

The Critical Role of the Nurse Provider in Cardiac Electrophysiology: Evolution, Scope of Practice, and Opportunities

Interview by Jodie Elrod



Dr. Katherine Loveless, DNP, ACNP, CCDS, CEPS

In this feature interview, we speak with Dr. Katherine Loveless, DNP, ACNP, CCDS, CEPS, about her extensive and successful career as a nurse practitioner (NP) in the field of cardiac electrophysiology. She is located at Ascension Columbia St. Mary's - Cardiac Rhythm Specialists - Milwaukee in Wisconsin.

Tell us about your medical background. How did you become a nurse practitioner?

My background in ICU nursing began about 25 years ago. I had ideas of staying home with my children, but the field of nursing allowed me to stay in the workforce. Looking back, I'm glad I never left. I had been a bedside nurse in the intensive care unit (ICU) before moving to the EP lab. The transition from the ICU to the EP lab was seamless and seemed like a natural fit.

EP nursing, however, seemed to have its limits and compelled me to return to school. There was always something that seemed to come up — usually, another baby. With the encouragement of important mentors and support of family, I finally decided to enroll at Marquette University — first for my NP degree in 2006, and then for a Doctorate in Nursing Practice (also from Marquette) in 2018.

Describe your role at Ascension.

I am one of the founding clinicians at Cardiac

Rhythm Specialists, and as such, I pride myself on being a mentor and leader of a highly functioning and cohesive team that has persevered through just about any adversity. My clinical role has been very independent, and includes delivery of care to both inpatients and outpatients as well as taking after-hours call on rotation. Additionally, I have focused on teaching and education at Ascension.

What interests you about EP?

I have lived through much of the evolution of EP and will continue to do so. EP is rich with possibility and potential. I can't learn enough about it, and never cease to be fascinated by the interesting cases we encounter. I also love the progressive nature of EP and have been privileged to become involved with the Heart Rhythm Society (HRS) at a leadership level, serving as an advocate for allied professionals such as NPs, physician assistants (PAs), and nurse clinicians.

How have you seen the role of the nurse practitioner in EP evolve?

Right before my very eyes. I have had the good fortune to be involved with a practice that has been active in recruiting, teaching, and promoting excellence and autonomy. Our NPs make independent clinical decisions and bill independently. When you come up in that type of environment, it is tempting to accept it as the norm, but I have discovered it is not to be taken for granted, and thus, should be protected and promoted.

Nurse practitioners have gained much credibility in the eyes of the public because of the good clinical outcomes that result from their care. NPs have evolved from primary care to specialty care, and have gained much credibility in the eyes of physicians as well. It is imperative to continue to advocate for NPs to have an important role in clinical care delivery in EP and to have a voice at the table, because as they say, "if you're not at the table, you're on the menu."

What are some of the challenges and common misconceptions that nurse practitioners face?

As I alluded to earlier, a major challenge I see is put forth by the way some compensation models are designed, putting MDs in direct competition

with advanced practice providers (APPs), such as NPs and PAs, for production. This can thwart the growth of the NP and potentially result in a toxic work environment.

The job can be all-consuming, and so maintaining a healthy work-life balance is crucial to sustaining hard work over time and preventing burnout in the current corporate healthcare environment. I've lived that life, and sometimes you learn from your mistakes!

What is your advice for overcoming this?

My advice is to know your state laws and medical staff bylaws, and have a strong understanding of your scope of practice. Working at the top of your license should be a verb. Make sure there is an APP leader who works with your physician group as well as administrative leadership who strongly advocate for APP practice within the healthcare system. Make sure you also have a physician group that is supportive and nurturing.

Regarding work-life balance, it may not be perfect at any one time, and early career people may need to focus more on work because the learning curve in EP is steep and long. As time goes on, recalibrating should occur, and ways to become more efficient while still providing quality will become the new challenge.

Why is the nurse practitioner a critical member of a multidisciplinary care team?

Care delivery is a complex continuum fulfilled by many players. EP can sometimes be difficult to understand for those who practice it, and exponentially more so for patients. I make sure I have time for my patients and work with my physician partner to fill gaps in care. Nurse practitioners (and PAs) tend to have a more patient-centered approach and can afford to spend the necessary time with patients, in partnership with physicians, to ensure all concerns are addressed to achieve an optimal understanding of the clinical condition.

How does a NP-led care approach improve outcomes in patients with atrial fibrillation?

Atrial fibrillation outcomes are best obtained using a standardized, patient-centered approach to care, and NPs fit well into that model. Atrial fibrillation is a complex clinical condition that requires nuanced clinical decision-making. Shared decision-making pathways are a core component of standardized atrial fibrillation management. Focusing therapies on upstream risk reduction such as lifestyle modification has been proven to have excellent outcomes. All these factors lend themselves to NP-led care.

What opportunities are available to NPs for professional development?

First, let me say that your career is what you make it. At various stages in your career, you will face forks in the road. There will be personal professional growth, followed by leadership, and then advocacy.

Get together with your day-to-day colleagues and start a journal club or an EP grand rounds. If you are mainly in the office, spend some time in the lab and vice versa. I would also encourage involvement in a journal club or mentorship program.

HRS is an excellent resource as well. Get connected with the HRS Allied Communities website (www.hrsonline.org/membership/member-benefits/communities-practice) to see how other NPs are practicing EP and making changes within their healthcare systems.

In addition, get certified in EP! It will give you credibility and a stronger leg to stand on when seeking additional privileges and responsibility.

Formal career ladders for NPs in EP are emerging, and will be important for recruitment and retention. I look forward to seeing these types of structures implemented more commonly.

What is the best part of your job?

Hands down, the best part of my job is my day-to-day interaction with the elite team of EP professionals I have had the honor of spending the last 15 years. I can't say enough good things about them.

If you decide not to compromise on the formation of a good clinical team, good patient care will follow. I enjoy the feedback from patients that we have made a difference in their lives by spending time explaining something or reassuring them. It makes all the work worthwhile to me.

Tell us a story about a patient or colleague who had an impact on you.

It's tough for me to think of one specific example; rather, I would argue that the cumulative experience of interaction with many patients, exposure to case after case, reading, reading, more reading, and good mentorship is what forms who you are as a clinician.

What will EP look like in 10 years?

Great question! The overall healthcare environment is ever-changing. As CMS bundles care and reduces payment, providing care with shrinking resources will continue to present big challenges. I anticipate that EP will continue to morph along with all other aspects of medicine. On the medical side, new developments in imaging, therapeutics, and genetics will shape care in ways that were previously unthinkable.

Given the prevalence of EP conditions, particularly in the aging demographic, I hope that EP will be well positioned to meet these needs, in large part through the advocacy of professional societies. Advanced professionals such as NPs and PAs will continue to grow in partnership with other disciplines to function in multidisciplinary teams, both in clinics and procedural rooms.

Is there anything else you'd like to add?

I would like to thank *EP Lab Digest* for the opportunity to reflect on all of the above as well as provide a forum by which to share these reflections with others. ■

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