



**ADVANCED PRACTICE NURSING SUMMIT: DEVELOPING ADVANCED
PRACTICE NURSING COMPETENCIES IN LATIN AMERICA TO CONTRIBUTE TO
UNIVERSAL HEALTH**

ANN ARBOR, MICHIGAN, USA

April 7-9, 2016

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Background

During the 52nd Directing Council of the Pan American Health Organization (PAHO), the 65th Session of the Regional Committee, the Resolution CD42. R13 entitled; “Human Resources for Health: Increasing Access to Qualified Health Workers in Primary Health Care-based Health Systems” was approved. This Resolution urges Member States, within their particular context, and taking into consideration their priorities, to promote reforms in health professions’ education; supporting Primary Health Care (PHC) based health systems and increasing the number of spaces in training programs for health professionals who provide PHC, including advanced practice nurses.

Advanced Practice Nursing (APN) is defined by the International Council of Nursing as a “registered nurse who acquires the expert knowledge base, complex decision–making skills, and clinical competencies for expanded practice; the characteristics of which are shaped by the context and/or country in which she/he is credentialed to practice. A master’s degree is recommended for entry level. The nature of this practice integrates research, education, practice and management, a high degree of professional autonomy and independent practice, case management/one’s own case load, advanced health assessment skills, decision–making skills and diagnostic reasoning skills, recognized advance clinical competencies, provision of consultant services to health providers and plans, implementation and evaluation of programs, and recognized first point of contact for clients.

PAHO is promoting discussion about broadening the scope of nursing practice in PHC in Latin America and the Caribbean and the role of the APN in this regard. In April 2015, McMaster University and PAHO hosted a 2-day meeting in Hamilton, Ontario entitled, Universal Access to Health and Universal Health Coverage: Advanced Practice Nursing Summit. . Thirty nurses and health professionals from across Latin and Central America gathered at McMaster for the summit for discussions about broadening the scope of nursing practice in PHC in the Americas to include the APN, using Canada and the United States (U.S). as examples of countries in which the profession is well-recognized. While advance practice nursing has an established regulatory framework in Canada and the U.S., there is little evidence of APN education, practice and regulation in Central and South American countries.

Goal and Objectives of the “Developing Advanced Practice Nursing Competencies”

Summit:

This 2 ½ day meeting, sponsored by PAHO with support from the PAHO/WHO Collaborating Center in Nursing and Midwifery at the University of Michigan, was a follow-up to the first

summit held at McMaster University and builds on discussions and priorities set during the first summit. The objectives included:

- I. To examine the core competencies for the APN role in the PHC in the U.S., Canada, and International Standards.
- II. To identify the resources and strategies needed for universities to prepare the APN to have a role in PHC in Latin America and the Caribbean.
- III. To identify core curriculum development for APN education in Latin America.



THURSDAY, APRIL 7

Opening Remarks and Presentations

Professor Jody R. Lori, Associate Dean for Global Affairs and Director of the PAHO/WHO Collaborating Center at the University of Michigan School of Nursing (UMSON), extended a warm welcome to our guests from the U.S., Brazil, Canada, Chile, Colombia, Mexico and Switzerland. Dr. Lori reviewed some PAHO history, providing background on the World Health PAHO Advanced Practice Nursing Summit 2016



Organization (WHO) network of Collaborating Centers (WHO-CC) which includes 44 WHO-CC for Nursing and Midwifery. Twenty-three Nursing and Midwifery CC are members of the Pan American Health Organization (PAHO.)

In 1997 the University of Michigan was designated as a PAHO/WHO CC with the most recent re-designation in 2015. The UMSON collaborating center is charged with promoting research and clinical training to assist with achieving the goal of universal health coverage through an expanded workforce of advance practice nurses in Latin America and the Caribbean. Over the next two days we heard more about human resource development in our presentations from the PAHO and WHO representatives on the strategic direction of global nursing.

Professor Lori introduced the first speaker, from WHO-Geneva, Ms. Annette Mwansa Nkowane.

