consultation role are to (1) perform case finding, (2) provide case management, (3) serve as a liaison with third party payers, (4) serve as a resource and a process consultant to staff, (5) evaluate and coordinate the
interdisciplinary case program, (6) serve as a client advocate, (7) conduct nursing research and apply research findings to ANP, and (8) function as a liaison with other community health professional. According to "American Association of Legal Nurse Consultant" in http://www.aalnc.org, legal nurse consultants may be engaged in any number of following activities:

- identifying standards of care, causation, and damage issues
- conducting client interviews
- conducting research and summarizing medical literature
- identifying and applying multidisciplinary standards of care and regulatory requirements
- preparing chronologies of medical events and comparing and correlating them to the allegations
- educating attorneys regarding medical facts and issues relevant to the case
- identifying and determining damages and related costs of services, including collaborating with economists in preparing a cost analysis for damages
- assisting with depositions and trials, including developing and preparing exhibits
- organizing medical records and other medically related litigation materials
- locating and procuring demonstrative evidence
- collaborating with attorneys in preparing or analyzing complaints, answers, and motions for summary judgment, interrogatories, deposition and trial outlines, queries for direct and cross examination, document production requests, trial briefs, demand letters, and status reports
- identifying and retaining expert witnesses
- acting as a liaison among attorneys, physicians, and clients
- providing initial case screenings for merit

A consultant will help colleagues and other health care professionals deal with complex patients' problems. Therefore, to be a consultant, certain requirements should be met in order to be able to perform his or her function. The qualifications may include the following criteria (adopted from http://www.aalnc.org):

- Education, both of nursing education and other medical-legal-related educational program.
- Clinical expertise in an area of APN
- Interpersonal skills
Knowledge and skills needed by a consultant

To provide an accurate consultation service, a consultant has to master the knowledge, skills, and art of consultation. Essential knowledge includes the consultation process, system theory, communications, change theory, nursing process, problem solving, conflict resolution, adult learning theory, and group process.

The skills of consultation are also important, for example self-awareness, interpersonal relationships, effective time management, establishing priorities, flexibility and tolerating "lack of control". Fenton (as cited in Hamric, 1989) identified emotional support of the nursing staff as a primary activity of CNSs. Being able to listen, emphasize, and communicate warmth, respect, acceptance, and concern are crucial skills for the consultant. The consultant has to know the scope and limitations of their practices. If the consultee's requests exceed the consultants' expertise, they must be able to say no, decline involvement, and refer the consultee elsewhere. Consultation occurs within the context of relationships. Tschudin (1995) identified several skills and arts in helping relationship, including attending, being non-judgmental, body language, giving space, staying open, listening, and encouraging.

What do the consultees have to be concerned about consultation?

Consultation is an interaction between two professionals. The consultant is recognized as having specialized expertise. The consultee requests the assistance of the expert in handling a work-related difficulty in his or her specialty area. During consultation, consultees have to be aware or give consent to the following tasks:

- Identify the clinical situation in which increased knowledge and assistance with clinical decision-making would enhance practice
- Initiate request for consultation
- Continue to assume clinical responsibility for the patient who is the focus of the consultation
- Be prepared to accept or reject the recommendations of the consultant
Implications of Consultation in Nursing Situations

Most clinical nurse specialists work in large medical centers. Traditionally, the majority of consultations have occurred in hospital settings. There, staff nurses, having recognized another's expertise, have asked the expert in relation to some aspect of patient care. This form of consultation, "a verbal agreement to work on a problem with a colleague", is called informal (or internal) consultation. In contrast, external consultation is more often "following specific steps and involves negotiating a contract" (Sparacino, 1990).

The clinical nurse specialist is involved in assessing the need for consultation in relation to the way the process is initiated: what the nature of the request is, who initiated the consultation, and what clinical problems are identified. Gleason and Flynn (as cited in Sparacino, 1990) identified consultation role in the surgical intensive care unit and found that the nurse consultant involved both direct or indirect care activities as well as resolved the problems around using of high technology equipment in patient care. This latter finding highlighted again the importance of in-depth knowledge and skill of a consultant in caring for those patients which provide the meaning of being a clinical specialist.

