

# My journey as advanced ophthalmic emergency nurse practitioner

BY GRACE ENI

To kickstart the Nurses' Forum section, Grace Eni explores her own achievements as an advanced nurse practitioner, emphasising the influential range and significance of this role in ophthalmic care.

**A**pioneering position and job title in the UK and possibly globally, advanced nurse practitioner roles were established in England in the late 1980s as an innovative strategy to meet the changing demands in healthcare services amidst the global shortage of medical resources. And, over the years, health service provision has proven to be enhanced by advanced practice performance outcomes.

This is a self-evaluation as an advanced ophthalmic emergency nurse practitioner (AOENP) at Moorfields Eye Hospital, which reflects my swift career trajectory, spanning decades of experience, innovation, and leadership within ophthalmic nursing, particularly in emergency care.

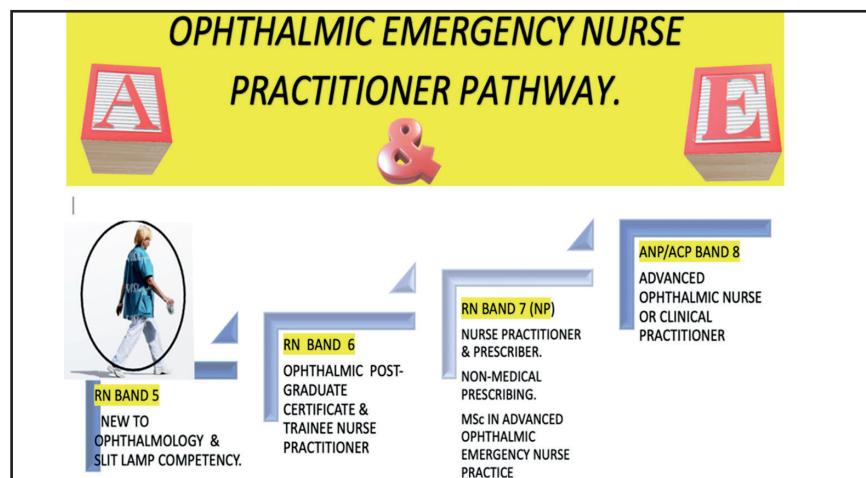
## Definition of advanced clinical practice role

The International Confederation of Nurses (ICN) defines an advanced nurse practitioner (ANP) as a generalist or specialised nurse who has acquired, through additional graduate education (minimum of a master's degree), "the expert knowledge base, complex decision-making skills and clinical competencies for expanding nursing practice, the characteristics of which are shaped by the context in which they are credentialed to practice" [1].

The Royal College of Nursing states that advanced level nursing is delivered by registered nurses with substantial experience and expertise [2]. Advanced nurse practitioners are educated at master's level in clinical practice and have been assessed as competent in practice using their expert clinical knowledge and skills.

## Pioneering role creation

My journey from being a registered general nurse to an AOENP is remarkable, in that the creation of this advanced role within the A&E department at Moorfields Eye Hospital in 2018 marked a significant



The Advanced Nurse Practitioner Pathway poster.

milestone both in my career but also in ophthalmic emergency care. It showcases a shift in traditional boundaries between nurses and doctors, enabling advanced nurse practitioners to take on broader responsibilities across the four pillars of practice: leadership, clinical, education / training, and research and audits.

## Leadership pillar

My leadership within the A&E department as an AOENP is evidenced through the implementation of workforce development strategies via written peer-reviewed training / competency / skills portfolios, fostering excellence, teamwork, advancing ophthalmic nursing practice and advocating for patient-centred care. For example, I supervise trainee emergency nurse practitioners (ENP) in their clinical and critical thinking skills, enhancing their confidence and competence in autonomous decision-making. A keen eye on their appropriate use of tools, framework and resources, and discussions of specific case studies, provide learning in risk management and patient safety. A dedication to always supporting the department, as well as participating in charity outreach programmes, speaks to my commitment to maintaining high-quality service delivery.

## Clinical practice pillar

As an AOENP – an independent non-medical prescriber and advanced clinician – my clinical practice spans the entire spectrum of ophthalmic examinations. My role in the clinical care pathways contributes to holistic and autonomous patient care, and extensive clinical experience help to inform my teaching and mentorship. I perform anterior and posterior segment examinations, fundoscopy with imaging interpretations, manage and treat a wide range of ophthalmic pathologies. A self-audit I conducted, comparing my patient outcomes with those of ophthalmologists, shows that the AOENP role is both effective and cost-efficient.