[A Global View: Nursing and Midwifery Workforce Development. Annette Mwansa Nkowane, WHO, Switzerland](#)

Ms. Nkowane discussed the global shortage of nurses. Nurses provide 50-80% of health care for 43.5 million people. By 2030 there will be a shortage of 7.6 million nurses with Africa and the Middle East suffering the greatest burden of this shortage. The world is facing a changing health care environment that includes non-communicable diseases that kill 38 million people a year, almost $\frac{3}{4}$ of which are in low and middle income countries and result in pre-mature death. She discussed the high rates of suicide among young people 10-19 years old along with high rates of violent deaths; deaths from HIV, and the outbreaks of Ebola and now Zika.

The WHO established Global Frameworks that will set a strategic direction for 2016 through 2020 to strengthen nursing and midwifery, with specific national programs. Ms. Nkowane spoke about the difference between universal health care coverage and universal access and the need for “available, accessible, acceptable, quality & cost effective health care.” She affirmed her support for the work of PAHO to address the expected global shortage of nurses.

Millions of nurses and midwives are making a difference. Nursing is a vital part of achieving global health initiatives to prevent a repeat of the 6 million children under the age of 6 years that died in 2012. We need policy development and workforce management to embrace primary, people-centered care and universal health care coverage. Clearly, there is a need. Access to care is a human right with nurses and nurse midwives a vital part of meeting our goals.

Nurses provide leadership on matters critical to health, shaping the research agenda and stimulating the generation, translation, and dissemination of valuable knowledge. They set norms and standards for women’s health providers, articulate ethical and evidence based policy options, provide technical support, catalyze change, and build sustainable institutional capacity.

The Global Framework includes:

- WHO Sustainable Development Goals (SDGs) 2030
- Workforce 2030 (global strategy on human resources for health)
- Tracking universal health coverage
- Optimizing performance, anticipating future workforce requirements
- By 2030, build individual and institutional capacity and strengthen the data and knowledge to support evidence-informed policy making.

Ms. Nkowane also described the **Options Analysis Report On Strategic Directions For Nursing And Midwifery 2016-2020** www.who.int/hrh/nursing_midwifery/en/ that:

- Advocates for available, accessible, acceptable, quality and cost effective nursing and midwifery care for all, based on population needs and in support of UHS and the SDGs
- Outlines countries, regions, global partners, principles thematic areas
- Offers guidelines on transforming and scaling up health professionals

The number of Resolutions on nursing and midwifery adopted by the World Health Assembly demonstrates the importance WHO Member States attach to nursing and midwifery services as a means of achieving better population health outcomes. The most recent resolution, WHA 64.7, gives WHO the mandate to strengthen the capacity of the nursing and midwifery workforce through the provision of support to Member States on a number of strategies including:

- Developing targets and action plans for the development of nursing and midwifery, as an integral part of national or subnational health plans
- Forging strong, interdisciplinary health teams to address health and health system priorities
- Participating in the ongoing work of WHO's initiatives on scaling up transformative education and training in nursing and midwifery
- Collaborating within their regions and with the nursing and midwifery professions in the strengthening of national or subnational legislation and regulatory processes that govern those professions
- Strengthening the dataset on nurses and midwives as an integral part of the national and subnational health workforce information systems
- Harnessing the knowledge and expertise of nursing and midwifery researchers
- Engaging actively the expertise of nurses and midwives in the planning, development, implementation and evaluation of health and health system policy and programming
- Implementing strategies for enhancement of inter-professional education and collaborative practice

- Including nurses and midwives in the development and planning of human resource programs that support incentives for recruitment, retention and strategies for improving workforce issues
- Implementing the WHO Global Code of Practice on the International Recruitment of Health Personnel”

[Initiatives from PAHO and Countries, Silvia Cassiani, PhD, MSc, PAHO, Washington, D.C. and Ruta Valaitis, RN, PhD, McMaster University, Canada](#)

