

Integration of cardiovascular nursing experts to enhance patient care

This month, Nicola Bowers discusses the importance of integrating cardiovascular nursing experts and providing standardised competencies, especially in clinical research nursing.

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Introduction

All allied health professionals have pledged to engage in evidence-based practice to ensure that patients receive the highest standard of care possible. If we are all duty-bound, why is the research training for the International Conference on Harmonisation/Good Clinical Practice not a national mandatory core component within our professional competencies?

This training is available online, provided by the National Institute for Health Research (NIHR) and it is free to complete for all NIHR, NHS, University or publicly funded workers. It is a requirement, set out in the UK policy framework for health and social care research by the Health Research Authority (HRA), for any health professional seeking consent from a patient for involvement in clinical research. This training teaches the international ethical, scientific and practical standard to which all clinical research should be conducted (HRA, 2020).

This training is beneficial to all health professionals and, if made mandatory, would heighten awareness of current clinical trials, therefore increasing research activity. Completion of the training would facilitate the signposting of patients to the relevant locations for consideration of clinical trial participation.

Patient rights

All cardiovascular patients should have equal opportunities to receive all options of evidence-based standards of care available to them. Additionally, all patients should have the equal opportunity to be informed about any clinical trial for which they meet the eligibility criteria, enabling patients to make an informed choice as to whether they would like to participate. This would put a stop to the postcode lottery service delivery that cardiovascular patients currently experience. For instance, if a centre is not participating in a clinical trial, an eligible patient will not be informed about it and not even referred to an active centre.

Barriers to clinical research nursing

The history of research nursing dates back hundreds of years to Florence Nightingale. She used statistical analysis to collate data on the exposure to factors affecting mortality and morbidity during the Crimean war (Nightingale, 1860). Decades on, within the UK, the first recognition within the profession of the importance of nursing research was the Briggs Report (1972). Nearly five decades on, several barriers remain for nurses to conduct clinical research, with lack of career progression and recognition. Reasons for this delay include a lack of basic understanding of the research process (Thompson et al, 2004), and a lack of time, training and general poor investigatory skills (Retsas, 2000; Hutchinson and Johnston, 2004; Kunhunny and Salmon, 2017).

The UK remains without a national framework for clinical research nursing, and the role is not perceived as an integral role within every service multidisciplinary team. Student nurses are not exposed to clinical research nursing during their training, so are unlikely to consider it as a career choice. However, if students and allied health professionals had to complete training, this would heighten awareness, increase knowledge and assist with exploring what clinical trials are being conducted.

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Clinical research nursing and cardiology

There are several specialist nurses working within the cardiology division, providing effective treatment and management plans for our patients (Schadewaldt and Schultz, 2011). Cardiac rehabilitation and prevention specialist nurses work closely with dieticians, behavioural therapists, physiotherapists, technicians and a cardiologist, which encompasses a truly multidisciplinary approach to helping clients understand their cardiac conditions, regain their mental and physical fitness and assists them in reducing the risk of further events within the future.

The British Association of Cardiac Prevention and Rehabilitation (BACPR)-accredited cardiac exercise programmes achieve excellence in certain criteria, such as a multidisciplinary approach, the collection of data, the efficiency of getting clients into the programme, increasing uptake and completion of the programme, increased compliance with concomitant medications and better outcomes.

Another example of specialists working within cardiology are integrated community and acute heart failure nurse specialists. Their responsibilities include educating patients and their caregivers, providing support and counsel for patients and their caregivers, acting on blood results, especially chemistry, prescribing and titrating prophylactic evidence-based beneficial medication. They require access to appropriate acute and primary patient care records and results of investigations, as well as referral into appropriate services throughout the duration of the diagnosis, such as palliative care, or care from an endocrinologists or nephrologists. It is already recognised nationally (Masters et al, 2019) that there are not enough heart failure nurses to implement the quality of service recommended by the National Institute for Health and Care Excellence (NICE) (2015) and the prevalence of heart failure will continue to increase as our society ages.

Our specialist cardiovascular nurse experts should be provided with set competencies to achieve through professional and personal development. This will enable one nurse expert to deliver NICE guidance treatments and the ability to refer all patients onto clinical research departments, if they are deemed eligible for a clinical trial, allowing every patient to make an informed choice regarding whether or not to participate.

Conclusions

Our cardiovascular nursing experts need to be provided with appropriate standardised competencies, qualifying them to provide a holistic treatment pathway to our patients. International Conference on Harmonisation/Good Clinical Practice training should be mandatory for all allied health professions to enhance research activity, increase patient safety, provide knowledge and equality, and standardise care delivery for all cardiovascular patients. This includes the integration of specialist cardiac nurse experts from heart failure, cardiac rehabilitation and clinical research, which have been discussed and can apply to all cardiovascular specialist health professionals.

Clinical research should be a prerequisite and a common thread throughout all of our cardiovascular health professionals' job descriptions. This will enable an individual cardiovascular specialist healthcare provider to apply a holistic approach to patient consultations, help change the research culture and opinions of other healthcare providers, increase research activity and, most importantly, maximise and improve the treatment pathway for cardiovascular patients. Working together and collaborating, it is possible to establish the NHS as an internationally-recognised centre of research excellence.

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