



1^{ère} journée CIPAC
5 avril 2024 – Paris

Place de l'IPA au sein d'une équipe de médecine vasculaire

Thibaut KUBIAK – IPA PCS en médecine vasculaire – HEGP

Déclaration de liens d'intérêt

- Pfizer
- Sanofi
- Novartis
- Incyte
- Mesi
- Bristol-Myers Squibb

Je déclare ne pas avoir des liens d'intérêt en rapport avec cette présentation.



Introduction



PURPOSE

- Peripheral Arterial Disease (PAD), one of the manifestations of atherosclerotic cardiovascular disease, is archetypal in combining multiple cardiovascular risk factors (hypertension, hyperlipidemia, diabetes mellitus smoking)
- Patients with PAD should benefit from APRN care, but to date there is little published on the place of APRN in vascular medicine worldwide, and none in France.
- We aim to investigate physicians and nurses working with patients suffering from PAD, to gather their opinions and draw the cooperation outlines these practitioners could have with an APRN.



Méthode

METHODS

Multicentre exploratory qualitative study by semi-directive interview conducted until data saturation and thematic analysis carried out with healthcare practitioners taking care of patients with PAD :



8 nurses in a vascular unit for hospitalised patients.



10 physicians working either in private practice setting or hospital setting or both.



Méthode

Considérations éthiques :

Les enquêteurs ont soumis chaque participant à un processus de consentement éclairé verbalement. Il n'y avait aucune relation connue entre l'enquêteur et les participants. Les participants ont été informés de leur droit de se retirer de l'étude à tout moment. Tous les entretiens ont été enregistrés puis transcrits et anonymisés. Après transcription, les enregistrements ont été effacés.



Méthode

Validité et la fiabilité :

Le contrôle de la qualité de l'étude a été effectué à l'aide de la liste des « critères consolidés pour le reporting des études qualitatives » (COREQ), avec tous les éléments complétés.

Trois enquêteurs ont lu chaque transcription et ont travaillé ensemble pour créer une structure de codage et un livre de codes. L'équipe de codage s'est réunie régulièrement pour discuter de la signification et de l'application des codes.

Les nouveaux thèmes apparus et ceux qui nécessitaient une révision ont été discutés, et le livre de codes a été mis à jour en conséquence.



Méthode

L'analyse des données :

L'analyse thématique a été réalisée à l'aide du logiciel NVIVO 12[®], qui permet d'extraire les réponses verbatim et de les coder selon une méthode de thématisation continue. Nous avons suivi une méthode en six phases :

- 1. Se familiariser avec les données*
- 2. Génération des codes initiaux*
- 3. Recherche de thèmes*
- 4. Révision des thèmes*
- 5. Définir et nommer des thèmes*
- 6. Production du rapport*



