

CLINICAL NURSE SPECIALIST

CNA POSITION

The clinical nurse specialist (CNS) is a registered nurse (RN) with advanced nursing knowledge and skills in making complex decisions (College of Registered Nurses of Nova Scotia [CRNNS], 2014). The CNS holds a master's or doctoral degree in nursing with expertise in a clinical nursing specialty (Nurses Association of New Brunswick [NANB], 2012). The CNS role reflects and demonstrates the characteristics and competencies of advanced nursing practice within the RN scope of practice, as outlined in the *Pan-Canadian Core Competencies for the Clinical Nurse Specialist* (Canadian Nurses Association [CNA], 2008, 2014). The CNS is an agent of change who brings value to clients,¹ practice settings and organizations (CNA, 2014) to improve safety, promote positive health outcomes and reduce costs (Canadian Centre for Advanced Practice Nursing Research [CCAPNR], 2012).

CNA believes that CNSs make a significant contribution to the health of Canadians within a primary health care approach. Through innovative nursing interventions, they improve access to effective, integrated and coordinated services across the continuum of care (Canam, 2005; Fulton & Baldwin, 2004; Tringali, Murphy, & Osevala, 2008).

CNA believes CNSs advance the profession by contributing to the development of nursing knowledge and evidence-based practice and by promoting excellence in clinical practice (Kaasalainen et al., 2015; Bryant-Lukosius et al., 2010).

CNA believes that CNSs, in promoting excellence in nursing practice with in-depth knowledge and skills, advanced judgment and clinical experience in a nursing specialty, help provide solutions for complex health-care issues at all levels — with clients, colleagues in other disciplines, administrators and policy-makers. CNSs are leaders in integrating evidence for the development of clinical guidelines and protocols. They also promote the use of evidence to inform practice and decision-making, provide expert support and consultation, and facilitate system change (CNA, 2008; Association of Registered Nurses of Newfoundland and Labrador [ARNNL], 2013).

¹ Clients may be individuals, families, communities, groups or populations.

CNA believes that, in light of the anticipated changes in the nursing workforce and population, CNSs will play a critical role in role modelling, mentoring and supporting nurses (CRNNS, 2014; NANB, 2012).

CNA recognizes that CNSs, employers, educational institutions, nursing regulatory bodies, nursing professional associations, unions and governments share the responsibility for implementing, integrating and sustaining the CNS role in various areas of the health-care system. The sustainability of the CNS role is a responsibility shared by academia (for its preparation) and employers (for its retention through succession planning).

BACKGROUND

The CNS role has become well established in hospital, long-term care, home and community settings as well as in independent practice (Clinical Nurse Specialist Association of Ontario [CNS-ON], n.d.). Establishing regulations and title protection for the CNS is essential and will enable a standardized approach to CNS education (Ordre des infirmières et infirmiers du Québec, 2016). Canadian scholars have also recognized the “need for health services research to inform the continued development and sustainability of the CNS role” (DiCenso & Bryant-Lukosius, 2010, p. 6).

While in times of fiscal cutbacks CNS positions are vulnerable to being reduced or eliminated (CNA, 2012; Kilpatrick et al., 2013; Bryant-Lukosius et al., 2010), as public concern over the quality of care builds in the early 21st century, there is reason to believe the CNS role will regain prominence (CNA, 2008; OIIQ, 2016).

The PEPPA² framework, developed by Canadian researchers, provides a mechanism for developing, implementing and evaluating the advanced practice nursing role (Bryant-Lukosius, et al., 2016); determining new models of care (and the place of the advanced practice nurse within them); and implementing these models and monitoring them over the long term (Bryant-Lukosius & DiCenso, 2004).

Other models are also used to develop, implement and evaluate advanced nursing roles. The Strong model is one such example (Doerksen, 2010; LeGrow, Hubley, & McAllister, 2010; Maloney & Volpe, 2005; Micevski et al., 2004).

To demonstrate the role’s impact, CNA developed a pan-Canadian core competencies framework in 2014. Its “purpose is to promote clarity of the CNS role, facilitate the understanding and highlight the importance of the CNS role for improving health and the delivery of health-care services, guide the development of CNS education curricula and outcomes, support CNSs in advancing their practice, and support employers who are implementing CNS roles in their organizations” (CNA, 2014, p. 1).

² PEPPA is the acronym for: participatory, evidence-based, patient-focused process for advanced practice nursing role development, implementation and evaluation.

CNS competencies are grouped into four areas: (1) clinical care; (2) system leadership; (3) advancement of nursing practice; and (4) evaluation and research (CNA, 2014). These competencies speak to the diversity inherent in the CNS role (CNA, 2014).

Clinical care

The CNS provides expert client care based on advanced clinical judgment and nursing knowledge. Depending on their practice setting specialty knowledge and area, a CNS can provide direct and indirect care (CNA, 2014). With advanced and expert knowledge, skills and abilities, the CNS assesses clients, develops and contributes to care plans and intervenes in complex and unpredictable clinical situations within their chosen specialties (Bryant-Lukosius et al., 2015; Winnipeg Regional Health Authority, 2012; CNA, 2014).