Implementation of consultation in nursing practice may be identified in several steps including (Sparacino, 1990):
- Establishing relationships and negotiating with key persons such as nursing administrators, head nurses, nursing supervisors, medical directors, social workers, other health care providers
- Meetings with staff, describing and defining the role clearly.
- Establishing credibility
- Promoting consultation
- Documenting all processes and the results of consultation

Case study

The following case study illustrates how a clinical nurse specialist implemented the role of consultation on a part-time work, consultation basis in a medium-sized community hospital. The case was modified from Diana L. Nikas's article as cited in Sparacino (1990, p.109).
SP was a 20-year-old female in her second year of college. She was admitted to the intensive care unit (ICU) with a preliminary diagnosis of impending respiratory failure secondary to Guillain-Barre Syndrome (GBS). SP had weakness that progressed to complete respiratory paralysis of all extremities and motor cranial nerves (CN). She required intubation and mechanical ventilation. SP’s complete motor and respiratory paralysis led to a state of total physical dependency. Additionally, because SP was conscious and alert but was intubated and unable to move the muscles of her eyes, she was unable to communicate. This made her fearful and anxious. SP became very dependent and demanding. Because of feelings of frustration with her condition and her perceived slow improvement, she had periods of acting out and periods of withdrawal. She occasionally complained about the “pain” in her extremities and autonomic discomfort (e.g., hot flashes and tachycardia). The nursing staff were unsure how to approach her and asked the clinical nurse specialist to help resolve the problems.

What did the clinical nurse specialist do as a consultant?

Step 1. Establishing relationships and negotiating role with key persons.

In this case, the CNS established good relationships with the nursing staff, the head nurse, the critical care supervisor, the medical social worker, and others on the health care team. The CNS might select patients by assessing the need of the patients, requesting from the nursing staff, the head nurse, as well as others on the health care team. The CNS negotiated with key persons such as the head nurse to determine which patients meet the criteria for consultation. The CNS might offer one or more of the following criteria:

- Diagnosis was not often seen in the community hospital
- Real or potential complications
- Complex medical or nursing diagnosis, or both
- Real or potential complex psychosocial problems of patient or family, for example, family of suicide victim
- Patients who were long-term, for example, spinal cord injury
Step 2. Meeting with staff, describing and defining the role clearly

The CNS conducted meetings, especially with nursing staff to discuss and identifying certain criteria for appropriateness of the method or type of intervention and also what the CNS role would be. The CNS might carry out the other roles of the clinical specialist, such as providing some formal didactic educational programs, consulting with nursing staff on other units, and acting as a liaison with nursing management regarding policies and procedures in the ICUs where the patient was consulted. In the case of SP, she met the criteria, not being common in most acute care settings, including the community hospital. SP also had the potential for developing complications such as infection, atelectasis, pneumonia, alteration in skin integrity, autonomic nervous system dysfunction, and other complications of prolonged immobility. She also had complex nursing diagnoses and would be a long-term patient. To resolve these problems, the CNS assisted the nursing staff developed the following objectives:

- Identify a team of nurses to care for SP
- Educate the nursing staff regarding the pathophysiology of GBS with autonomic nervous system involvement.
- Assist the nursing staff to develop a plan of care to meet the immediate needs of the patient and family.
- Assist the nursing staff to modify the plan of care as SP’s condition changed
- Evaluate SP’s physical and psychological responses to her disorder and nursing interventions
- Assess the family’s response to SP’s condition, change in condition, and nursing care
- Consult with physicians regarding the plan of care, particularly the drug regimen.
- Act as a resource to other members of the health care team (e.g., respiratory therapist, physical therapists, medical social worker)
- Assist the nursing staff to prepare for SP’s transfer to the rehabilitation unit

Step 3. Establishing credibility

The CNS attempted to remain high quality of nursing care in order to establish her credibility as a consultant. The CNS also maintained communication with the patient as well as the health care team. Communication with patient (SP) was
maintained by visiting her at least twice per day (the day shift and the night shift) 2
days a week. The CNS usually began by assessing her physical progress, and also
evaluating the effectiveness of the care. The CNS maintained communication with the
primary physician, team of nurses, the head nurse, and supervisor based on an
appointment schedule that they had made already.

**Step 4. Promoting consultation**

The CNS communicated that the consultation service was available and what it
involves. In this case, the CNS maintained communication with colleagues and other
health care team members, at the same time the CNS also introduced the role of
consultation. Other methods of promotion include advertisement, publicity,
presentations, and correspondence. Promotion also takes place by the level of
professionalism displayed by the CNS. The manner in which the CNS dresses, speaks
and conducts business will all be considered promotional (Curtis, 2002).

**Step 5. Documenting all of the process and the result of consultation**

The CNS documented all of the process and the result of consultation in the
legal documents. The document also included patient's outcomes of provided nursing
care. For example of SP case, the nursing care outcomes include less pain, improve
comfort, changing the level of dependency from fully dependent to be independent in
doing daily activities, and her respiratory paralysis got better.

**CONCLUSION**

Consultation is an important aspect of advanced nursing practice. It is a
complex and highly professional activity that can be both challenging and rewarding.
The mutual and creative problem-solving that occurs during a consultation can be a
catalyst for the ongoing professional development of both consultee and consultant
and can profoundly influence nursing practice. The nursing literature on consultation
is largely focused on the clinical nurse specialist role, but it is important that
consultation is considered an essential core competency of all advanced practice roles.
Therefore, nursing profession needs to reconsider the educational and practice issues
relevant to all advanced practice,
REFERENCES


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