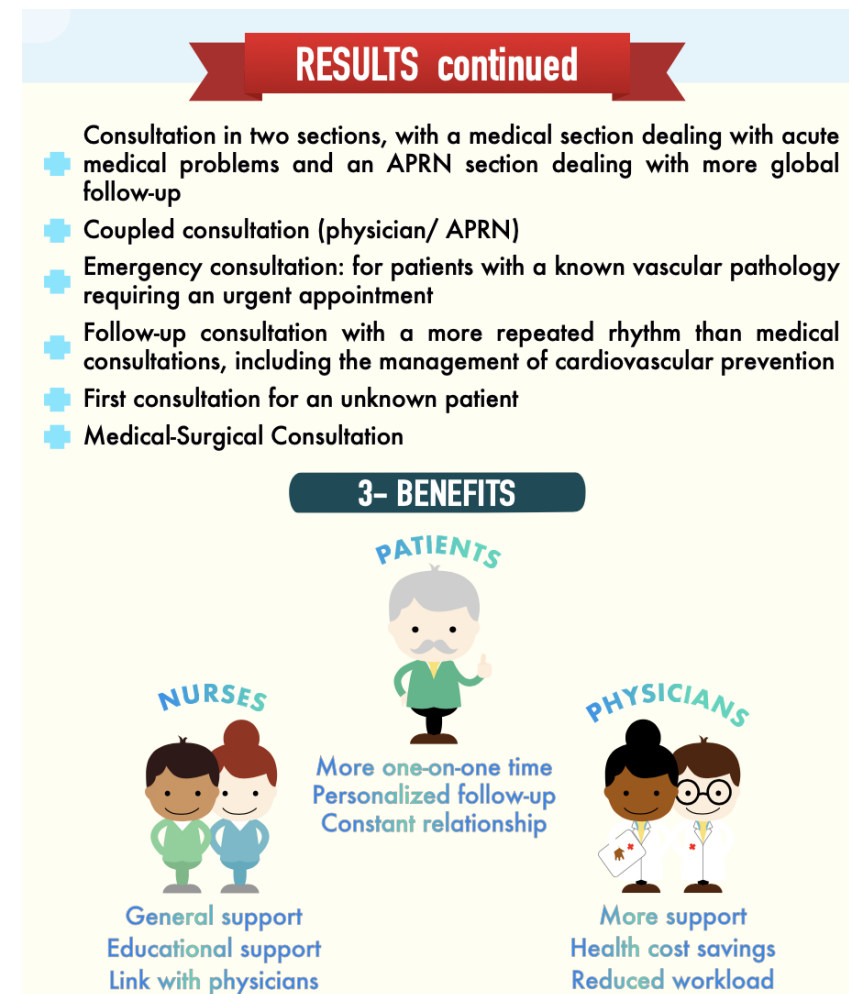
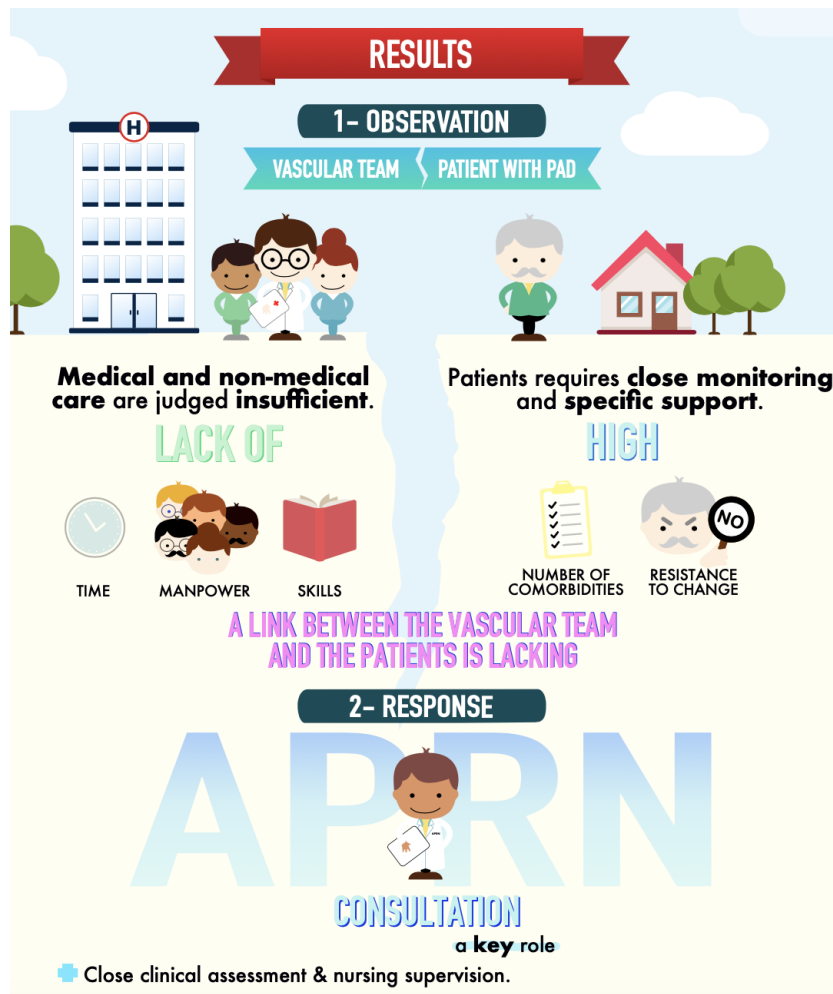
Résultats