CNSs share specialized knowledge and expertise and consult with clients, nurses, other health-care providers, health-care organizations and policy-makers (ARNNL, 2013). Integrating CNS expertise thus promotes positive outcomes for clients, care providers and the health-care system (Kaasalainen et al., 2015; Bryant-Lukosius & Martin-Misener, 2015; NACNS, 2013).

System leadership

Leadership is an essential part of the CNS role (CNA, 2014). As a leader and agent of change, the CNS influences clinical practice and political processes throughout the health-care system. The CNS leads initiatives to improve quality, research and policy at organizational, provincial, territorial and/or national levels. The CNS can also play a key role in reducing the cost of acute health-care services. For example, the CNS can decrease the length of hospital stays by promoting evidence-based interventions to prevent adverse events and lessen complications, prepare clients and their families more fully for discharge, and strengthen clients' self-care abilities (CCAPNR, 2012).

Advancement of nursing practice

The CNS provides clinical leadership by acting as a resource, facilitator, coordinator, role model and advocate (ARNNL, 2013). The CNS fosters nurses' development through clinical teaching, promoting evidence-based practice, advancing excellence in clinical practice, and providing resources that meet nurses' learning needs and achieve optimal client outcomes (Kaasalainen et al., 2015; Bryant-Lukosius & Martin-Misener, 2015; National Association of Clinical Nurse Specialists [NACNS], 2013).

Evaluation and research

The CNS strengthens the link between research and clinical practice by facilitating the understanding and application of research (CNS-ON, n.d.). From their knowledge of research processes and methodologies CNSs lead or participate in identifying topics and projects for study. Whether as a primary investigator, a co-investigator or a member of a research team, the CNS stimulates research activities whose results may affect clinical practice or influence public policy (Hamric, Hanson, Tracy, & O'Grady, 2014). For every practice change, the CNS reviews existing research evidence and provides expert opinion to determine the most effective application of a specific practice (CNS-ON, n.d.). The CNS also translates research findings into improved, client-centred care (Bryant-Lukosius et al., 2010; CNA, 2014).

*Approved by the CNA Board of Directors
November 2016*

Replaces: Clinical Nurse Specialist (2009)

REFERENCES

Association of Registered Nurses of Newfoundland and Labrador. (2013). *Advanced practice — Clinical nurse specialist* [Position statement]. Retrieved from https://www.arnnl.ca/sites/default/files/documents/PS_Advanced_Practice_Clinical_Nurse_Specialist.pdf

Bryant-Lukosius, D., Carter, N., Kilpatrick, K., Martin-Misener, R., Donald, F., Kaasalainen, S., . . . DiCenso, A. (2010). The clinical nurse specialist role in Canada. *Nursing Leadership, 23*(Special Issue), 140-166. doi:10.12927/cjnl.2010.22273

Bryant-Lukosius, D., Cosby, R., Bakker, D., Earle, C., Fitzgerald, B., Burkoski, V., & the Advanced Practice Nursing Guideline Development Group. (2015). *Effective use of advanced practice nurses in the delivery of adult cancer services in Ontario* (Evidence-based series No. 16-4). Retrieved from the Cancer Care Ontario website: <https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=340702>

Bryant-Lukosius, D., & DiCenso, A. (2004). A framework for the introduction and evaluation of advanced practice nursing roles. *Journal of Advanced Nursing, 48*, 530-540.

Bryant-Lukosius, D., & Martin-Misener, R. (2015). *Advanced practice nursing: An essential component of country level human resources for health* [Policy brief]. Retrieved from the International Council of Nurses website: <https://fhs.mcmaster.ca/ccapnr/documents/ICNPolicyBrief6AdvancedPracticeNursing.pdf>

Bryant-Lukosius, D., Spichiger, E., Martin, J., Stoll, H., Kellerhals, S. D., Fliedner, M., . . . De Geest, S. (2016). Framework for evaluating the impact of advanced practice nursing roles. *Journal of Nursing Scholarship, 48*, 201-209. doi:10.1111/jnu.12199

Canadian Centre for Advanced Practice Nursing Research. (2012). The clinical nurse specialist: Getting a good return on healthcare investment [Briefing note]. Retrieved from https://fhs.mcmaster.ca/ccapnr/documents/onp_project/CNS_Brief_final.pdf

Canadian Nurses Association. (2008). *Advanced nursing practice: A national framework*. Retrieved from https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/anp_national_framework_e.pdf

Canadian Nurses Association. (2012). *Strengthening the role of the clinical nurse specialist in Canada* [Background paper]. Retrieved from https://www.cna-aiic.ca/~media/cna/files/en/strengthening_the_cns_role_background_paper_e.pdf?la=en

