

CORE CONCEPTS FOR THE MS NURSING CLINICIAN: AN INTERACTIVE SESSION

Where are we as MS Nurses – an example

- Karen is a certified MS nurse (MSCN) who has worked in a large MS practice for the past 5 years. She loves the MS field of care, but lately she is finding less satisfaction in her nursing role. She is working long hours, and never seems to be able to catch up. More and more of her day is spent on the phone with insurance companies, and other agencies trying to fight for reimbursement, and services for her patients. The newer disease modifying therapies (DMT's) are requiring more laboratory monitoring, and her patients are not always adhering to the medications or regular follow up. She worries about the yet unknown potential adverse events with the newer therapeutics, and hopes her patient education sessions are adequate.

Karen's Story Continued

- Her NP colleague, a close support for her in the past, is also getting busier in her practice, and they rarely have time to discuss patients, or work on projects together. They recently missed the deadline for an abstract submission for a poster at their yearly conference as they could not come up with a research idea. The other day she had a run in with her the clinic physio therapist who accused her of missing relapse symptoms in a patient. Although she has great respect for her neurology colleagues, she is finding they are taking longer to get back to her about patient problems, and abnormal blood results. She values being an MS nurse, but is unsure about her skills in dealing with the expanding responsibilities, and is frustrated about her inability to develop in her role.

What is Karen Facing

- ◆ Evolving field of care in an already complex disease
- ◆ Health care system issues
- ◆ Increased work load demands
- ◆ Lack of peer and leadership support
- ◆ Interdisciplinary conflict
- ◆ Lack of opportunity for professional growth

Challenges and Opportunities

- ◆ Karen's situation not unique
- ◆ One of life's certainties now include healthcare reform all over the world.
- ◆ MS nurses enjoyed a very rewarding era of professional development, and recognition with the introduction of DMT's and the formation of a well developed subspecialty
- ◆ Things are changing and clearly we face more challenges

Today we are going to explore the core concepts that define us as MS nurses with the hope of meeting the challenges we are facing!

Outline

- ◆ Health Care Leadership:
 - ◆ Colleen Harris MN, NP, MSCN, MSCS
- ◆ Our evolving role in advocacy and adherence:
 - ◆ Megan Weigel DNP, ARNP-c, MSCN
- ◆ Scholarly Inquiry and Nursing Research:
 - ◆ Maryjean Buhse, PhD, NP, RN, MSCN
- ◆ General Discussion: You!

Leadership MS Nursing



What is an MS Nurse (IOMSN)

- An MS nurse is a competent expert who collaborates with those affected by MS and shares knowledge, strength, and hope. MS nurses can enhance adaptive and coping skills, facilitate empowerment and a sense of control, and thereby engender hope and positive attitudes among those affected by MS.

www.IOMSN.org

Philosophy of MS Nursing

- The philosophy of MS nursing is for the MS nurse to shape the course of the disease, by facilitating treatments that interrupt acute episodes, and delay progression of pathology, and to facilitate the management of MS symptoms. MS nurses enhance, and promote safe, maximal, and where possible, independent function.

Domains of MS Nursing Practice

What are the domains of MS Nursing:

Clinical practice
Advocacy
Education
Research



How has the knowledge and skills of each Domain evolved as our knowledge of MS has evolved?

Leadership and the MS Nurse – Our Challenges

- ◆ Our knowledge of the disease has expanded to include:
 - ◆ basic immunopathology, techniques of MRI, and diagnostic criteria
 - ◆ mechanism of action of disease modifying therapies as well as symptomatic treatments and rehabilitation strategies.
- ◆ We need constant education, and so do our patients, and their families as well as other healthcare professionals
- ◆ As new treatments emerge, the role of the nurse as an educator, advocate, and counselor must continue to grow and will be more complex. The risks of treatments are likely to be higher, as will the expectations of greater efficacy
- ◆ We must still keep to our goal of improving the lives of those affected by multiple sclerosis.

International System Issues

- ◆ Lack of effective nurse leadership
- ◆ Staffing shortages
- ◆ Ageing populations
- ◆ Reduced healthcare funding
- ◆ Challenges of maintaining quality care

(Gantz et al (2012) *Journal of Nursing Management*, 20, 433-443)

Dealing with System Issues – what is needed?

- ◆ Well educated, sustainable, and skilled nursing work force that is prepared for sub-specialization
- ◆ Development of more effective nurse leadership at all levels
- ◆ Media awareness and education campaigns on key issues in healthcare
- ◆ Authentic interprofessional collaboration and interpersonal respect

(Cleary et al (2013) *Journal of Clinical Nursing* 22, 2904 – 2911)

MS Specific System Issues

- ◆ Chronic, and often disabling illness – life long need for care and medications
- ◆ Complex treatment landscape both for DMT's and symptom management
- ◆ Variety of care settings, and professionals involved in care
- ◆ Many MS individuals still leave the work force prematurely contributing to an already high cost of care

Are we meeting the challenges?

- ◆ Many MS nursing networks do have their finger on pulse of change, but are we maximizing advocacy efforts as a nursing body ?
- ◆ In the beginning MS nurses were more active in clinical research and evaluation of best practice – are we active enough right now?
- ◆ It takes a village – are we truly practicing disciplinary collaboration?