Dr. Cassiani’s presentation focused on the distinction between universal health coverage and universal health access. The shortage of nurses and other health care workers is the main obstacle to providing services. Related issues are migration of nurses from one region to another (nurses are leaving the Caribbean and Central America, and African nurses are coming into the region to fill the gaps), financing, and the quality of nursing education in the region. Within countries, nurses are concentrated in coastal areas and cities, leaving inland/rural areas underserved. A 2013 WHO resolution on developing access to primary health care specifies the need to increase the number of Advance Practice Nurses (APNs). PAHO is working with Ministries of Health on this goal. The current educational focus is biomedical, and more faculty are needed to teach at the masters and doctoral level in nursing programs. PAHO’s strategy is to push for collective efforts to increase publication of and access to scholarly materials in various languages.

Last year’s summit at McMaster illustrated the strong interest in APN development. There is an international seminar planned for June 2016 in Brazil, and Chile and Colombia are also working on initiatives for workforce development.

Dr. Valaitis outlined the role of the Collaborating Centers in defining the scope of nursing in their regions, and the context of the centers in different countries. She stressed the APN professional role is recognized in the U.S. and Canada, but there is little evidence of it in Latin America. PAHO advocates for broadening the scope of nursing in the region as demonstrated by:

2013: PAHO mandate to broaden the scope of nursing practice through development of the APN role

2015: The 2-Day Summit at McMaster University where a 3-year strategy was laid out with expected steps for next 12 months (to April 2016) – see report from McMaster Summit

Five planning priorities were established at the 2015 summit for optimizing the APN role in the Pan-American region:

1. Establish masters level APN education programs in Latin America and the Caribbean
2. Engage and influence decision makers, legislators & other key stakeholders in Latin America and the Caribbean
3. Focus APN service delivery on underserved, high-need populations in Latin America and the Caribbean
4. Establish a PAHO coordinating center network to develop & implement the APN role
5. Define and optimize complementary registered nurse (RN) & APN roles in new models of primary health care

The Development of the APN Role and the RN Workforce, Denise Bryant-Lukosis, RN, CON(C), BScN, MScN, PhD, McMaster University, Canada

Dr. Bryant-Lukosius discussed APN competencies and curriculum development within the context of human resource planning for primary health care and how APN roles and competencies can be leveraged to support nursing and workforce development in primary health care.

- Success factors for human resources for health (HRH) development \
- Defining core elements of primary health care practice
- Determining the optimal skill mix
- Providing the basis for certification & credentialing
- Promoting PHC nursing as a recognized/desirable career with defined role positions & salary grades
- Developing and supporting nurses at the point of care

Nursing Education in Latin America, Laura Moran Peña, PhD, RN, Asociación Latinoamericana de Escuelas y Facultades en Enfermería

- Commitment to quality education
- Recognition of heterogeneity of contexts in which higher education takes place
- Need to transform nursing education/Wide range of starting points
- Challenges
- Perspectives

Master's Degree Education in Brazil, Isabel Amélia Costa Mendes, PhD, University of São Paulo at Ribeirão Preto, Brazil

- Background on the development and proliferation of graduate nursing programs in Brazil
- 1968 university reform; nursing quick to respond

- Between 1972 and 2016 number of Master's programs in Brazil increased from 3 to 50
- Between 1982 and 2016 number of PhD programs in Brazil increased from 1 to 35

FRIDAY, APRIL 8

PANEL: Core Competencies for APNs in Canada and the United States. *Joyce Pulcini, PhD, RN, PNP-BC, FAAN, George Washington University, USA (Moderator)*

Advanced Practice Nursing in the U.S.: Path to Maximize Nursing Impact. *Judy Honig, DNP, EdD, CPNP-PC, Columbia University School of Nursing, USA*

APNs are central to achieving UHC for the following reasons:

- Nurses focus on direct patient interaction
- Nursing care is person-centered
- APN's are formally educated at advanced levels
- APN's have the skills and knowledge for health promotion, disease prevention and illness management
- APN's are trained in evidence-based practice

The presentation describes the evolution of the APN role in the U.S., from introduction of the apprenticeship model in the 1960's, to the introduction of degree programs in the 1980's, to present-day consensus about the importance of the APN workforce to Universal Health Care.

