Uncover the Roles of Advanced Nursing Practice

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Advanced Nursing Practice: The Role of the Clinical Nurse Specialist

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Credentialing

- Master of Nursing as a basic requirement
- Thesis or clinical practicum options
- Regulated by CRNM
  - No title protection at this time
Clinical Nurse Specialist

- Operates within the scope of nursing practice
- Offers clinical direction / expertise in a specialty area
- Involved in all domains of practice – direct care, research, support of systems, leadership, education
## CNS’s at HSC

- Perinatal
- Neonatal
- NICU
- Mental Health
- Adult Burns & Plastics
- Neurosurgery
- Adult Trauma
- Rehab & Geriatrics
- HIV Program
- Paediatric Allergy & Asthma
- Oncology & Cardiac Sciences
- Palliative Care
The Strong Model of Advanced Practice

- Direct comprehensive care
- Support of systems
- Collaboration
- Publication and professional leadership
- Empowerment
- Research
- Education
- Patient

Novice to Expert
Direct Comprehensive Care

Patient focused activities that include assessments, procedures, interpretation of data and patient counseling.

• Provide expert consultation to clinicians, patients, and families
• Work within team framework to provide specialty care for high risk populations – focus also on priority patient outcomes
• Care co-ordination and advanced assessment for complex patients
• Facilitate efficient discharges
Direct Comprehensive Care (cont’d)

• Implementation of best practices
• Coordinate support programs
• Lead teams in critical interventions
• Develop symptom management strategies
• Provide assistance with patient management
• Collaborate to develop care plans
Support of Systems

Professional contributions to optimize nursing practice within the institution

- Participate and lead local, regional and national committees and communities of practice
- Provide consultation for provincial and regional health leadership
- Partner with community organizations
- Provide input to Faculty of Nursing
Support of Systems (cont’d)

- Act as consultant in the development of standards of care, care maps, standard orders at HSC and Regionally
- Share expertise for development of regional priorities
- Develop orientation guidelines and standards for staff development
- Participate in, and lead safety and quality initiatives
- Collaborate with other Advanced Practice Nurses in shared projects
Education

Formal and informal education of patients, families, colleagues and community

- Develop individualized patient education to complex patients and families
- Development of pamphlets and education booklets, videos etc.
- Coordinate and contribute to the updating of specialty websites
Education (cont’d)

• Mentor colleagues and students
• Review and Develop educational tools/packages
• Provide staff education in orientation programs and ongoing continuing education and advanced skills
• Provide education for wider population of nurses within the centre and region (workshops, rounds etc.)
• Formal lectures for various faculties/education facilities on education strategies, and knowledge translation
• Plan and present at workshops, conferences and education programs
Research

Practice that challenges the status quo and seeks better patient care through scientific inquiry, incorporating evidence-informed practice into direct patient care.

• Utilize research at the bedside
• Participate in and lead research, safety and quality projects
• Coordinate evaluation of education programs
• Participate in and lead research committees
• Provide education on evidence-based practice and research methods
Research (cont’d)

Topics that CNS’s have researched at HSC
- Contamination of Expressed Breast Milk
- Development and validation of the CANDEX tool to screen for breastfeeding related yeast infections
- Sleep/wake cycles in critical care nurses
- Evaluation of infection prevention practice changes
- Pediatric and neonatal pain management practices
Research (cont’d)

– Care of HIV and pregnant women and newborns
– Family presence during resuscitation
– Medical/surgical nurses experience with advance care planning
– Delirium
– Attitudes of neonatal nurses to changes in oxygen practices
– Evaluation of the asthma education program
Publication and Professional Leadership

Promotion & dissemination of nursing & health-care knowledge beyond the individual practice setting

- Consultant to local, national and international organizations and associations and practitioners both formally and informally
- Develop tools for CNS and NP needs assessment and performance appraisal that are shared nationally
- Facilitate journal clubs
- Participate in interest groups
- Membership in the Manitoba Centre for Nursing and Health Research, Manitoba Institute for Child Health
Publication and Professional Leadership

- HSC APN’s - Over 25 articles published in professional journals
- Publications for local nursing and institutional newsletters
- Presentations of expert knowledge
- Presentations at numerous national and international conferences
Novice to Expert

The contribution to the various domains of practice will also vary on an individual basis, reflecting role progression from novice to expert, as well as the program and population needs.
HSC APN Committee

• All APNs in HSC
• Meet monthly
• Instrumental in adopting an APN model and defining APN roles
• Act as a support to members, as well as the HSC nursing community
• Representation on all HSC nursing committees (i.e., Nursing Leadership Council, Policy, NPC, NREBP)
• Collaborate on centre-wide initiatives
Partnering with HSC

• The Advance Practice Nurses are Change Agents
• APNs provide the evidence, expertise, leadership, and passion to move the HSC vision forward
• APNs are a resource for the HSC community, patients and families!
Advanced Nursing Practice: the role of the Nurse Practitioner

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Definition

“"A nurse practitioner is registered nurse with additional educational preparation and experience who possess and demonstrate the competencies

–to autonomously diagnose, order and interpret diagnostic tests,

–prescribe pharmaceuticals,

–perform specific procedures within their legislated scope of practice

CNA, 2009
Background

- Primary care project sites
- Vision for primary health-care delivery
- Nurse practitioner education program
- Primary health-care coordinator
Population Needs Assessment

- Public participation
- Accessibility
- Health promotion/illness prevention
- Appropriate technology
- Intersectoral collaboration
Since late 1990s - in Newfoundland & Labrador
First graduate in 1998
105 nurse practitioners
48 hired by the Central Health Board
Challenges

• Lack of awareness at community or provincial level
• Limited scope of practice for first 10 years
• Professional / colleague barriers
• Feeling of isolation with this new role
• Fast turnover of physicians
Successes

• Nurse practitioner role well understood by community and project leaders
• ARNNL and NLNU support
• Central Health board realized our restricted scope of practice
• New regulations in 2009 resulted in a broader scope of practice
Successes

• Over time, gained trust and respect from public and colleagues
• Medicare (MCP) with consultations with ARNNL – agreed to pay physicians for accepting consultations from nurse practitioners
Successes (cont’d)

• Joined interprofessional committees
• Invited to patient Grand Rounds
• Invited to CME’s by physicians
• Patients very supportive, positive feedback
• Hosted pap smear clinics
• Orientation to physician includes NP role and meeting with NP
Thank you for your time
Questions?

Thanks!
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