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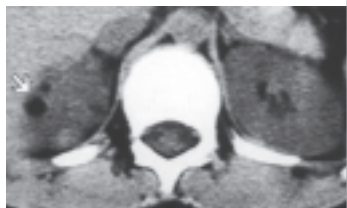
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Cover Picture:

Thirteen-year-old boy with right renal angiomyolipomas. Unenhanced axial CT scan shows two small masses of fat attenuation (arrow) in the upper pole of the right kidney. (Refer to page 541-546)

# The Quest for Nursing Excellence

**B C Ang**

In her thesis "From novice to expert: excellence and power in clinical nursing practice", Benner applied the Dreyfus Model of Skill Acquisition to the development of nursing expertise. Stuart Dreyfus, a mathematician and systems analyst, and Hubert Dreyfus, a philosopher, had developed a model of skill acquisition based on the study of chess players and airline pilots<sup>(1)</sup>.

The Dreyfus Model posits that in the acquisition and development of a skill, a person passes through five levels of proficiency: novice, advanced beginner, competent, proficient, and expert. These different levels reflect changes in three general aspects of skilled performance. One is a shift from reliance on principles to the use of past experience as paradigms. The second is a change in the person's perception of a situation, and the third is a passage from detached observer to involved performer.

Benner collected descriptions and analyses of patient care situations which she named narratives, from the different levels of nurses to identify the characteristics of their behaviour in that situation<sup>(2)</sup>. Experts are guided by immediacy in a situation. They grasp the situation directly, recognise salient aspects, and ignore irrelevant ones<sup>(3)</sup>. The progression from a novice to expert nurse depends on the ability to learn from experience and to apply the knowledge when faced with a similar situation. While trial and error is one way of learning, this is impractical and unsafe in nursing practice. Mentoring by expert nurses is the preferred mode of learning.

What relevance has all this to nursing practice in Singapore? After 117 years of nursing history, the number of expert nurses is still small. Traditionally, good clinical nurses were promoted to become managers or educators. Unlike doctors, who continue with clinical practice even when they become heads of departments, good clinical nurses moved further away from direct patient care when they were promoted. There was no opportunity to develop their clinical role, and expand or extend their scope of practice. It is ironical that in a clinical profession like nursing, there was no attempt to retain the good clinical nurses in direct patient care.

In July 2001, the Ministry of Health recommended a new career structure for registered nurses, which provides a clinical track for nurses to progress in their career and remain in clinical practice. There is much that nursing can learn from the medical model of professional development. The medical profession in Singapore has made great strides with institutions like the Academy of Medicine and College of General Practitioners.

In an effort to develop a role for expert or advanced practice nurses, we are looking at the practice in the US, UK, Australia and New Zealand.

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In the US, the lack of primary health care for rural areas and urban poor, escalating health care costs, and pressure to reduce junior doctors' working hours, have provided the impetus for the growth of advanced practice nurses. There are four categories of advanced practice nurses: nurse anaesthetists, nurse midwives, clinical nurse specialists and nurse practitioners. While the nurse anaesthetists and nurse midwives have distinct roles, there has been an overlap of the clinical nurse specialist and nurse practitioner roles. Nurse practitioners who traditionally practise in the community are moving into acute care settings. They are displacing the clinical nurse specialists and taking on some of the doctor's role in the acute care setting. The clinical nurse specialists are re-defining their role and concentrating on training, education and staff development. As advanced practice nurses in the US increase in number and expand the nature of their practices, they may find themselves on a collision course with physicians<sup>(4)</sup>.

The UK<sup>(5)</sup>, Australia<sup>(6-8)</sup> and New Zealand<sup>(9,10)</sup> have implemented nurse practitioner roles along the same model as the US. So what is the appropriate model for advanced practice nurses in Singapore? Some of the factors that have provided the impetus for the growth of advanced practice nurses in the US apply to Singapore as well. However, our preferred model would be a role that is complementary to the physician. In defining the role and scope of practice, we shall capitalise on nursing strengths, for example, our holistic approach to patient care. The scope of practice will continue to evolve as the healthcare system, society's values and perceptions change.

The Nursing Service Branch of the Ministry of Health has been working with the Division of Graduate Medical Studies, National University of Singapore to develop a training programme that would prepare good clinical nurses to become advanced practice nurses. Busy doctors in clinical practice and academia have been lecturing at the then School of Nursing and Nanyang Polytechnic ever since these educational institutions were established, and continuing this practice in NUS for the Master of Clinical Nursing course seems a natural progression. However, this would not have been possible without the invaluable assistance of the enlightened leaders in the medical profession.

This is an exciting time for nursing. Nurses are valued worldwide. With the opportunity to obtain higher qualifications locally, good clinical nurses would not be faced with the problem of having to leave their family in Singapore and going overseas for further studies.

The importance of nursing education and training cannot be overstated. The article in this issue of the Singapore Medical Journal on the knowledge and practice of breast cancer screening amongst Public Health nurses in Singapore attests to the need for our Public Health nurses to undergo more training in the area of breast cancer and screening<sup>(11)</sup>.

The quest for nursing excellence will only end when we have sufficient numbers of expert nurses in all areas of clinical practice – hospitals and the community. 

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*Nurse practitioners who traditionally practise in the community are moving into acute care settings. They are displacing the clinical nurse specialists and taking on some of the doctor's role in the acute care setting.*

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**ERRATA**

The following 7<sup>th</sup> and 8<sup>th</sup> authors' names were inadvertently omitted from the article "The Use of Sildenafil in Patients with Erectile Dysfunction in Relation to Diabetes Mellitus – A Study of 1,511 Patients" in the August 2002 issue of the SMJ:

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The complete list of authors' names for the article should thus be: K K Ng, H C P Lim, F C Ng, M K Li, D Consigliere, S J Chia, Perianan Moorthy, Malathy d/o Munisamy.

There should also be a correction in the article "A Case of Broken Heart from Blunt Trauma" in the same issue. The author KK Poh's qualifications should be "MBBChir (Camb), MMed (Int Med), MRCP (UK)".

For the article "Typhoid Fever in Kuala Lumpur and a Comparative Evaluation of Two Commercial Diagnostic Kits for the Detection of Antibodies to Salmonella typhi" in the July 2002 issue, the correct Table should be:

**Table II. Sensitivity, specificity, PPV, NPV and Efficiency of test of the kits evaluated.**

	Widal	Typhidot	PanBio IgG & IgM	Typhidot & Typhidot M
Sensitivity	100	82.0	78.0	98.0
Specificity	21.2	68.1	80.0	76.6
PPV	40.3	57.7	68.4	69.0
NPV	100	90.1	87.4	98.6
Efficiency of Test	48.6	72.9	79.9	84.0