- APNs are central to achieving UHC
- There are several pathways to APN
- APN competencies provide the framework for education, practice and regulation
- The goal is well educated APN workforce to maximize the profession's contribution to UHC and improved health outcomes

Advanced Practice Nursing in the U.S.: Competency Development for Nursing Practitioners. *Anne Thomas, BSN,MSN, PhD, Dean, University of Indianapolis School of Nursing, USA*

Professor Thomas is President-Elect of the **National Organization of Nurse Practitioner Faculties (NONPF)**. Her presentation describes the role NONPF has played in the development stages of competency-based graduate nursing education, from

- Introduction of the first Master's level competencies in the 1990's
- Revision of those core competencies in 1995, 2002, and 2006
- Introduction in 2006 of a core for the doctoral level tied to competency areas and not domains
- Merger in 2011 of core competencies at the doctoral and master's level into 1 set of NP core competencies
- 2012 update of core competencies to the current set of NP core competencies for all NP graduates

NP Competency Development and Evolution In Canada. Ruth Martin-Misener, DOPN, BScN, MN, Dalhousie University Canada

Dr. Martin-Misener outlined the evolution of NP education in Canada, and the challenges of integrating standards and regulatory practices for 13 different provinces:

- Main issue for first 15 years was multiple levels of education
- Now all Master's programs
- Program approval is provincial/territorial responsibility
- Outcome of Canadian Nurse Practitioner Initiative (CNPI, 2004-2006) was a national program approval framework of: curriculum, resources, students, and graduates
http://www.npnow.ca/docs/tech-report/section1/01_Integrated_Report.pdf

The national Core Competency Framework for NP's was first published in 2005 and revised May 2010 after a Canada wide validation process; it became the basis of the first national examination for licensing.

http://www.cnaaicc.ca/~media/cna/files/en/competency_framework_2010_e.pdf

<http://casn.ca/wp-content/uploads/2014/12/FINALNPFrameworkEN20130131.pdf>

Where are we now? Where are we going?

- Still some perception of differences
- 2012, CCRNR funded to analyze NP practice across Canada in 3 streams of practice (Adult, Family/All Ages and Pediatrics)
- 2015 NP Practice Analysis survey found NPs use the same competencies in all Canadian jurisdictions and across three streams of practice : family/all ages, adult and pediatric.
<http://crns.ca/news/ccnr-releases-np-practice-analysis-findings/>
- Consultations in 2016 on new entry-level competencies

PANEL: Core Competencies for APNs in Chile, Columbia, Mexico. *Silvia Cassiani, MSc, PhD, PAHO, Washington, DC (Moderator)*

The Chilean Association for Nursing Education (ACHIEEN): Its Contribution to the Initial Training of RNs and Advanced Practice Nurses in Chile. *Paz Soto Fuentes, President of Asciacion Chilena de Enfermeria (in Spanish)*

Founded 1963, the mission of ACHIEEN is to ensure the quality of nursing education and training in Chile. It promotes the strengthening of collaborative work and ethical principles among its members, with respect for the autonomy and diversity, and establishes links at the national and international level.

Professor Soto's presentation is an overview of the development of basic nursing education and career tracks in Chile, and a call for reevaluation and refinement of continuing educational opportunities, including the doctorate.

Colombia: Developing Advance Practice Nursing Competencies in Latin America to Contribute to Universal Health Care. *Professor Fabiola Castellanos Soriano, PhD, MSc, RN, Dean of Nursing, Pontificia Universidad Javeriana, Colombia (in Spanish)*

Statistics on Colombia's nursing programs:

- 23 accredited undergraduate programs with around 3,500 graduates per year
- Nurse to physician ratio 6/10
- There was a proposed Masters of advanced practice nursing in 2014 but it didn't succeed because several other things were dependent on it (example: limited resources, need for change in the practice of care)
- Also, nursing training in Colombia needed to be addressed. Information was sought from the WHO, ACOFAEN as well as examining training trends in Canada, the USA, Australia and Spain.
- Colombia is still working towards advanced practice nursing

