

# Leading Cardiac Care – the Consultant Cardiac Nurse

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# Nursing in Cardiac Care



- Developing since 1960's with coronary care units
- Defibrillation
- Cardiology wards 1990's not just part of general medicine
- Increase in intervention
- Increased emphasis on recovery post MI
- Separate cardiac ITU to general

# Sub-specialism (1)

- Thrombolysis nurses – now adapting to ACS, pre-hospital thrombolysis
- Cardiac rehabilitation – primary/secondary care
- Nurse-led cardioversion – assessment and follow-up  
Quinn T (1998) Early experience of nurse-led elective DC cardioversion. *Nursing in Critical Care* 3:59-62.
- Heart failure nurses – diagnostic clinics (echo) primary/secondary/ palliative care  
Jaarsma T, Halfens R, Huijjer Abu-Saad H, Dracup K, Gorgels T, van Ree J, Stappers J (1999) Effects of education and support on self-care and resource utilization in patients with heart failure. *European Journal of Cardiovascular Nursing*.
- Cath lab nurses – generic workers, pre-admission, links with arrhythmia and ACS teams

# Sub-specialism (2)

- **Arrhythmia nurses—arrhythmia care co-ordinator**

Tagney J (2006) Up-beat: Developing the role of arrhythmia nurses in the UK. *BJCN* 1(9);443-7.

- **Cardiac surgery – nurse-led pre-hab, pre-op assessment, extubation, discharge coordinators**

Savage LS, Grap MJ (1999) Telephone monitoring after early discharge for cardiac surgery patients. *American Journal of Critical Care*. 8(3):154-9

- **Adult congenital heart disease—growing population**

Moons et al (2006) Nurse specialists in adult congenital heart disease: The current status in Europe. *European Journal of Cardiovascular Nursing*. 5;60-67

- **Acute chest pain assessment nurses**

Goodacre et al (2004) Randomised controlled trial and economic evaluation of a chest pain observation unit compared to routine care, *British Medical Journal*, 328: 254-60,

- **Rapid access clinics**

Pottle A (2005) A nurse-led rapid access chest pain clinic – experience from the first 3 years. *European Journal of Cardiovascular Nursing*. 4:227-233.

- **CHD nurses in primary care –primary/secondary prevention-chronic disease management (AF, HTN)**

# Leadership opportunities in nursing

- Until 1999 teaching, management or nurse specialist
- Often, higher grades meant less patient care
- Need opportunity to develop plus education/knowledge to enable/empower



Tim Peckham

# Concept for a new role

- Kim Manley (1997) – help retain nurses by establishing a new clinical career opportunity
- Transformational leadership
- Medical consultants retain significant clinical input

# Nurse consultants

- NHSE HSC 217 in 1999 stated that creation of Nurse Consultant posts would  
*‘help to provide better outcomes for patients by improving services and quality, to strengthen leadership and to provide a new career opportunity to help retain experienced and expert nurses...in practice’*
- Should be senior, experienced nursing practitioners, experts in their field, educated to Masters level or beyond

# Nurse Consultant Role



- Four components
- Expert Practice
- Professional leadership, consultancy
- Education, training and development
- Practice and service development, research and evaluation

# Core role components in practice

- Expected to demonstrate highly advanced clinical, educational and research practice
- Work across professional and organisational boundaries where no previous precedent has been set.
- Explicitly expected to spend 50% of their time in clinical practice with patients, clients or communities

# Not a replacement for doctors

Additionally, *where posts will be structured to include technical or clinical interventions previously undertaken by medical or other staff, **these should not be the primary focus of the post.***

*They should be included only where they are clearly an integral part of, and contribute to, the fundamental core of the nursing....function'. NHSE 1999.*



# Where are they?

- UK phenomenon – no equivalent post in the US or Europe although Advanced Nurse Practitioners are similar
- Mostly England, fewer in Scotland or Wales. Posts in mental health, emergency care, critical care, elderly care, infection control, palliative care, stroke care and cardiac care.
- Cardiac – chest pain, heart failure, general cardiology, cardiac rehabilitation.
- Approximately 40 cardiac related posts

# Evaluations to date

- Kings College – Guest et al 2001, questionnaire survey, interviews. 1<sup>st</sup> wave approx 160 NCs – pioneers, fear of failure.
- Final report Guest et al 2004 – end of 2003, 528 NCs identified – 100 different job titles, 17 in cardiology. Leadership and service development were seen as key functions, problems with having sufficient authority  
<http://www.kcl.ac.uk/content/1/c6/01/69/94/NCFullReport.pdf>
- Qualitative studies – impact of educational preparation and research experience on **success**.  
Abbott S 2007: Leadership across boundaries: a qualitative study of the nurse consultant role in English primary care. *Journal of Nursing Management* 15(7):703-10.  
Woodward et al 2005: Nurse consultants: their characteristics and achievements. *Journal of Clinical Nursing* 14, 845-54

# Maxi Nurse or Mini Doctor?



RCN survey 2005. Maxi nurses. Advanced and specialist nursing roles

# Different from Clinical Nurse Specialists?

- Clinical Nurse Specialists work principally with patients in a clearly-defined area of clinical practice.
- Consultants role should be more strategic and broad-based, improve practice of others and occupy a leadership position similar to medical consultants. Primary research.
- Harder to demonstrate impact of consultant role before 5 years in post
- Specialists may be perceived as `better value` in the short-term

[www.kcl.ac.uk/schools/nursing/nru/policy](http://www.kcl.ac.uk/schools/nursing/nru/policy)

# Impact of Cardiac Nurse Consultants?

- Service development and improvement – many referred to in ‘winning the war on heart disease’ (DH 2004) and subsequent evaluations
- Strategic involvement – NICE, Cardiac Networks, research networks, national and international groups Tagney et al 2005: The Contribution of Consultant Nurses to Cardiac Care. *National Electronic Library for Health, Cardiovascular Diseases*, Guest Editorial.  
[www.nelh.nhs.uk/cardiovascular](http://www.nelh.nhs.uk/cardiovascular)
- Time for a cardiac specific evaluation?

# Future developments?

- Continued expansion of evidence base – clinical practice and roles
- Better collaboration between clinical practice and academic/research practice – new research funding, outcome data,
- Identify areas of expanding clinical practice and unmet patient need – metabolic syndrome, cultural/ethnic influences, aging population, adult congenital heart disease patients – transition from paediatric to adult services, pregnancy, arrhythmia diagnosis and treatment
- Recognise potential career opportunities....

# Prepare yourself for anything...



Perhaps a new career move?....



# Thank you

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Reference list and copies of  
presentation available on request