Canadian Nurses Association. (2014). *Pan-Canadian core competencies for the clinical nurse specialist*. Retrieved from http://cna-aiic.ca/~media/cna/files/en/clinical_nurse_specialists_convention_handout_e.pdf

Canam, C. (2005). Illuminating the clinical nurse specialist role of advanced practice nursing: A qualitative study. *Nursing Leadership, 18*(4), 70-89. doi:10.12927/cjnl.2005.17836

Clinical Nurse Specialist Association of Ontario. (n.d.). Standards of practice for CNS. Retrieved from <http://cns-ontario.rnao.ca/standards-practice-cns>

College of Registered Nurses of Nova Scotia. (2014). *Advanced nursing practice* [Position statement]. Retrieved from <https://crnns.ca/wp-content/uploads/2015/02/PositionStatementAdvancedNursingPractice2014.pdf>

DiCenso, A., & Bryant-Lukosius, D. (2010). The long and winding road: Integration of nurse practitioners and clinical nurse specialists into the Canadian health-care system [Guest editorial]. *Canadian Journal of Nursing Research, 42*(2), 3-8.

Doerksen, K. (2010). What are the professional development and mentorship needs of advanced practice nurses? *Journal of Professional Nursing, 26*, 141-151.
<http://dx.doi.org/10.1016/j.profnurs.2009.04.005>

Donald, F., Bryant-Lukosius, D., Martin-Misener, R., Kaasalainen, S., Kilpatrick, K., Carter, N., . . . DiCenso, A. (2010). Clinical nurse specialists and nurse practitioners: Title confusion and lack of role clarity. *Nursing Leadership, 23*(Special Issue), 189-210. doi:10.12927/cjnl.2010.22276

Fulton, J. S., & Baldwin, K. (2004). An annotated bibliography reflecting CNS practice and outcomes. *Clinical Nurse Specialist, 18*, 21-39.

Fulton, J. S., Lyon, B. L., & Goudreau, K. A. (Eds.). (2014). *Foundations of clinical nurse specialist practice* (2nd ed.). New York: Springer Publishing.

Hamric, A. B., Hanson, C. M., Tracy, M. F., & O'Grady, E. T. (2014). *Advanced practice nursing: An integrative approach* (5th ed.). Philadelphia: W. B. Saunders.

Kaasalainen, S., Ploeg, J., Donald, F., Coker, E., Brazil, K., Martin-Misener, R., . . . Hadjistavropoulos, T. (2015). Positioning clinical nurse specialists and nurse practitioners as change champions to implement a pain protocol in long-term care. *Pain Management Nursing, 16*, 78-88. doi:10.1016/j.pmn.2014.04.002

Kilpatrick, K., DiCenso, A., Bryant-Lukosius, D., Ritchie, J. A., Martin-Misener, R., & Carter, N. (2013). Practice patterns and perceived impact of clinical nurse specialist roles in Canada: Results of a national survey. *International Journal of Nursing Studies, 50*, 1524-1536.
doi:10.1016/j.ijnurstu.2013.03.005

LeGrow, K., Hubley, P., & McAllister, M. (2010). A conceptual framework for advanced practice nursing in a pediatric tertiary care setting: The SickKids' experience. *Nursing Leadership, 23*(2), 32-46. doi:10.12927/cjnl.2013.21831

Maloney, A. M., & Volpe, J. (2005). The inpatient advanced practice nursing roles in a Canadian pediatric oncology unit. *Journal of Pediatric Oncology Nursing, 22*, 254-257.
<http://doi.org/10.1177/1043454205279290>

Micevski, V., Korkola, L., Sarkissian, S., Mulcahy, V., Shobbrook, C., Belford, L., & Kells, L. (2004). University Health Network framework for advanced nursing practice: Development of a comprehensive conceptual framework describing the multidimensional contributions of advanced practice nurses. *Nursing Leadership, 17*(3), 52-64.

National Association of Clinical Nurse Specialists. (2013). *Impact of the clinical nurse specialist role on the costs and quality of health care*. Retrieved from <http://www.nacns.org/docs/CNSOutcomes131204.pdf>

Nurses Association of New Brunswick. (2012). *Advanced nursing practice* [Position statement]. Retrieved from <http://www.nanb.nb.ca/media/resource/NANB-PositionStatement-AdvancedNursingPractice-E.pdf>

Ordre des Infirmières et Infirmiers du Québec. (2016). *Réflexion sur le rôle de l'infirmière clinicienne spécialisée*. Retrieved from <https://www.oiiq.org/sites/default/files/8456-reflexion-role-ics.pdf>

Tringali, C. A., Murphy, T. H., & Osevala, M. L. (2008). Clinical nurse specialist practice in a care coordination model. *Clinical Nurse Specialist*, 22, 231-239. doi:10.1097/01.NUR.0000325368.61668.35

Winnipeg Regional Health Authority. (2012). *A guide to successful integration of a clinical nurse specialist*. Retrieved from <http://www.wrha.mb.ca/nursing/files/CNS-Toolkit.pdf>