Core Competencies of Advanced Practice Nurses. *Professor Maria Elena Garcia Sánchez, Universidad Autonoma de México, Mexico (in Spanish)*

- Nursing as a profession began in 1907 in Mexico & there are currently 723 schools of nursing
- Doctorate degree became possible in 2003
- There are 5 levels of training within the nursing profession: nurse technician, licensed nurse, specialty nurse, masters and doctorate, as well as 15 different specialties

- Currently, advanced nursing practice degrees hold professional autonomy and provide many consulting services. They can prescribe 22 different medications and are protected by the law as of 2012.

Developing Clinical Practicums for APN Students. Jody Lori, PhD, CNM, FACNM, FAAN, University of Michigan, USA

This presentation addresses the following issues:

- Factors that contribute to a quality clinical education
- Clinical site assessment
- Roles & responsibilities of the school and the clinical preceptors
- Challenges and potential solutions to a robust clinical practicum
- Student and site evaluation

Conclusions: effective student clinical practice depends on several key factors:

- Presence of a preceptor who supervises, assesses, and facilitates student learning
- A healthy learning environment
- A healthy preceptor-to-student ratio
- A site that has a large enough case load to provide learning experiences for students
- A site that uses evidence-based practices as taught in the classroom

PANEL: APN Curriculum Development: A Case Study in Mexico. Professor Antonia Villarruel, PhD, FAAN, University of Pennsylvania, USA (Moderator)

Professor Eileen Breslin, PhD, RN, FAAN, UTHSC San Antonio, USA

Professor Barbara Brush, PhD, APRN, BC, FAAN, University of Michigan, USA

Professor Megan Eagle, MSN, APRN, BC, University of Michigan, USA

Professor Esther Cabriaes Gallegos, PhD, FAAN, Universidad Autonoma de Nuevo Leon, Mexico

This presentation describes an ongoing collaboration for curriculum development between University of Michigan School of Nursing, UANL and UTHSC San Antonio to address the growing need for APNs to deal with the rise in NCD rates, especially diabetes.

- UANL, 2008
- UTHSC, 2012
- 2013: Successful funding proposal submitted to Salud: Nuevas Fronteras to:
 - Review BSN curriculum & compare to national & international models

- Train faculty to teach the new curriculum
- Develop a framework for core professional competencies
- 2015: Proposal for Masters of Advanced Nursing Care of NCD's,

SATURDAY, APRIL 9

PANEL: APN Curriculum Development for Latin America. Faith Donald, PhD, NP- PHC, Ryerson University, Canada (Moderator)

Competencies, Curriculum and Crosswalk Tables: Developing APN Curriculum. Professor Anne Thomas, BSN, MSN, PhD, Dean, University of Indianapolis, USA

This presentation outlines the development of an APN curriculum based on a set of curriculum goals, learning outcomes, and competencies. It describes how to formulate a competency from an outcome and reviews both the NONPF NP core competencies and competency areas and additional population-focused competencies:

- Women's health
- Family/lifespan
- Psychiatric mental health
- Adult gerontology(primary and acute care)
- Neonatal, pediatric (primary and acute care)

Formación de enfermería de práctica avanzada en atención primaria en salud: propuesta para Brasil. Francine Lima Gelbke, PhD, Universidade Federal de Santa Catarina CAPES Representative, Brazil (in Spanish)

Basic outline on APN in Brazil, which is supported by the Ministry of Health, the Brazilian Association of Nurses & Federal Nursing Council:

- In order to support APN, the Family Health Strategy (FHS) needs to be strengthened through a network of smaller groups which center on care
- The FHS is the most widely used system to support health in Brazil.
- There are 1,804,535 professionals within the nursing field in Brazil which includes technicians, specialized nurses and those that work within the FHS system, accounting for 3.9% of all nurses.