Physician (P) Nurse (N)	Age (year)	Gender	Practice setting	Region	Interview duration (min)
P1	32	W	Public hospital	Ile de France	38
P2	29	W	Public hospital	Ile de France	30
P3	35	W	Private practice	Ile de France	23
P4	34	M	Public hospital and private practice	Ile de France	20
P5	55	W	Public hospital	Ile de France	46
P6	42	M	Public hospital	Ile de France	41
P7	31	W	Public hospital	Ile de France	33
P8	33	M	Public hospital	Ile de France	25
P9	33	W	Private practice	Provence—Alpes—Côte d'Azur	36
P10	31	M	Public hospital	Ile de France	22
N1	51	W	Public hospital	Ile de France	45
N2	25	W	Public hospital	Ile de France	18
N3	53	W	Public hospital	Ile de France	23
N4	34	M	Public hospital	Ile de France	28
N5	27	W	Public hospital	Ile de France	16
N6	30	W	Public hospital	Ile de France	21
N7	27	W	Public hospital	Ile de France	31
N8	33	W	Public hospital	Ile de France	23
In summary					
10 physicians and eight nurses	Median age 33 [25–55]	72% women	15 public hospital, two private practice, and one both settings	Two regions, seven different centers	Median duration 26.5 [16–46]

W, woman; M, man, results are expressed as median [25–75th percentile].



Résultats



Biais/limites

- Risque de biais de sélection
- Risque de biais d'information
- Étude exploratoire dont l'objectif était d'interroger les professionnels de la médecine vasculaire afin de recueillir leur avis sur une problématique et de proposer des pistes qui devront être évaluées dans un deuxième temps.



Conclusion

CONCLUSION

APRN could be the missing link in a Vascular team by **creating a continuum in the care of patients with PAD**, ensuring clinical assessment, nursing supervision, adverse event screening, and renewing drug prescriptions with the necessary adjustments, while ensuring an essential part of therapeutic education **personalized to each PAD patient**.



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This article was submitted to
Public Health Education and Promotion,
a section of the journal
Frontiers in Public HealthRECEIVED 14 October 2022
ACCEPTED 07 March 2023
PUBLISHED 30 March 2023CITATION
Kubiak T, Sitruk J, Durivage A, Khider L,
Mohamed N, Détriché G, Messas E,
Mirault T and Goudot G (2023) Role of the
advanced nurse practitioner within the vascular
team: A qualitative study of vascular physicians
and nurses.
Front. Public Health 11:1070403.
doi: 10.3389/fpubh.2023.1070403COPYRIGHT
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Role of the advanced nurse practitioner within the vascular team: A qualitative study of vascular physicians and nurses

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Lina Khider¹, Nassim Mohamedi¹, Grégoire Détriché¹,
Emmanuel Messas^{1,2}, Tristan Mirault^{1,2} and Guillaume Goudot^{1,2*}¹Vascular Medicine Department, Georges-Pompidou European Hospital, Assistance Publique-Hôpitaux de Paris (AP-HP), Paris, France, ²Université Paris Cité, INSERM U970 PARCC, Paris, France, ³Faculty of Medicine and Health Sciences, University of Sherbrooke, Sherbrooke, QC, Canada**Objective:** To assess the perception of Advanced Nurse Practitioners (ANP) by physicians and nurses in vascular medicine. As the status of ANP in France was recently enacted by law in 2018, we aimed to investigate physicians and nurses working with patients suffering from Peripheral Artery Disease (PAD) to gather their opinions and draw the cooperation outlines these practitioners could have with an ANP.**Methods:** A qualitative study based on in-depth interviews was conducted among healthcare practitioners taking care of patients with PAD: 10 physicians working either in a private practice settings or hospital settings or both, and eight nurses working within a hospital inpatients vascular unit. Verbatim responses were extracted and coded according to a continuous thematization method.**Results:** Three main features emerged from participants' responses. Vascular medicine has a specific organization with a significant lack of time and staff to fulfill the mission regarding patients' severity of illness. Second, the ANP is wanted to fill part of this gap. The expected benefits include a smoother care pathway and increased capacity for cardiovascular education and prevention, especially during consultations. Lastly, some clarification is required to integrate such new practitioners within vascular teams already in place.**Conclusion:** Advanced nurse practitioners could be the missing link in a "Vascular team" by creating a continuum in the care of patients with PAD, ensuring clinical assessment, nursing supervision, adverse event screening, and renewing drug prescriptions with the required adaptations while ensuring essential part of therapeutic education adapted to each patient.

KEYWORDS

advanced practice, advanced nurse practitioner, cardiovascular prevention, vascular medicine, peripheral artery disease, healthcare circuit, nursing

- Article publié dans la revue *Frontiers in Public Health*.
- Disponible gratuitement.

Merci pour votre attention.

Avez-vous des questions ?

