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Expert Practice Affiliation: Part The primary and most direct role of a CNS is nursing care and improving the patients’ health outcomes. This role is direct because that is what they were taught in school and have achieved expertise in that area and hence can be said to be competent. Their educational achievements (with masters or doctoral status) have exposed them to all sorts of patients and diseases and hence they perform this role well (Hamric, Spross and Hanson, 2008).   
A CNS has several indirect roles all which are related to care of the patient but not directly as mentioned above. An example of this role is facilitation in ethical decision making and dilemma resolution. This role is indirect because that is not was taught to them but they acquire the knowledge, experience and responsibility in their line of work and their position and hence are chosen to take the moral action. Most of the ethical issues and cases they deal with are related to patient-caregiver and since their work involves interacting with the two, they take up the role and help resolve it (Fulton, Lyon and Goudreau, 2010).   
Part 2   
Specialization into one of these broad areas of contemporary roles is the best way to ensure that clinical skills and knowledge are retained. Specialization ensures that you develop and acquire exemplary knowledge and skills in that clinical nursing area and hence can be able to continue providing the nursing care needed to the patients. Lack of specialization will lead to a CNS becoming “ a jack of all trades but a master of none” and hence cannot effectively care for any particular groups of patients. Specialization into an area like research where there is Evidence-Based Practice will ensure that you are on the forefront of researches aimed at improving patient care and even relationship between the patient and the caregiver.   
Part 3   
This article is based on the direct roles of CNS at the University Hospital Insel in Bern, Switzerland. There are four examples of the direct roles the CNS perform to the patients in that hospital. The first of the roles is bedside teaching where the CNS provides care to the patients who are in bed by doing a review of their cases in order to find out more about their conditions and even ways to help them improve. The second of the direct roles is wound care. In this role, the CNS provide extra care for the patients with wounds by concentrating on the cleaning, dressing and redressing of the wounds to ensure they are infection-free and are healing accordingly. They are able to perform this role due to their knowledge, skills and expertise.   
The CNS is also on the forefront of providing palliative care and medicine to the patients. This third role however they work through an inter-professional working group and this way, they help the patients through their pain. The last discussed role in the article is that they act as project leaders in assessment and management of pain in babies, children and adolescents. They try to help these groups manage and resolve their problems even though they have vulnerability as a result of their tender ages (Hurlimann, Hofer and Hirter, 2001).   
This article is very informative and provides an overview of most of the direct roles CNS provide in hospitals. The article does not however provide the challenges the CNS encounter in their provision of these roles and especially to the vulnerable population. It also does not give an in-depth understanding of which of these roles the CNS specialize mostly in and which has less CNS getting involved in. This information is important to understand why the number of CNS working in these different roles in the hospitals keeps on varying. All in all, it is a good article that enables understanding of what a CNS has to go through daily in their work.   
References   
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Hurlimann, B., Hofer, S. and Hirter, K. (March, 2001). “ The role of the clinical nurse specialist.” International Nursing Review, vol. 48 (1), pp. 58-64