## Education and training pillar

The introduction of early morning teaching sessions and mentorship of fellow nurses, alongside my role as an honorary clinical teaching fellow at UCL, underscores my influence in shaping the next generation of ophthalmic nurses. The development of the department's clinical nurse competency portfolios, which I achieved by mapping The Ophthalmic Common Clinical Competency framework to that of the Royal College of Emergency Medicine, are used to timely train new nurses and technicians, and showcases

**Table 1: Recent comparable audit outcome.**

Clinician	Role / title of clinician	Inclusion start dates	Number of patients seen by each clinician	Patient category and pathway
Clinician A	AOENP	01/10/2022 –01/10/2023	543 patients	Medical pathway
Clinician B	Ophthalmologist	01/10/2022 –01/10/2023	517 patients	Medical pathway
Clinician C	Ophthalmologist	01/10/2022 –01/10/2023	522 patients	Medical pathway
Clinician D	Ophthalmologist	01/10/2022 –01/10/2023	518 patients	Medical pathway

how AOENP's can enhance excellence in clinical skills and professional development within the department [3,4].

### Research and audits pillar

My involvement in various audits, including the AI-assisted nursing triage audit and research with the National Institute for Health and Care Research (NIHR), highlights my contribution to evidence-based practice and the advancement of ophthalmic care. For example, I assisted an AI research team by setting up a lay persons advisory panel, organising regular meetings, food and drinks, and collecting feedback data from attending participants about the ongoing AI triage research. This data was later used to inform the research, and the outcome has been published. I have enhanced my research knowledge and education with a qualification as associate principal investigator (API) with the NIHR and The Royal College of Ophthalmology. The positive patient feedback and outcomes from my care is evidenced by my DAISY award, and further demonstrates the real-world impact of my role.

### Service improvement projects

I've been instrumental in introducing initiatives such as fundoscopy training, simulation manikins, and weekly teaching sessions that have improved clinical competency and service delivery in A&E, the Trust and externally. Development of the ANP Pathway poster (Figure 1) and competency portfolios has provided a structured framework for the professional growth of nurses and technicians, further strengthening the department.

### Outcome measures

The self-audit conducted (Table 1), comparing my patient outcomes with those of ophthalmologists, shows that the AOENP role is both effective and cost-efficient. Some patients who would traditionally wait to be seen by an ophthalmologist can now be seen and managed autonomously by AOENPs, thereby saving on the extra

cost for an ophthalmologist, and on time spent waiting in A&E. The AOENP ability to see and manage a comparable number of patients with similar outcomes reinforces the value of ANP roles in ophthalmic care. The alignment of AOENP patient outcomes with that of ophthalmologists reflects a high level of competency and the successful integration of advanced ophthalmic nursing practice into the A&E service model.

### Enablers and barriers

Having educational, research and clinical mentors contributed to the honing of skills and development of clinical diagnostic confidence, promoting patient safety over the years. Networking and collaborating with peers, nationally and internationally, provided learning and some form of benchmarking.

However, a pioneering role almost always comes with challenges. Many factors impact the implementation of advanced clinical practice, spanning societal, behavioural, cultural, institutional and regulatory issues, cross-professional boundary resistance, scope standardisation, and lack of ANP integration into the workforce plans.

In my experience, peer expectations and acceptance were challenging as well as role preparation and workforce integration. There is still a need to promote peer, patient and public awareness of this new role and educational strategies to help embrace new ways of working in the new NHS workforce transformation programme. It is noted that there is a paucity of research literature on ANP roles, and nurses sometimes struggle to engage in undertaking research to fulfil the advanced clinical practice role, both of which need the support of peers, and the confidence to progress funding to support key research.

### Conclusion

My achievements in developing and implementing the AOENP role have paved the way for future career progression within ophthalmic emergency care. My

contributions as an AOENP to advancing clinical practice, leadership, education, and research have not only enhanced patient care but have also established a strong foundation for the recognition and further development of advanced nursing roles within the NHS.

My efforts and aspirations are well-aligned with my desire to becoming a nurse consultant, as demonstrated by my capabilities and leadership in the field. These have not only shaped my own career but are likely to inspire other nurses to pursue advanced roles, fostering a culture of continuous improvement and excellence not only in ophthalmic emergency but in healthcare delivery at large.

### References

1. Schober M, Lehwaldt D, Rogers M, et al. Guidelines on Advanced Practice Nursing. *International Council of Nurses* 2020;9.
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3. The Ophthalmic Common Clinical Competency Framework – Curriculum. *NHS England*. <https://www.hee.nhs.uk/our-work/advanced-clinical-practice/ophthalmology-common-clinical-competency-framework-curriculum>
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[All links last accessed December 2024]

### Further reading

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3. Ham C, Murray R. The NHS 10-year plan [2018]. *The King's Fund*. <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/nhs-10-year-plan>

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