- The profile of an APN nurse should have primary health care skills and be able to make complex clinical decisions. They should have leadership skills and be able to collaborate with individuals, families and communities.
- The training for post-grads must complete a residency (179 programs are available) and specialize in a nursing area.
- There are 21 Masters' programs for professional nursing which centers on basic fundamentals in science & humanities with the aim of deepening of clinical practice as well as statistical and bio statistical training to support research and epidemiological data.

Consuelo Cerón Mackay, Universidade de los Andes, Chile

The focus was on how Chile recently developed a Masters' degree in advanced practice nursing.

- Students need 533 clinical hours and 540 theoretical hours to obtain this masters' degree over 4 semesters
- With the degree, one is expected to have expert knowledge & judgment in clinical practice, leadership, etc
- To begin the process, Chile visited several nursing schools in the US
- Five priorities were defined for a 3 year time period

Results of Small Group Discussions:

What should the core competencies for Latin America include?

COMPETENCIES

- Clinical Expertise
- Leadership
- Patient care expertise (individual, family, group, community, population)
- Care and education of patient/family/healthcare/providers
- Applied Research
- Intra and Inter professional collaboration
- Ethical decision making
- Advocacy
- Technology

Small Group Work on Country/School Self-Assessment for Beginning and APN Curriculum

COLOMBIA

Strengths:

- Interest among nurses in improving their qualifications and abilities
- Four organizations that work together to organize APN education with market place
- Ministry of Health changing so a window of opportunity for APN role

Challenges:

- No legal recognition of APN
- Cost of education
- Insufficient faculty
- Need dialogue with physicians
- Community does not understand role and are threatened by the APN role
- Lack of clear responsibility of role
- Lack of role clarity in practice setting
- Pulled from patient care
- Not able to practice to the full extent of preparation

UNITED STATES

Strengths:

- Graduate students have a fairly standard undergraduate preparation
- Students have resources to attend school or are willing to go into debt or go to school part time
- Long history of role and benefits that brings to today's APN students
- Presence of clinical experts in the Academy (US)

Challenges:

- Mish/mash of state regulations, even after 50+ years
- Balancing school and life with heavy school commitment
- Lack of clinical sites/competition for clinical sites
- Cost of education

CANADA

Strengths:

- Nurses have standardized graduate programs making APN programs quite consistent

Challenges:

- Insufficient number of doctorally-prepared faculty who are APNs
- Cost of education
- Wages

CHILE

Strengths:

- Strong development at undergraduate level
- Collaboration between association of nursing and academic institutions
- APN has been discussed at a national level for five years
- A national and regional need for APN exists
- Many steps have been taken toward APN role
- Midwives practicing at an APN level in women's health

Challenges:

- Lack of regulation AND funding
- Role confusion: nurses and midwives and overlap
- Municipality authority in PHC
- Health system governed by physicians
- Hospital care prioritized over preventative care
- Weak leadership of nursing

BRAZIL

Strengths:

- Places for APNs (less competition)
- Existing residency programs

Challenges:

- Lack of understanding of APN at Ministry of Health
- Professional masters, theoretical NOT clinical

MEXICO

Strengths:

- Role of nurse is well recognized in primary care, nursing specialist role is accepted
- in Mexico Commission exists through McMaster program; increase need for APN
- Defined clinical masters
- Recognize need to better educate health professionals
- Nurse specialty programs already established
- Health Minister former university president; has increased understanding of APN issues

Challenges:

- Different academic levels; most nurses have technical training (28%) because of no economic incentive for BSN, most nursing schools are technical (Mexico)

CONDITIONS NEEDED TO BUILD THE APN ROLE:

Aside from economic development in Latin America, the following elements will be important factors in developing the APN role:

EDUCATION SYSTEM:

- Students understand APN education at graduate level and have federal support
- Nursing schools with prepared faculty;
- Presence of clinical experts in the Academy (US)
- Solid framework/structure for graduate course work
- Nursing residencies in specialization (2 years) post-graduation
- Commitment to educational advancement in spite of vocational limits (47% of nurses employed in technical role)
- Distance-accessible programs allowing for geographic mobility of students
- Universal tuition coverage