Quest for Cost Containment

- ◆ Wages make up the biggest chunk of healthcare costs, and “de-skilling” workers is one of the first steps of containment
- ◆ Funders looking at less skill when health care needs requiring more skill
- ◆ Benchmarking care and health care outcomes important to cost estimates, but how and who are measuring them is a concern.
- ◆ Nursing always takes a significant hit with health care cuts and restructuring

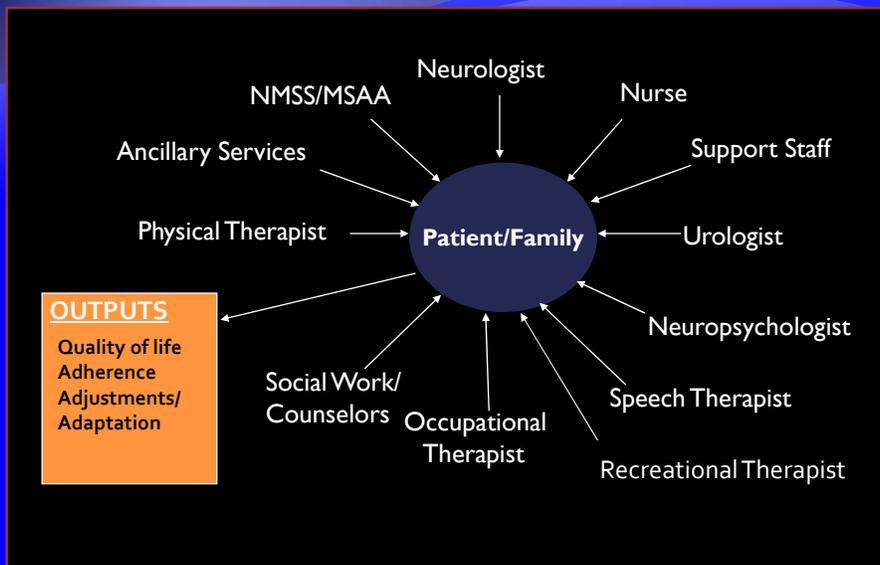
Cost Effectiveness of MS Nursing Care

- ◆ Our UK colleagues have been the best at exploring this with the changes to their health system
- ◆ MS nursing in North America – not heavily evaluated
- ◆ There is a strong association between the needs of MS patients, and what nurses by virtue of the discipline can offer (Forbes et al (2003) *Journal of Advanced Nursing* p.442)
- ◆ In the future - likely to be autonomous range of providers placing the opposing forces of collaboration, and competition along side each other (Ashmore et al (2007) *British Journal of Nursing* 16(4) 202-203)

Interdisciplinary Relationships

- ◆ Healthcare services more complex and require more disciplines to work collaboratively
- ◆ Different disciplinary beliefs, and at times contradictory interests in care lead to conflict
- ◆ Conflict no longer seen as avoidable
- ◆ **Conflict competence** is now required, defined as:
"the ability to develop and use cognitive, emotional, and behavioural skills that enhance productive outcomes of conflict while reducing the likelihood of escalation and harm".
 (Msila V. (2012) *Journal of Communication* 3(1). Pp. 25-34)

The Multiple Sclerosis Team



Working with a Team

- ◆ In the past, nurses who compose approx 80% of workforce, were happy just to have help
- ◆ Thanks to the promotion of comprehensive care we now share care duties with an array of disciplines
- ◆ Less represented disciplines have more competitive needs to carve role in field, and are doing great research
- ◆ Are we prepared to share, and have we distinguished our unique contributions in MS ?

Leadership Development

- ◆ Global Nursing Leadership Institute identified the following strategic outcomes for nurses globally:
 - ◆ Better development of strategic alliances
 - ◆ Self awareness of leadership capacity
 - ◆ Increase in global health knowledge
 - ◆ To be better equipped to influence policy
 - ◆ Improvement in strategic planning and thinking
 - ◆ Willingness to take on leadership roles

(Blaney P (2012) *International Nursing Review* 59, 40-47)

How are we doing in MS?

- ◆ Strategic alliances are strong but could be more diverse
- ◆ Good organizational strategic planning but more discipline MS Nurse role specific planning needed
- ◆ Developing in global health knowledge through IOMSN and CMSC, and other national organizations
- ◆ Could influence policy more but need to improve research and advocacy skills
- ◆ We need more willing leaders!

How do we build leaders?

- ◆ Positive organizational environments
- ◆ Opportunities to contribute to strategic decision making
- ◆ Feed back through coaching and mentoring
- ◆ Professional development opportunities
- ◆ Rewards for innovation - seen as supportive and empowering
- ◆ If valued by an organization, individuals will be inspired to lead

(Spense et al (2011) *Journal of Nursing Management* 20, 877 -888)

MS Nurse Leadership

- ◆ Need participation on committee's of IOMSN, CMSC, certification committee's (MSCN and MSCS)
- ◆ More leadership development – IOMSN planning in 2016
- ◆ Strategic partnerships for research and best practice development

We can all be leaders!

- ◆ *If your actions inspire others to dream more, learn more, do more and become more, you are a leader.*

*John Quincy Adams
(1767-1848, sixth President of the United States)*

- ◆ *The task of leadership is not to put greatness into people, but to elicit it, for the greatness is there already.*

*John Buchan, 1st Baron Tweedsmuir
(1875-1940, Scottish novelist, historian and politician)*

End of Session Interactive Questions



Questions

- ◆ What challenges do you face in your practice?
- ◆ What leadership qualities do you rely on to deal with these challenges ?
- ◆ What strategies are you using to deal with the complexities of DMT's?
- ◆ How do you find time for professional development in your practice?
 - ◆ research, best practice development, poster presentations, education sessions