HEALTH CARE SYSTEM:

- Well-structured primary health care system
- Acceptance of APN role
- Strong nursing leaders (need more empowerment)

POLICY:

- Nurses engaged in primary health care discussions with Ministers of Health and PAHO
- Unification of organization related to professional groups, education, regulators, policy makers

EVIDENCE BASED PRACTICE:

- A way to measure health outcomes and results
- Open access to knowledge (policy-scientific publications)

INTERNAL MOTIVATION:

- Socially motivated to participate in change/social justice
- Desire to be more autonomous
- Working beyond scope-desire to legitimize their roles/specialization

CONSUMER DEMAND:

- Population pressures/demographic shift

CHALLENGES:

- Low salaries
- No opportunity for promotion/career advancement
- No advantage/reward for increasing education
- Life balance
 - Late progression – predominantly women (time & money)
- Regulatory limitations on scope
- Limited resources at University - publicly funded, can't expand
- Poor collaboration between Ministries to support vision for health system evolution

- Inconsistency in quality of nursing schools
 - Some of the newer school are distance learning
- Resistance from physicians
- Administrative tasks for RNs in primary care
- Models in primary care; no examples of utilizing RNs effectively
- Lack of understanding of the role of the APN experience; APN in primary care
- In practice, the role of APN has not been experienced or observed
- Some RNs have advanced responsibilities
- Lack of nursing participation in education and public policy
- Lack of educational preparation for disciplines
- Lack of faculty prepared as APN
- Financing preparation

ACTION PLAN

- Need definition of APN to share with others/CN definition
- Need introduction process
- Need to bring together stakeholders
- PAHO's focus is the NP role, not the three (3) APN roles (CNS, NA or NM)
- Decision to call it APN, with NP competencies in Spanish speaking countries, but NP in English speaking countries

A technical group has been coordinated to carry forward the work from the symposium by PAHO, the Secretariat of ALADEFE with the NONPF, McMaster University, the Association of Nursing of Brazil, Colombia and Chile as well as the University of West Indies, WHO-CC.

WHO NEEDS TO BE INVOLVED?

- World Health Organization (WHO)
- PAHO & PAHO Collaborating Centers
- Ministry of Health
- Ministry of Education
- District/Country Councils
- Nursing Associations
- Faculty-Nursing and other health profession (e.g. physicians)
- Chief nursing officers
- Human resource planners @ the highest levels
- Unions

- Those responsible for levels of education
- Employers, service sectors and national service organizations (e. g. public health)
- Patient advocacy groups
- Regulators (national, state, province, region)
- Legislators
- Nurses (needs assessment/interest)
- Medical Associations
- Professional Councils
- Nursing Student Associations
- Universities
- Association of Faculties
- Funders/Donors
- Local Government
- Strong nursing leadership
- Ethics committee/Tribunals
- People with expertise in marketing

WHAT IS NEEDED?

1. Vision with expected results (university level)
2. Consensus on competencies
3. Aspect of other curricula to adopt?
4. Regional analysis
 - a. Political will
 - b. Needs assessment
5. Participation support of service providers in curricula
6. Conduct pilot with service provider
 - a. Develop curricula
 - b. Fill gap
 - c. Employ student
 - d. Establish partnership (early adopters) → Clinic/Academic Partnerships
Identify first student cohort
7. Strategic marketing plan
 - a. Media's role
8. How do we align with government priorities for health and quality of care
 - a. Identify a champion (President's wife)
9. Sustainability plan
10. Engagement of student organization

11. Get input/buy-in from specific stakeholder groups
 - a. Stakeholders have a responsibility in some instance

FACULTY DEVELOPMENT

- Expectations
- Mentorship
- Contextual plan for Faculty Education
 - Coordinate with clinical academic partnerships
 - Collaborate with preceptors – interdisciplinary
 - Fulbright? Or international exchange of faculty members
- Funding plan for faculty development
 - Recertification
- Curricula development
 - Run parallel to regulation
- Integrated association of nurses to manage regulation, certification, licensure, etc. for APNs in PHC

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